2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P02000021019

1. Entity Name

POINTE REALTY, INC.



FILED Feb 06, 2003 8:00 am Secretary of State

02-06-2003 90115 001 ***150.00

				OF THE TARE					
Principal Place o 1111 KANE CONC BAY HARBOR ISL	Course. Suite 401	Mailing Address 1111 KANE CONCOURSE. SUITE 401 BAY HARBOR ISLAND FL 33154		01					
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number	37802	<u>_</u>	plied For	<u></u>
Zip Country		Zip	Country Country		5. Certificate of Status Desired S8.75 Additional Fee Required			litional	1
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Agent					
			·	Name,			· · · · · · · · · · · · · · · · · · ·		7-
SAKOWITZ, ALAN 1111 KANE CONCOURSE, SUITE 401				Street Address (P.O. Box Number is Not Acceptable)					
	R ISLAND FL 33154				11-17-14 (B.)				1
War in		·		City	FL Zip Code)	1
signature	ned entity submits this statemen of registered agent. ature, typed or printed name of registered ag			d office or register		ate of Florida. I am fa	emiliar with, a	and accept	
After Ma	NOW!!! FEE IS \$150.00 by 1, 2003 Fee will be \$550.0 yable to Florida Department				. 9. Election Camp Trust Fund Co			0 May Be to Fees	1
10.	,, OFFICERS AN	ID DIRECTORS	11.		ADDITIONS/CHANGES	TO OFFICERS AND	DIRECTORS	IN 11	1
STREET ADDRESS 11	KOWITZ, ALAN 11 KANE CONCOURSE, SUI Y HARBOR ISLAND FL 3315			T ADDRESS ST-ZIP			☐ Change	☐ Addition	(40/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP	****	-	☐ Change	☐ Addition	100
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE - NAME STREE	T ADDRESS ST-ZIP	- Alexandra - Alex	. . ∨	Change	Addition	

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.

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

☐ Delete

1-31-03

Daytime Phone #

☐ Change

☐ Change

☐ Change

☐ Addition

☐ Addition

Addition

CR2E034 (10/