OOCUMENT #	P00000055704

1. Entity Name

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			3. Mailing Address					 		101 01141 19541 1		
Suite, Apt. #, etc. Suit			Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State City & State			City & State				. FEI Number	58-2553677	,		oplied For ot Applicable	
Zip		Country	Zíp	Coun	try	5.	. Certificate o		CQ 75 Additional			
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
OLIVER, DON 12801: WEST: SUNRISE BOULEVARD SUNRISE FL 33323				_	Name Street Address (P.O. Box Number is Not Acceptable)							
¢.	1 L 00020				City				FL	Zip Code	e	
SIGNATURE		y submits this statement for t or printed name of registered agent and				registered a		i, in the State of Flo	orida.			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After May 1, 2002 Make Check Payable			2 Fee	will be \$5	50.00	,	ition Campaign Fin it Fund Contributio			O May Be to Fees		
11.	OFFICERS AND DIRECTORS 1			12.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1830 ROU	, MONROE ITE 130 N ION NJ 08016	☐ Delete		·	1830	PAUL O RT 1 INGTOR				Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1830 ROL	, ANDREW R ITE 130 N ION NJ 08016	Delete		1		,			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1830 ROL	HENRIETTA ITE 130 N ITON NJ 08016	⊠ Delete		I					☐ Change	Addition	
TITLE NAME STREET ADDRESS	1000 Med	TE:100.N	☐ Delete		ET ADDRESS	mangels .			,u e ;	☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDV. ± MILSTEIN, 1830 ROU		☐ Delete	TITLE NAM! STRE	I			: 427		☐ Change	Addition	
TITLE NAME STREET ADDRESS			☐ Delete		I					☐ Change	Addition	

13. Thereby 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 DIRECT

01/24/02

(609) 387-7800

Daytime Phone #