2001 UNIFORM BUSINESS REPORT (UBR)

May 11, 2001 8:00 am DOCUMENT # **P94000080199** Secretary of State BED BATH & BEYOND OF BOCA RATON INC. 05-11-2001 90002 015 ***150.00 Mailing Address Principal Place of Business 650 LIBERTY AVE 650 LIBERTY AVE **UNION NJ 07083 UNION NJ 07083** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State City & State 4. FEI Number 22-3369049 Not Applicable Country Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent THE PRENTICE HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS ST. **SUITE 105** TALLAHASSEE FL 32301 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Delete TITLE TITLE NAME NAME EISENBERG, WARREN STREET ADDRESS STREET ADDRESS 650 LIBERTY AVE CITY-ST-7IP CITY-ST-ZIP **UNION NJ 07083** ☐ Change ☐ Delete TITLE TITLE VSD NAME FEINSTEIN, LEONARD NAME STREET ADDRESS 110 BI COUNTY BLVD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP FARMINGDALE NY 11735 FARMINGDALE NY Change X Addition ☐ Delete TITLE TITL F CURWIN, RONALD NAME STREET ADDRESS STREET ADDRESS 650 LIBERTY AVE CITY-ST-7IP CITY-ST-ZIP <u>UNION, NJ 07083</u> UNION NJ X Addition ☐ Delete TITLE TITLE VAS NAME NAME TEMARES, STEVEN STREET ADDRESS STREET ADDRESS 650 LIBERTY AVE CITY-ST-7IP UNION NJ 07083 CITY-\$T-ZIP UNION NJ ☐ Change Addition TITLE ☐ Delete TITLE NAME CASTAGNA, EUGENE A NAME STREET ADDRESS STREET ADDRESS 650 LIBERTY AVE CITY-ST-ZIP CITY-ST-74F **UNION NJ 07083** ☐ Delete TITLE ☐ Change Addition TITLE 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASSTI TREASURER 4/19

(908) 688-0888

Daytime Phone #