

# 2001 UNIFORM BUSINESS REPORT (UBR)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 JUN -1 PM 1:08

DOCUMENT # P93000070976

1. Entity Name  
**POINTE FINANCIAL CORPORATION**

Principal Place of Business Mailing Address  
21845 POWERLINE ROAD 21845 POWERLINE ROAD  
BOCA RATON FL 33433 BOCA RATON FL 33433



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0451402</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
PALMER, R.C. JR 21845 POWERLINE ROAD BOCA RATON FL 33433				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 *R. Palmer Jr* *R. Palmer Jr CEO* - 4-27-01  
Signature, typed or printed name of registered agent, if applicable (NOTE: Registered Agent signature required when re-registering) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> After MAY 1, 2001: Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC KASSIN, ROBERTO 21845 POWRLINE ROAD BOCA RATON FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PALMER, R. CARL JR. 21845 POWERLINE ROAD BOCA RATON FL 33433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC PALMER, R. CARL JR. 21845 Powerline Road Boca Raton, FL 33433	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASSRY, MORRIS 21845 POWERLINE ROAD BOCA RATON FL 33433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGINN, TIMOTHY 21845 POWERLINE ROAD BOCA RATON FL 33433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELIAS, STEVEN 21845 POWERLINE ROAD BOCA RATON FL 33433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEAD, D. RICHARD J 21845 POWERLINE ROAD BOCA RATON FL 33433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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-06/21/01--01084-019  
\*\*\*\*\*150.00 \*\*\*\*\* 50.00

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: *R. Palmer Jr* *R. Palmer Jr CEO* - 4-27-01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0004556

CR2E034 (10/00)

BLOCK 12 - ADDITIONAL DIRECTOR/OFFICER INFORMATION:

Attachment

Doc # P03000070976

71625

TITLE	D	<input type="checkbox"/> CHANGE	<input type="checkbox"/> ADDITION
NAME	CLARITA KASSIN		
STREET ADDRESS	21845 POWERLINE ROAD		
CITY-ST-ZIP	BOCA RATON, FL 33433		
TITLE		<input type="checkbox"/> CHANGE	<input type="checkbox"/> ADDITION
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> CHANGE	<input type="checkbox"/> ADDITION
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> CHANGE	<input checked="" type="checkbox"/> ADDITION
NAME			
STREET ADDRESS			
CITY-ST-ZIP			