

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2002 8:00 am**  
**Secretary of State**

REVISED 1/01

**DOCUMENT # P96000046843**

1. Entity Name  
**STATESIDE CAPITAL GROUP, INC.**

02-27-2002 90050 027 \*\*\*150.00

Principal Place of Business  
**210 KNICKERBOCKER ROAD  
 CRESSKILL NJ 07626**

Mailing Address  
**210 KNICKERBOCKER ROAD  
 CRESSKILL NJ 07626**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>58-2240636</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>WEINSTEIN, NORMAN S</b> <b>320 S.E. MIZNER BOULEVARD</b> <b>SUITE 1102</b> <b>BOCA RATON FL 33432</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				<b>411 NE 7th Avenue</b> <b>Delray Beach</b>		<b>FL</b> Zip Code <b>33483</b>	

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: *Norman S. Weinstein* DATE: **2/7/02**

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

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 State**

10. 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	PD	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WEINSTEIN, NORMAN S</b>			NAME			
STREET ADDRESS	<b>320 S.E. MIZNER BLVD., #1102</b>			STREET ADDRESS	<b>411 NE 7th Avenue</b>		
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>			CITY-ST-ZIP	<b>Delray Beach, FL 33483</b>		
TITLE	VSD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RINDNER, JEROME</b>			NAME			
STREET ADDRESS	<b>441 ROUTE 306</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>WESLEY HILLS NY 10952</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: *Norman S. Weinstein* DATE: **2/7/02** 561-330-3662

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)