2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

1830 ROUTE 130 NORTH

DOCUMENT # P9400059600

1. Entity Name

Principal Place of Business

1830 ROUTE 130 NORTH

BURLINGTON COAT FACTORY WAREHOUSE OF TALLAHASS . INC.



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

01-13-2003 90828 050 ***150.00

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BURLINGTO US	Place of Busin	ness	C/O TAX DEPARTMENT BURLINGTON NJ 08016 US 3. Mailing Address								
Suite, Ap	ot. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & Sta	ate	·	City & State			4. FEI N	4. FEI Number 59-3266589 Applied For Not Applicable				
Zip Country			Zip C		try	5. Certif	ficate of Status Desired		\$8.75 A Fee Requi	dditional	
	6. Name	and Address of Current	Registered Agent			7. Name	and Address of New Re				
OLIVER, DON % BURLINGTON COAT FACTORY 12801 W. SUNRISE BLVD.					Name Street Addre		(P.O. Box Number is Not Acceptable)				
SUNRISE FL 33323					City	FL Zip Code					
SIGNATURE F	Signature, typed of FILE*NOW!!!	FEE*IS*\$150:00*** 3 Fee will be \$550.00 Florida Department o		E: Registered		-	g) Election Campaign Fina Trust Fund Contribution	ancing _	\$5. (00 May Be	
10.		OFFICERS AND		144				- <u>-</u>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		JL C	□ Delete	11. TITLE NAME STREE	T ADDRESS ST-ZIP	ADDITIC	ONS/CHANGES TO OFFIC		DIRECTOR ☐ Change	RS IN 11 ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP MILSTEIN, 1830 ROU' BURLINGTO				ADDRESS ST-ZIP		☐ Change			☐ Addition	
ITLE IAME ITREET ADDRESS ITY-ST-ZIP	1830 ROUT	MILSTEIN, HENRIETTA 1830 ROUTE 130 N 3URLINGTON NJ 08016					•	(Change	☐ Addition	
itle Iame Treet address ! Ity-st-zip	CFO LA PENTA, 1830 ROUT BURLINGTO	E 130 N	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP			[Change	Addition	
TLE AME Treet address ITY-ST-ZIP	TDVP MILSTEIN, S 1830 ROUT BURLINGTO		☐ Delete	TITLE NAME STREET CITY-SI	ADDRESS 1-ZIP	· .		[Change	Addition	
TLE AME TREET ADORESS			☐ Delete	TITLE	ADDRESS		•	[Change	Addition	

12. 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 trubbe 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0 1/0 1/03 (609)387 - 7 8 00 Date Daytime Phone # CR2E034