

Address

City-State-Zip:

	Electronic Signature of Registered Agent			
Officer/Director Detail :				
Title	SOLE MEMBER OF CORPORATION	Title	CEO	
Name	WENSKI, MOST REV. THOMAS G. ARCHBISHOP	Name	MCGRORTY, RANDOLPH P. ESQ.	
Address	9401 BISCAYNE BOULEVARD	Address	28 WEST FLAGLER STREET SUITE 1000	
City-State-Zip:	MIAMI SHORES FL 33138	City-State-Zip:	MIAMI FL 33130	
Title	DIRECTOR	Title	DIRECTOR	
Name	KRAMER, MARY E. ESQ.	Name	MURPHY, TIMOTHY ESQ.	
Address	168 SE 1ST SREET SUITE 802	Address	201 S. BISCAYNE BOULEVARD SUITE 1600	
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131	
Title	PRESIDENT	Title	DIRECTOR	
Name	DOLLAR, JORDAN E. ESQ.	Name	RUSSELL, ANTONETTE P. ESQ.	
Address	8603 S. DIXIE HIGHWAY UNIT 211	Address	6750 N. ANDREWS AVENUE SUITE 200	
City-State-Zip:	MIAMI FL 33143	City-State-Zip:	FORT LAUDERDALE FL 33309	
Title	VP	Title	COO	
Name	CHUNG, SUI ESQ.	Name	MEZADIEU, MYRIAM DOJ-AR	

#### 2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N9800000211

Entity Name: CATHOLIC CHARITIES LEGAL SERVICES, ARCHDIOCESE OF MIAMI, INC.

# **Current Principal Place of Business:**

28 WEST FLAGLER STREET **SUITE 1000** MIAMI, FL 33130

## **Current Mailing Address:**

28 WEST FLAGLER STREET **SUITE 1000** MIAMI, FL 33130 US

### FEI Number: 65-0804650

### Name and Address of Current Registered Agent:

FITZGERALD, J PESQ 110 MERRICK WAY SUITE 3-B CORAL GABLES, FL 33134 US

<u></u>

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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

28 WEST FLAGLER STREET

**SUITE 1000** 

MIAMI FL 33130

#### above, or on an attachment with all other like empowered. SIGNATURE: MYRIAM MEZADIEU

3250 GRAND AVENUE

MIAMI FL 33133

**MEZZANINE 1 SUITE 201** 

COO

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Address

City-State-Zip:

FILED Jun 22, 2018 Secretary of State CC9094371573

Certificate of Status Desired: No

Date

## **Officer/Director Detail Continued :**

Title	SECRETARY	Title	DIRECTOR
Name	CACOPARDO, ILARIA ESQ.	Name	FLORES, RAUL ESQ.
Address	999 BRICKELL AVENUE PH 1102	Address	2103 CORAL WAY SUITE 800
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33145
Title	DIRECTOR	Title	TREASURER
Name	PESCH, CHRISTOPHER ESQ.	Name	SANCHEZ-ROIG, REBECA ESQ.
Address	28 WEST FLAGLER STREET SUITE 1000	Address	168 SE 1ST STREET SUITE 800
City-State-Zip:	MIAMI FL 33130	City-State-Zip:	MIAMI FL 33131
Title	DIRECTOR	Title	DIRECTOR
Name	FONTE, KARI ANN ESQ.	Name	CANERO DAVIES, ANTONIA ESQ.
Address	901 PONCE DE LEON BLVD. SUITE 601	Address	1101 BRICKELL AVENUE SOUTH TOWER, SUITE 700
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	MIAMI FL 33131