

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90049 049 ***150.00

DOCUMENT # L18779

1. Entity Name

ALLIED/BREAKERS CORPORATION

Principal Place of Business

Mailing Address

**URDANG & ASSOCIATES REAL ESTATE ADVISORS
 630 WEST GERMANTOWN PIKE. SUITE 321
 PLYMOUTH MEETING PA 19462**

**URDANG & ASSOCIATES REAL ESTATE ADVISORS
 630 WEST GERMANTOWN PIKE. SUITE 321
 PLYMOUTH MEETING PA 19462-1074**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **52-1664134**

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

**CT CORPORATION SYSTEM
 1200 PINE ISLAND ROAD
 PLANTATION FL 33324**

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.

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, 2000 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	URDANG, E. SCOTT	
STREET ADDRESS	630 W. GERMANTOWN PIKE, #321	
CITY-ST-ZIP	PLYMOUTH MEETING PA 19462	
TITLE	VS	<input type="checkbox"/> Delete
NAME	BLUM, DAVID J	
STREET ADDRESS	630 W. GERMANTOWN PIKE, #321	
CITY-ST-ZIP	PLYMOUTH MEETING PA 19462	
TITLE	D	<input type="checkbox"/> Delete
NAME	NOVICK, STEVEN C	
STREET ADDRESS	630 W. GERMANTOWN PIKE, #321	
CITY-ST-ZIP	PLYMOUTH MEETING FL 19462	
TITLE	V	<input type="checkbox"/> Delete
NAME	SANFILIPPO, VINCENT	
STREET ADDRESS	630 WEST GERMANTOWN PIKE, #321	
CITY-ST-ZIP	PLYMOUTH MEETING PA 19462	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 David J. Blum **David J. Blum** 1-13-2000 610-834-9500
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #