

2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
Jan 13, 2003 8:00 am  
Secretary of State

01-13-2003 90827 048 \*\*\*150.00

DOCUMENT # P01000051213

1. Entity Name

BURLINGTON COAT FACTORY REALTY OF UNIVERSITY SQUARE, INC.



Principal Place of Business

1830 RT. 130

BURLINGTON NJ 08016

Mailing Address

1830 RT. 130

BURLINGTON NJ 08016

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3724802

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OLIVER, DON

12801 W SUNRISE BLVD

FORT LAUDERDALE FL 33323

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. 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, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.



\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
CDP	MILSTEIN, MONROE G	1830 ROUTE 130 N	BURLINGTON NJ 08016	<input type="checkbox"/>
CFO	LAPENTA, ROBERT	1830 ROUTE 130 N	BURLINGTON NJ 08016	<input type="checkbox"/>
DVP	MILSTEIN, ANDREW	1830 ROUTE 130 N	BURLINGTON NJ 08016	<input type="checkbox"/>
DVP	MILSTEIN, STEPHEN	1830 ROUTE 130 N	BURLINGTON NJ 08016	<input type="checkbox"/>
EVPS	TANG, PAUL C	1830 ROUTE 130 N	BURLINGTON NJ 08016	<input type="checkbox"/>
EVCO	NESSI, MARK A	1830 ROUTE 130 N	BURLINGTON NJ 08016	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/07/03 (609) 387-7800

Date

Daytime Phone #