

230-2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State
01-13-2003 90828 042 ***150.00

DOCUMENT # V02117

1. Entity Name
BURLINGTON COAT FACTORY WAREHOUSE OF CLEARWATER
INC.



Principal Place of Business
1830 ROUTE 130 NORTH
% TAX DEPT
BURLINGTON NJ 08016
US

Mailing Address
1830 ROUTE 130 NORTH
% TAX DEPT
BURLINGTON NJ 08016
US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 58-1975714
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
OLIVER, DON
% BURLINGTON COAT FACTORY
12801 W. SUNRISE BLVD.
SUNRISE FL 33323

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE	DP	<input type="checkbox"/> Delete
NAME	MILSTEIN, MONROE	
STREET ADDRESS	1830 RTE 130 N.	
CITY-ST-ZIP	BURLINGTON NJ	
TITLE	DSVP	<input type="checkbox"/> Delete
NAME	MILSTEIN, ANDREW	
STREET ADDRESS	1830 RTE 130 N.	
CITY-ST-ZIP	BURLINGTON NJ 08016	
TITLE	VEPS	<input type="checkbox"/> Delete
NAME	TANG, PAUL	
STREET ADDRESS	1830 RTE 130 N.	
CITY-ST-ZIP	BURLINGTON NJ	
TITLE	DTVP	<input type="checkbox"/> Delete
NAME	MILSTEIN, STEPHEN	
STREET ADDRESS	1830 ROUTE 130 N	
CITY-ST-ZIP	BURLINGTON NJ 08016	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	LA PENTA, ROBERT	
STREET ADDRESS	1830 ROUTE 130 N	
CITY-ST-ZIP	BURLINGTON NJ	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 01/07/03 (609) 387.7 pco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)