2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P94000059619 **DOCUMENT #**

1. Entity Name

BURLINGTON COAT FACTORY WAREHOUSE OF REGENCY,



FILED Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90828 045 ***150.00

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C.											
Principal Place of Business 1830 ROUTE 130 C/O TAX DEPARTMENT BURLINGTON NJ 08016 US				Mailing Address 1830 ROUTE 130 C/O TAX DEPARTMENT BURLINGTON NJ 08016 US							
2. Principal Place of Business				3. Mailing Address				I TODITODI 119 IERRI ERATI EDITI DOLLI DERIL BRIDI DILIGO IBRID ELIDI MENDE HARIO HARI 108	1		
Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES			
City & State			City & State				4.	FEI Number 59-3266591 Applied For Not Applicate	ole		
Zip Country			Zip Count			itry	5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name	and Address of Current I	Register	ed Agent		<u> </u>	7.	Name and Address of New Registered Agent	ᅱ		
OLIVER, DON % BURLINGTON COAT FACTORY						Name Street Address	ess (P.O. Box Number is Not Acceptable)				
12801 W. SUNRISE BLVD. SUNRISE FL 33323						City		FL Zip Code	-		
the obliga	Signature, typed	ered agent. or printed name of registered agent at FEE IS \$150.00		·		ed office or registe					
		3 Fee will be \$550.00 Florida Department of OFFICERS AND D		DC				Trust Fund Contribution. Added to Fees			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MILSTEIN, 1830 ROU BURLINGT	MONROE G TE 130 N	JIRECTO	□ Delete			AC	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	n l		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1830 ROU	ANDEREW R IE 130 N DN NJ 08016		☐ Delete		ĺ		☐ Change ☐ Additio			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO LA PENTA 1830 ROU BURLINGT	TE 130 N		□ Delete		1		☐ Change ☐ Addition	7		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDVP Delete MILSTEIN, STEPHEN 1830 ROUTE 130 N. BURLINGTON NJ 08016						☐ Change ☐ Addition	1			
TTLE NAME STREET ADDRESS STY-ST-ZIP	EVPS TANG, PAU 1830 RT 13 BURLINGTO			□ Delete	TITLE NAME STREE CITY-S	T ADDRESS		☐ Change ☐ Addition	,		
ITLE NAME TREET ADDRESS ITY-ST-ZIP				☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS		☐ Change ☐ Addition			

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 this tee 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 expowered.

SIGNATURE:

SIGNAXUN SIGNATURE AND TYPED OR REINTED NAME OF SIGNING OFFICER OR DIRECTOR