

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State
 04-17-2001 90044 044 ***150.00

0246864

DOCUMENT # P95000001243

1. Entity Name
REEE POOLTECH, INC.

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**

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

3. Mailing Address
P.O. Box 770963
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
No. Lauderdale, FL
 Zip
33068
 Country
USA

City & State
Coral Springs, FL
 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 _____ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALOISIO, CARL 2787 E. OAKLAND PARK BLVD. FORT LAUDERDALE FL 33306 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALOISIO, CARL 8051 SW 7 th Place North Lauderdale, FL 33068 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ALOISIO, JULIE 2787 E. OAKLAND PARK BLVD. FORT LAUDERDALE FL 33306 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ALOISIO, Julie 8051 SW 7 th Place North Lauderdale, FL 33068 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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)