

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000001243

1. Entity Name  
REEE POOLTECH, INC.

FILED  
Apr 17, 2001 8:00 am  
Secretary of State

04-17-2001 90044 044 \*\*\*150.00

Principal Place of Business  
2787 E. OAKLAND PARK BLVD.  
SUITE 315  
FORT LAUDERDALE FL 33306

Mailing Address  
2787 E. OAKLAND PARK BLVD.  
SUITE 315  
FORT LAUDERDALE FL 33306



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
8051 SW 7th Place  
Suite, Apt. #, etc.

3. Mailing Address  
PO Box 770963  
Suite, Apt. #, etc.

City & State  
No. Lauderdale, FL

City & State  
Coral Springs, FL

Zip  
33068

Country  
USA

Zip  
33077-0963

Country  
USA

4. FEI Number 65-0542800

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

ALOISIO, CARL  
2787 E. OAKLAND PARK BLVD.  
SUITE 315  
FORT LAUDERDALE FL 33306

## 7. Name and Address of New Registered Agent

Name  
ALOISIO, CARL

Street Address (P.O. Box Number is Not Acceptable)  
8051 SW 7th Place

City  
No. Lauderdale

FL

Zip Code  
33068

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 title if applicable. (NOTE: Registered Agent signature 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ALOISIO, CARL	
STREET ADDRESS	2787 E. OAKLAND PARK BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33306	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ALOISIO, JULIE	
STREET ADDRESS	2787 E. OAKLAND PARK BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33306	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALOISIO, CARL	
STREET ADDRESS	8051 SW 7th Place	
CITY-ST-ZIP	North Lauderdale, FL 33068	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALOISIO, Julie	
STREET ADDRESS	8051 SW 7th Place	
CITY-ST-ZIP	North Lauderdale, FL 33068	
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 type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Carl A. Aloisio  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/01 954-568-5002  
Date Daytime Phone #

CR2E034 (10/00)