

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # J72456**

1. Entity Name

PROFICIENT PERFORMANCE, INC.

Principal Place of Business

3056 S. ST. RD. 7 BAY #76-77
MIRAMAR FL 33023

Mailing Address

3056 S. ST. RD. 7 BAY #76-77
MIRAMAR FL 33023

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

DICROSTA, PAUL ANDREW, JR
3056 S ST RD 7
BLDG. 75-77
MIRAMAR FL 33023

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution.☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE: ☐ Delete
NAME: DICROSTA, PAUL A. JR
STREET ADDRESS: 6840 SW 42ND CT.
CITY-ST-ZIP: MIRAMAR FLTITLE: ☐ Delete
NAME: DICROSTA, PAUL A JR
STREET ADDRESS: 6840 SW 42ND CT
CITY-ST-ZIP: DAVIE FL 33314TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-01

Date

954-961-0598

Daytime Phone #

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90045 017 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2823164**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

CR2E034 (10/00)