

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90271 023 ****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**

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 **51-0200715**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AHMED, SULTAN
 1981 SW 133 AVE
 MIRAMAR FL 33027**

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

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 NAME STREET ADDRESS CITY-ST-ZIP	T KWAK, C.H. 548 SO. BROADWAY TARRYTOWN NY	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SALONEN, NEIL A 14415 BAVER DR ROCKVILLE MD	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YOSHIDA, SHUNICHIRD 47 TAXTER RD IRVINGTON NY	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WININGS, KATHY 177 WHITE PLAINS RD, 50F TARRYTOWN NY 10591	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED GEHRING, JOHN 65 KINGSLAND ST NUTLEY NJ 07110	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SALONEN, NEIL A 14415 BAUER DR. ROCKVILLE, MD	☐ Change ☐ Addition CORRECTION
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YOSHIDA SHUNICHIRO 47 TAXTER RD IRVINGTON, NY 10533	☐ Change ☐ Addition CORRECTION
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 any address, with all other like empowered.

SIGNATURE:

KATHY WININGS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/02 914-366-0558

Date

Daytime Phone #

CR2E037 (9/01)