

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90107 040 ***150.00

DOCUMENT # P96000023088

1. Entity Name
ALLIED / BROADWAY PROPERTIES, INC.

| | |
|--|---|
| Principal Place of Business | Mailing Address |
| URDANG & ASSOCIATES REAL ESTATE ADVISO WEST GERMANTOWN PIKE, SUITE 321 PLYMOUTH MEETING PA 19462 | C/O URDANG & ASSOCIATES REAL ESTATE ADVISO 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 | | 4. FEI Number 23-2848296 | | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | | | |

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

| | |
|--|--------------------|
| 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 _____ (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 | DP <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | URDANG, E. SCOTT | | NAME | | |
| STREET ADDRESS | 630 GERMANTOWN PIKE, SUITE 321 | | STREET ADDRESS | | |
| CITY-ST-ZIP | PLYMOUTH MEETING PA 19462 | | CITY-ST-ZIP | | |
| TITLE | VS <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BLUM, DAVID J. | | NAME | | |
| STREET ADDRESS | 630 W GERMANTOWN PIKE, SUITE 321 | | STREET ADDRESS | | |
| CITY-ST-ZIP | PLYMOUTH MEETING PA 19462 | | CITY-ST-ZIP | | |
| TITLE | V <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | NOVICK, STEVEN C. | | NAME | | |
| STREET ADDRESS | 630 W GERMANTOWN PIKE, SUITE 321 | | STREET ADDRESS | | |
| CITY-ST-ZIP | PLYMOUTH MEETING PA 19462 | | CITY-ST-ZIP | | |
| TITLE | V <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SANFILIPPO, VINCENT | | NAME | | |
| STREET ADDRESS | 630 W GERMANTOWN PIKE, SUITE 321 | | STREET ADDRESS | | |
| CITY-ST-ZIP | PLYMOUTH MEETING PA 19462 | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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** 4-17-00 610-834-9500
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)