

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90049 007 ***150.00

DOCUMENT # P97000024422

1. Entity Name

THE PROFICIENT INC.

The Proficient Cabinets, Inc.



Principal Place of Business

330 N.W. 49TH AVENUE
PLANTATION FL 33317

Mailing Address

330 N.W. 49TH AVENUE
PLANTATION FL 33317

22004994



2. Principal Place of Business

1024 NE 43rd Street
Suite, Apt. #, etc.

3. Mailing Address

1024 NE 43rd Street
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Oakland Park, FL

City & State

Oakland Park, FL

4. FEI Number

65-0743052

Applied For

Not Applicable

Zip

33334

Country

Broward

Zip

33334

Country

Broward

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, JORGE
330 N.W. 49TH AVENUE
PLANTATION FL 33317

Address stays the
SAME

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01/10/2003

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

T ☐ Delete
NAME MARTINEZ, MARIA T
STREET ADDRESS 330 NW 49 AVE
CITY-ST-ZIP PLANTATION FL 33317

P ☐ Delete
NAME MARTINEZ, JORGE
STREET ADDRESS 330 NW 49 AVE → 330 NW 49th Ave.
CITY-ST-ZIP PLANTATION FL 33317

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jorge U. Martinez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/2003

Daytime Phone #

(954) 564-3820

CR2E034 (10/02)