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

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

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT #

P93000070976

1. Entity Name

POINTE FINANCIAL CORPORATION



							TRES						
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									EE!!	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES					
City & State			City & State					<b>4</b> . FE	Number 65-0	451402		$\vdash$	Applied For Not Applicable
Zip Country		untry	Zip			Country		<b>5</b> . Ce	ertificate of Status	Desired		\$8.75 A Fee Regu	dditional
6. Name and Address of Current			t Registered Agent				7. Name and Address of New Registered Agent						
			-5			Name	· · · · · · · · · · · · · · · · · · ·						
PALMER, R.C. JR					1								
	WERLINE ROAD	l	Street Address				ddress (P	(P.O. Box Number is Not Acceptable)					
	TON FL 33433										<del></del>	•••	
					-	City					FL	Zip Co	ode
8. The above	named entity subr	nits this statement for	the purp	ose of changing its	egistere	d office or	registere	ed ager	nt, or both, in the S	State of Flori	ida. I am f	amiliar wit	h, and accept
the obligat	tions of registered a	acent.											
SIGNATURE .	Kluta	٧_		D	Car	rl Pal	mer	Tν		047	30/200	13	
JIGNATURE .	Signature, typed or printe	of registered agent ar	nd title if app			Agent signati			stating)	<del></del>	DATE	<del>/_</del> /	
, F	ILE NOW!!! FE	E IS \$150.00											
After May 1, 2003 Fee will be \$550.00									9. Election Car				.00 May Be
Make Check	k Payable to Flor	ida Department of	State						Trust Fund C	contribution.	. L	J Add	ed to Fees
10.	<del></del>	OFFICERS AND D	DIRECTO	RS	11.			ADD	ITIONS/CHANGE	S TO OFFIC	CERS AND	DIRECTO	RS IN 11
TITLE	D			Delete	TITLE		EVS					☐ Change	Addition
NAME	KASSIN, CLARI				NAME		MURE	PHY-	ENGLER, J	EAN			
STREET ADDRESS	DOOL DATON EL ANAMA		_			STREET ADDRESS 2184			OWERLINE I				
CITY-ST-ZIP		FL 33433			CITY-	ST-ZIP	BOCZ	A_RA	TON, FL.	33433			
TITLE	DPC	D ID		Delete	TITLE		DPC					Change Change	e
NAME STREET ADDRESS	PALMER, CARL 21845 POWERI				NAME	T ADDRESS	PALN	MER,	R. CARL,	JR			
CITY-ST-ZIP	BOCA RATON					ST-ZIP	2184	45 P	OWERLINE 1	ROAD			
	D			Delete	TITLE			A RA	PON, FL.	33 <del>433</del> –	<del></del>	Change	Addition
TITLE NAME	MASSRY, MOR	RIS		L_1 Delete	NAME		VT BRAD	DLEY	R. MERED	TTH		☐ Cliange	Addition
	21845 POWERI					T ADDRESS			OWERLINE I				{
CITY-ST-ZIP	BOCA RATON	FL 33433			CITY-	ST-ZIP			TON, FL.				
TITLE	D			Delete	TITLE		DVC			· · · · ·	_	Change	Addition
NAME	MCGINN, TIMO				NAME			INN,	TIMOTHY				
STREET ADDRESS	21845 POWERI					T ADDRESS	2184	45 P	OWERLINE I	ROAD			-
CITY-ST-ZIP	BOCA RATON	FL 33433			CITY-	ST-ZIP	BOCA	A RA	ION FL.	33 <u>433</u>			
TITLE	D CHAC CTC/CN	1		🔼 Delete	TITLE		D				•	☐ Change	Addition
NAME	ELIAS, STEVEN   21845 POWERI				NAME				JAMES L.				
STREET ADDRESS CITY-ST-ZIP	BOCA RATON					T ADDRESS ST-ZIP			OWERLINE I				ĺ
	D				+-	01-111	BOCA	ARA	ION,_FL	33433	·	977 05	
TITLE NAME	MEAD, D. RICH	ARD J		Delete Delete	TITLE		D					X Change	Addition
STREET ADDRESS	21845 POWERL					T ADDRESS			. RICHARD				
CITY-ST-ZIP	BOCA RATON					ST-2iP	2184	45 P	OWERLINE I	ROAD			

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 attactment with an address, with all other like empowered.

SIGNATURE:

TURE RECURICATE PALMER, Jr.

lmer, Jr. 4/30/2003

(561) 361-1600

Daytime Phone #

CH2E034 (10/02