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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400059627

1. Corporation Name

BURLINGTON COAT FACTORY WAREHOUSE OF HILALEAH, I NC.

Principal Place of Business		of Business	Mailing Address					
1830 ROUTE 130 1830 ROUTE 130								
l	C/O TAX DEPARTMENT C/O TAX DEPARTMENT				DO NOT WRITE IN THIS SPACE			
l	BURLINGTON N. US	BURLINGTON NJ 08016 US			3. Date Incorporated or Qualifed			
ļ	03		00			08/12/1994		
ŀ	2 Deinainal Pla	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
ŀ	<u> </u>	ace of Business				65-05 18823		Not Applicable
ŀ	21 Suite Ant 1	t etc	Suite, Apt. #, etc.				\$8.7	5 Additional
ŀ	· · · · · · · · · · · · · · · · · ·				5. Certifcate of Status Desired		Fee Required	
	City & State	City & State City & State				6. Election Campaign Financing S5.00 May Be		
ŀ						Trust Fund Contribution	•	led to Fees
ļ	23 Zip	Country		Country		8. This corporation owes the current year In	tangible	
l	24	25	29 30			Personal Property Tax.	Yes	□No
ŀ		9. Name and Address of Curren		$\neg \neg$		10. Name and Address of New Registered	Agent	
İ				81	Name			
	rein	STEIN, ROBERT		82		A Liver (D.O. Dev Nivebox in Not Accountable)		
	% BURLINGTON COAT FACTORY					Address (P.O. Box Number is Not Acceptable)		
İ	12801 W. SUNRISE BLVD.							
ļ	SUN	RISE FL 33323						
Ì				84	City	FI	85 2	Zip Code
ŀ	11 Dureuant t	o the provisions of Sections 607 050	2 and 607 1508. Florida Statutes, th	ne above	e-named	corporation submits this statement for the purpose of	changing	j its registered
	11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the abouffice or registered agent, or both, in the State of Florida. Such change was authorized agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statut				the corpo	oration's board of directors. I hereby accept the appo	intment a	s registered
i	agent. I ar	n familiar with, and accept the obliga	tions of, Section 607.0505, Florida s	Statutes.				
Ì	SIGNATURE	Signature, typed or printed name of registered ager	and title if equicable. (NOTE: Regis	stered Agen	t signature r	required when reinstating) DATE		
	12.			13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	CTORS IN 12
İ	TITLE	DP	☐ DELETE	1.1 TITLE			☐ Char	nge 🗌 Addition
I	NAME	MILSTEIN, MONROE		1.2 NAME				
Į	STREET ADDRESS	1830 ROUTE 130 N	,	1.3 STREET	ADDRESS			
ĺ	CITY-ST-ZIP	BURLINGTON NJ		1.4 CITY-S1	r- ZIP			
I	TITLE	DS	☐ DELETE :	2.1 TITLE		DIASCTOR/SECRETARY/Y.P. MILSTEIN, ANDREW R.	Char	nge Addition
I	NAME	MILSTEIN, ANDREW		2.2 NAME		MILSTEIN ANDREW R.		
l	STREET ADDRESS	1830 ROUTE 130 N		2.3 STREET		SAME		
	CITY-ST-ZIP	BURLINGTON NJ 08016	1:	2. 4 CITY+S	T-ZIP	54ME		
	TITLE	DTS	☐ DELETE			ASSISTANT SECRETARY	⊠ Char	nge 🔲 Addition
	NAME	MILSTEIN, HENRIETTA	1:	3.2 NAME		MILSTEIN HENRIETTA		
	STREET ADDRESS	1830 ROUTE 130 NORTH		3.3 STREET	ADDRESS	SAME		
ļ	CITY-ST-ZIP	BURLINGTON NJ		3.4. CITY-S		SAME		·
	TITLE	CFO		4.1 TITLE		C.F.O.	Char	nge 🗌 Addition
	NAME	LA PENTA, ROBERT	Į.	4. 2 NAME		LAPENTA, ROBERT J.		
1	STREET ADDRESS	1830 ROUTE 130 S		4.3 STREET	ADDRESS	1830 POUTE 130 N.		
J	CITY-ST-ZIP	BURLINGTON NJ	▋.	4.4 CITY-S1	r-zip	SAME		
1	TITLE	DT		5.1 TITLE		DIRECTOR/TREASURER/V.P. MILSTEIN, STEPHEN E.	Char	nge 💹 Addition
	NAME	MILSTEIN, STEPHEN	<u> </u>	5.2 NAME		MILSTEIN STEPHEN E.		
	STREET ADDRESS	1830 ROUTE 130 N.		5.3 STREET	ADDRESS	SAME		
	CITY-ST-ZIP	BURLINGTON NJ 08016		5 4 CITY-S	r-ZiP	SAME		
	TITLE		☐ DELETE	6.1 TITLE			☐ Char	nge 🔲 Addition
	NAME].	6.2 NAME				

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE

STREET ADDRESS CITY-ST-ZIP