2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Aug 14, 2001 8:00 am Secretary of State P00000055704 DOCUMENT # 07-31-2001 90238 014 ***550.00 BURLINGTON COAT FACTORY WAREHOUSE OF SEMINOLE, I Principal Place of Business Mailing Address 1830 RT 130 1830 RT 130 BURLINGTON NJ 08016-7800 **BURLINGTON NJ 08016-7800** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 58 - 25 53677 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name UNITED CORPORATED SE, RVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 9200 S DADELAND BLVD, STE 508 MIAMI FL 33156 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) 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Election Campaign Financing Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Addition (5/01) Delete TITLE ☐ Change milstein monroe NAME 1830 Row re 130 n STREET ADDRESS STREET ADDRESS Barlingron, hof 080 16 CITY-ST-71P CITY-ST-7IP ☐ Change ☐ Addition Delete milsrein, Andrew R NAME MAME 1830 ROUTE 130 M STREET ADDRESS STREET ADDRESS Burlingrom, be gorall CITY-ST-ZIP CITY-ST-ZIP TITLE ASD Milsrein, Henriette ☐ Delete TITLE Addition NAME NAME 1830 Roure 130 n. STREET ADDRESS STREET ADDRESS Bunlington, hgosois La Anta, Robert CITY-ST-ZIP CITY-ST-ZIP D71 F Delete TITLE ☐ Change ☐ Addition NAME 1830 Roure Bon. STREET ADDRESS STREET ADDRESS Burlinging, 14 08016 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition milsrein, Sreven NAME NAME STREET ADDRESS 1830 Route 130 n. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Burlingron ngosors TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 course 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 accuracy with all other two appowered.

FILED