

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S08901

1. Entity Name

U.S. AIR/BREAKERS CORPORATION

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

02-10-2000 90063 006 ***150.00

Principal Place of Business	Mailing Address
C/O URDANG & ASSOC. REAL ESTATE STE 321 PLYMOUTH MEETING PA 19462 US	630 W. GERMANTOWN PIKE STE 321 PLYMOUTH MEETING PA 19462-1074 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	23-2695286	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C.T. 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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
<table><tr><td>TITLE</td><td>DP</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>URDANG, E. SCOTT</td><td></td></tr><tr><td>STREET ADDRESS</td><td>63-0 W. GERMANTOWN PIKE, STE 321</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>PLYMOUTH MEETING PA 19462</td><td></td></tr></table>	TITLE	DP	<input type="checkbox"/> Delete	NAME	URDANG, E. SCOTT		STREET ADDRESS	63-0 W. GERMANTOWN PIKE, STE 321		CITY-ST-ZIP	PLYMOUTH MEETING PA 19462		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete																							
NAME	URDANG, E. SCOTT																								
STREET ADDRESS	63-0 W. GERMANTOWN PIKE, STE 321																								
CITY-ST-ZIP	PLYMOUTH MEETING PA 19462																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>VS.</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>BLUM, DAVID J.</td><td></td></tr><tr><td>STREET ADDRESS</td><td>630 W. GERMANTOWN PIKE, STE 321</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>PLYMOUTH MEETING PA 19462</td><td></td></tr></table>	TITLE	VS.	<input type="checkbox"/> Delete	NAME	BLUM, DAVID J.		STREET ADDRESS	630 W. GERMANTOWN PIKE, STE 321		CITY-ST-ZIP	PLYMOUTH MEETING PA 19462		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	VS.	<input type="checkbox"/> Delete																							
NAME	BLUM, DAVID J.																								
STREET ADDRESS	630 W. GERMANTOWN PIKE, STE 321																								
CITY-ST-ZIP	PLYMOUTH MEETING PA 19462																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>V</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>NOVICK, STEVEN C</td><td></td></tr><tr><td>STREET ADDRESS</td><td>630 W. GERMANTOWN PIKE, STE 321</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>PLYMOUTH MEETING PA 19462</td><td></td></tr></table>	TITLE	V	<input type="checkbox"/> Delete	NAME	NOVICK, STEVEN C		STREET ADDRESS	630 W. GERMANTOWN PIKE, STE 321		CITY-ST-ZIP	PLYMOUTH MEETING PA 19462		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete																							
NAME	NOVICK, STEVEN C																								
STREET ADDRESS	630 W. GERMANTOWN PIKE, STE 321																								
CITY-ST-ZIP	PLYMOUTH MEETING PA 19462																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>V</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>SANFILIPPO, VINCENT</td><td></td></tr><tr><td>STREET ADDRESS</td><td>630 W. GERMANTOWN PIKE, STE 321</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>PLYMOUTH MEETING PA 19462</td><td></td></tr></table>	TITLE	V	<input type="checkbox"/> Delete	NAME	SANFILIPPO, VINCENT		STREET ADDRESS	630 W. GERMANTOWN PIKE, STE 321		CITY-ST-ZIP	PLYMOUTH MEETING PA 19462		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete																							
NAME	SANFILIPPO, VINCENT																								
STREET ADDRESS	630 W. GERMANTOWN PIKE, STE 321																								
CITY-ST-ZIP	PLYMOUTH MEETING PA 19462																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																							
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: 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 #

CR2E034 (9/99)