

261 2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90234 006 ***150.00

DOCUMENT # P94000059627

1. Entity Name

BURLINGTON COAT FACTORY WAREHOUSE OF HILALEAH, I
NC.

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0518823

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
% BURLINGTON COAT FACTORY
12801 W. SUNRISE BLVD.
SUNRISE 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	MILSTEIN, MONROE	
STREET ADDRESS	1830 ROUTE 130 N	
CITY-ST-ZIP	BURLINGTON NJ	

TITLE	EVPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANG PAUL C.	
STREET ADDRESS	1830 RT 130 N	
CITY-ST-ZIP	BURLINGTON, NJ 08016	

TITLE	DSVP	<input type="checkbox"/> Delete
NAME	MILSTEIN, ANDREW	
STREET ADDRESS	1830 ROUTE 130 N	
CITY-ST-ZIP	BURLINGTON NJ 08016	

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

TITLE	ASDT	<input checked="" type="checkbox"/> Delete
NAME	MILSTEIN, HENRIETTA	
STREET ADDRESS	1830 ROUTE 130 NORTH	
CITY-ST-ZIP	BURLINGTON NJ	

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

TITLE	CFO	<input type="checkbox"/> Delete
NAME	LA PENTA, ROBERT	
STREET ADDRESS	1830 ROUTE 130 S	
CITY-ST-ZIP	BURLINGTON NJ	

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

TITLE	DTVP	<input type="checkbox"/> Delete
NAME	MILSTEIN, STEPHEN	
STREET ADDRESS	1830 ROUTE 130 N.	
CITY-ST-ZIP	BURLINGTON NJ 08016	

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

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

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

13. 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 11 or Block 12 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

ROBERT LA PENTA

01/24/02 (609) 387-7800

Date

Daytime Phone #

CR2E034 (9/01)