

2000 UNIFORM BUSINESS REPORT (UBR)

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

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

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

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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)

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

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

LUU49416



DO NOT WRITE IN THIS SPACE