

FILED
Mar 17, 2003 8:00 am
Secretary of State

01-16-2003 90070 018 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000011761			
1. Entity Name BURLINGTON COAT FACTORY REALTY OF CORAL SPRINGS, INC			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 1830 ROUTE 130 N Suite, Apt. #, etc. C/O TAX DEPT.		3. Mailing Address 1830 ROUTE 130 N Suite, Apt. #, etc. C/O TAX DEPT.	
City & State BURLINGTON, NEW JERSEY		City & State BURLINGTON, NEW JERSEY	
Zip 08016	Country US	Zip 08016	Country US
4. FEI Number 03-0387 0387530		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent.			
Name OLIVER, DON			
Street Address (P.O. Box Number is Not Acceptable) 12801 W. SUNRISE BLVD.			
City SUNRISE, FL Zip Code 33323			
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 _____ (NOTE: Required Agent signature required when reappointing)			
January 1, Fee is \$150.00 April 1, Fee is \$350.00 Attended UBR is \$61.25 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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MILSTEIN, MONROE G. 1830 ROUTE 130 N BURLINGTON, NJ 08016	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP MILSTEIN, ANDREW 1830 ROUTE 130 N BURLINGTON, NJ 08016	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPS TAN, PAUL 1830 ROUTE 130 N BURLINGTON, NJ 08016	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO LA PENTA, ROBERT 1830 ROUTE 130 N BURLINGTON, NJ 08016	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTVP MILSTEIN, STEPHEN 1830 ROUTE 130 N BURLINGTON, NJ 08016	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 on an attachment with an address, with all other the empowered.			
SIGNATURE _____		Date 01/09/03 (609) 387-7800	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR020348 (12/02)