

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000090138

1. Entity Name

ALLIED/CROSS POINTE, INC.

FILED

Mar 21, 2001 8:00 am  
Secretary of State

03-21-2001 90072 036 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O URDANG & ASSOCIATES  
630 WEST GERMANTOWN PIKE #321  
PLYMOUTH MEETING PA 19462

C/O URDANG & ASSOCIATES  
630 WEST GERMANTOWN PIKE #321  
PLYMOUTH MEETING PA 19462

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 58-2501103

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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, 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

TITLE D  
NAME E. SCOTT URDANG  
STREET ADDRESS C/O 630 WEST GERMANTOWN PIKE #321  
CITY-ST-ZIP PLYMOUTH MEETING PA 19462 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VS  
NAME BLUM, DAVID  
STREET ADDRESS 630 W GEMANTOWN PIKE, STE 321  
CITY-ST-ZIP PLYMOUTH MEETING PA 19462 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V  
NAME NOVICK, STEVEN  
STREET ADDRESS 630 W.GERMANTOWN PIKE STE 321  
CITY-ST-ZIP PLYMOUTH MEETING PA 19462 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V  
NAME SANFILIPPO, VINCENT  
STREET ADDRESS 630 W. GERMANTOWN PIKE STE 321  
CITY-ST-ZIP PLYMOUTH MEETING PA 19462 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE TC  
NAME Richard J. Ferst  
STREET ADDRESS 630 W. Germantown Pike, Suite 321  
CITY-ST-ZIP Plymouth Meeting, PA 19462 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE V  
NAME Mark B. Greco  
STREET ADDRESS 630 W. Germantown Pike, Suite 321  
CITY-ST-ZIP Plymouth Meeting, PA 19462 ☐ Change ☒ Addition

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: David J. Blum David J. Blum 3-1401 610-818-4618  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)