

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90117 006 \*\*\*\*61.25

**DOCUMENT # N01000002155**

1. Entity Name

**INTERNATIONAL RELIEF CHARITIES, INC.**



Principal Place of Business

**217 LAKE ELLEN DR.  
CASSELBERRY FL 32707**

Mailing Address

**217 LAKE ELLEN DR.  
CASSELBERRY FL 32707**

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 **59-3700903**

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

**BEHFAR, FARID  
217 LAKE ELLEN DR.  
CASSELBERRY FL 32707**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PTD	BEHFAR, FARID	217 LAKE ELLEN DR.	CASSELBERRY FL 32707				
VSD	BEHFAR, ANN	217 LAKE ELLEN DR.	CASSELBERRY FL 32707				
D	BEHFAR, MOHAMMED	217 LAKE ELLEN DR.	CASSELBERRY FL 32707				
D	BEHFAR, FATMEH	217 LAKE ELLEN DR.	CASSELBERRY FL 32707				
D	CLARK, AL	124 PARK AVENUE	ORLANDO FL 32707				
D	STUART, JOHN	1720 OVERLAKE	ORLANDO FL 32806				

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: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)