

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90728 023 \*\*\*150.00

0403724 AV

**DOCUMENT # P93000070976**

1. Entity Name  
**POINTE FINANCIAL CORPORATION**



Principal Place of Business  
**21845 POWERLINE ROAD  
BOCA RATON FL 33433**

Mailing Address  
**21845 POWERLINE ROAD  
BOCA RATON FL 33433**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0451402**

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, R.C. JR  
21845 POWERLINE ROAD  
BOCA RATON FL 33433**

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 the registered agent.

SIGNATURE *R. Carl Palmer, Jr.*  
Signature, typed or printed of registered agent and title if applicable.

**R. Carl Palmer, Jr.**  
(NOTE: Registered Agent signature required when reinstating)

**04/30/2003**  
DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KASSIN, CLARITA</b> <b>21845 POWRLINE ROAD</b> <b>BOCA RATON FL 33433</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPC</b> <b>PALMER, CARL R JR</b> <b>21845 POWERLINE ROAD</b> <b>BOCA RATON FL 33433</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MASSRY, MORRIS</b> <b>21845 POWERLINE ROAD</b> <b>BOCA RATON FL 33433</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCGINN, TIMOTHY</b> <b>21845 POWERLINE ROAD</b> <b>BOCA RATON FL 33433</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ELIAS, STEVEN</b> <b>21845 POWERLINE ROAD</b> <b>BOCA RATON FL 33433</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MEAD, D. RICHARD J</b> <b>21845 POWERLINE ROAD</b> <b>BOCA RATON FL 33433</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVS</b> <b>MURPHY-ENGLER, JEAN</b> <b>21845 POWERLINE ROAD</b> <b>BOCA RATON, FL. 33433</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPC</b> <b>PALMER, R. CARL, JR</b> <b>21845 POWERLINE ROAD</b> <b>BOCA RATON, FL. 33433</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT</b> <b>BRADLEY R. MEREDITH</b> <b>21845 POWERLINE ROAD</b> <b>BOCA RATON, FL. 33433</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVC</b> <b>MCGINN, TIMOTHY</b> <b>21845 POWERLINE ROAD</b> <b>BOCA RATON, FL. 33433</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HORAN, JAMES L.</b> <b>21845 POWERLINE ROAD</b> <b>BOCA RATON, FL. 33433</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MEAD, D. RICHARD JR</b> <b>21845 POWERLINE ROAD</b> <b>BOCA RATON, FL. 33433</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: *R. Carl Palmer, Jr.* **R. Carl Palmer, Jr.** **4/30/2003** **(561) 361-1600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)