

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90362 004 ***150.00

DOCUMENT # P94000075190

1. Entity Name

BED BATH & BEYOND OF DADELAND STATION INC.

Principal Place of Business

Mailing Address

650 LIBERTY AVE
 UNION NJ 07083
 US

650 LIBERTY AVE
 UNION NJ 07083-8107
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-3393892

Applied For

Not Applicable

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

PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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	EISENBERG, WARREN	
STREET ADDRESS	650 LIBERTY AVE	
CITY-ST-ZIP	UNION NJ	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	FEINSTEIN, LEONARD	
STREET ADDRESS	110 BI COUNTY BLVD	
CITY-ST-ZIP	FARMINGDALE NY	
TITLE	T	<input type="checkbox"/> Delete
NAME	CURWIN, RONALD	
STREET ADDRESS	650 LIBERTY AVE	
CITY-ST-ZIP	UNION NJ	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	TEMARES, STEVEN	
STREET ADDRESS	650 LIBERTY AVE	
CITY-ST-ZIP	UNION NJ	
TITLE		<input type="checkbox"/> Delete
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ASSISTANT TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EUGENE A. CASTAGNA	
STREET ADDRESS	650 LIBERTY AVE.	
CITY-ST-ZIP	UNION, NJ 07083	
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:  **ASST. TREASURER** **4/28/00 (908) 688-0888**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **EUGENE A. CASTAGNA** Date Daytime Phone #

CR2E034 (9/99)