

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90047 035 ****61.25

DOCUMENT # F95000005439

1. Entity Name

INTERNATIONAL RELIEF FRIENDSHIP FOUNDATION, INC.

Principal Place of Business

Mailing Address

177 WHITE PLAINS RD
 50F
 TARRYTOWN NY 10591

177 WHITE PLAINS RD
 50F
 TARRYTOWN NY 10591-5509

LUU49410



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

51-0200715

Applied For

Not Applicable

Zip

Country

Zip

Country

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

OKANO, HITOSHI
 7337 NW 37TH AVE.
 MIAMI FL 33147

Name **AHMED SULTAN**
 Street Address (P.O. Box Number is Not Acceptable)
1981 SW 133 AVE.

City **MIRAMAR** FL Zip Code **33027**

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 SULTAN AHMED

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

(NOTE: Registered Agent signature required when reinstating)

2/1/00

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **D WININGS, KATHY**
 STREET ADDRESS **4 WEST 43RD ST.**
 CITY-ST-ZIP **NEW YORK CITY NY 10036**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T KWAK, C.H.**
 STREET ADDRESS **548 SO. BROADWAY**
 CITY-ST-ZIP **TARRYTOWN NY**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T SALONEN, NEIL A**
 STREET ADDRESS **14415 BAVER DR**
 CITY-ST-ZIP **ROCKVILLE MD**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T YOSHIDA, SHUNICHIRD**
 STREET ADDRESS **47 TAXTER RD**
 CITY-ST-ZIP **IRVINGTON NY**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D WININGS, KATHY**
 STREET ADDRESS **177 WHITE PLAINS RD, 50F**
 CITY-ST-ZIP **TARRYTOWN NY 10591**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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 617, 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: KATHY WININGS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/00

DATE

914-366-0558

DAYTIME PHONE #

CR2E037 (9/99)