

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000005439

1. Entity Name

INTERNATIONAL RELIEF FRIENDSHIP FOUNDATION, INC.

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

03-12-2002 90271 023 ****61.25

Principal Place of Business

177 WHITE PLAINS RD
50F
TARRYTOWN NY 10591

Mailing Address

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

AHMED, SULTAN
1981 SW 133 AVE
MIRAMAR FL 33027

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.

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KWAK, C.H. 548 SO. BROADWAY TARRYTOWN NY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SALONEN, NEIL A 14415 BAVER DR ROCKVILLE MD	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YOSHIDA, SHUNICHIRO 47 TAXTER RD IRVINGTON NY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WININGS, KATHY 177 WHITE PLAINS RD, 50F TARRYTOWN NY 10591	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED GEHRING, JOHN 65 KINGS LAND ST NUTLEY NJ 07110	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SALONEN, NEIL A 14415 BAUER DR. ROCKVILLE, MD	<input type="checkbox"/> Change <input type="checkbox"/> Addition CORRECTION
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YOSHIDA, SHUNICHIRO 47 TAXTER RD IRVINGTON, NY 10533	<input type="checkbox"/> Change <input type="checkbox"/> Addition CORRECTION
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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
KATHY WININGS

2/25/02 914-366-0558

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)