

2001 UNIFORM BUSINESS REPORT (UBR)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUN -1 PM 1:08

DOCUMENT # J83030

1. Entity Name

POINTE BANK

Principal Place of Business

21845 POWERLINE ROAD
BOCA RATON FL 33433

Mailing Address

21845 POWERLINE ROAD
BOCA RATON FL 33433
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0031869**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PALMER, CARL R JR
21845 POWERLINE ROAD
BOCA RATON FL 33433-7852

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 line if applicable.

(NOTE: Registered Agent signature is 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
PALMER, R. CARL JR
21845 POWERLINE ROAD
BOCA RATON FL 33433

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DC
MASSRY, MORRIS
EXEC. PARK N, STUYVESANT
ALBANY NY

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
KASSIN, ROBERTO
21845 POWERLINE ROAD
BOCA RATON FL 33433

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
MCGINN, TIMOTHY
21845 POWERLINE ROAD
BOCA RATON FL 33433

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
ELIAS, STEVEN
21845 POWERLINE ROAD
BOCA RATON FL 33433

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
MEAD, D. RICHARD J R
21845 POWERLINE ROAD
BOCA RATON FL 33433

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

200004430972--0
-06/19/01--01118--013
150.00 Addition150.00

SP

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

Date

Daytime Phone #

Robert Palmer Jr Pres: CEO

4-27-01

CR2E034 (10/00)

BLOCK 12 - ADDITIONAL DIRECTOR/OFFICER INFORMATION:

Attachment
Doc# J8303C
71624

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			