

**FILED**  
**Aug 14, 2001 8:00 am**  
**Secretary of State**

07-31-2001 90238 014 \*\*\*550.00

**2001 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P00000055704</b>			
1. Entity Name <b>BURLINGTON COAT FACTORY WAREHOUSE OF SEMINOLE, I</b>			
Principal Place of Business <b>1830 RT 130 BURLINGTON NJ 08016-7800</b>		Mailing Address <b>1830 RT 130 BURLINGTON NJ 08016-7800</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>UNITED CORPORATED SE, RMCES, INC. 9200 S DADELAND BLVD, STE 508 MIAMI FL 33156</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 reissuing.) DATE _____			
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 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			
TITLE	NAME	Delete <input type="checkbox"/>	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	Delete <input type="checkbox"/>	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	Delete <input type="checkbox"/>	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	Delete <input type="checkbox"/>	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	Delete <input type="checkbox"/>	
STREET ADDRESS			
CITY-ST-ZIP			
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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: <b>SIGNATURE REQUIRED</b>		07/19/01 (609) 387-7800	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CH2E034 (5/01)