

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L78890

1. Entity Name

BED BATH & BEYOND OF SAWGRASS, INC.



Principal Place of Business

650 LIBERTY AVE
UNION, NJ 07083 US

Mailing Address

650 LIBERTY AVE
TAX DEPT.
UNION, NJ 07083 US



01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3056776

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES STREET
SUITE 105
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1000000032263
02/04/04-2013-001 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME EISENBERG, WARREN
STREET ADDRESS 650 LIBERTY AVE
CITY-ST-ZIP UNION, NJ 07083

TITLE VSD
NAME FEINSTEIN, LEONARD
STREET ADDRESS 110 BI COUNTY BLVD
CITY-ST-ZIP FARMINGDALE, NY 11735

TITLE T
NAME CURWIN, RONALD
STREET ADDRESS 650 LIBERTY AVE
CITY-ST-ZIP UNION, NJ 07083

TITLE VAS
NAME TEMARES, STEVEN
STREET ADDRESS 650 LIBERTY AVE
CITY-ST-ZIP UNION, NJ 07083

TITLE AT
NAME CASTAGNA, EUGENE A
STREET ADDRESS 650 LIBERTY AVE
CITY-ST-ZIP UNION, NJ 07083

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/04

Date

(908) 688-0888

Daytime Phone #