

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90137 023 ***150.00

0546219

138 PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # V02111

1. Corporation Name

BURLINGTON COAT FACTORY WAREHOUSE OF ORLANDO, IN
C.



Principal Place of Business

1830 ROUTE 130 NORTH
C/O TAX DEPT.
BURLINGTON NJ 08016
US

Mailing Address

1830 ROUTE 130 NORTH
C/O TAX DEPT.
BURLINGTON NJ 08016
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/24/1991

4. FEI Number

58-1976042

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

REINSTEIN, ROBERT
C/O BURLINGTON COAT FACTORY
12801 W, SUNRISE BLVD.
SUNRISE FL 33323

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP
MILSTEIN, MONROE
STREET ADDRESS 1830 ROUTE 130 N
CITY-ST-ZIP BURLINGTON NJ

TITLE ☐ DELETE

NAME D
MILSTEIN, ANDREW
STREET ADDRESS 1830 ROUTE 130 N
CITY-ST-ZIP BURLINGTON NJ

TITLE ☐ DELETE

NAME DS
MILSTEIN, HENRIETTA
STREET ADDRESS 1830 ROUTE 130 N
CITY-ST-ZIP BURLINGTON NJ

TITLE ☒ DELETE

NAME T
MILSTEIN, HENRIETTA
STREET ADDRESS 1830 ROUTE 130 N
CITY-ST-ZIP BURLINGTON NJ

TITLE ☐ DELETE

NAME CFO
LA PENTA, ROBERT
STREET ADDRESS 1830 ROUTE 130 NORTH
CITY-ST-ZIP BURLINGTON FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DIRECTOR / SECRETARY / V.P.

MILSTEIN, ANDREW

1830 ROUTE 130 N.

BURLINGTON N.J. 08016

ASSISTANT SECRETARY

HENRIETTA MILSTEIN

SAME

SAME

DIRECTOR / TREASURER / V.P.

MILSTEIN, STEPHEN E.

SAME

SAME

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.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT J LA PENTA

Date

4-20-99

Daytime Phone #

609-387-7800

CR2E034 (11/98)