

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P32692

1. Entity Name

CATHOLIC LEGAL IMMIGRATION NETWORK, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90156 005 ****61.25

Principal Place of Business

401 MICHIGAN AVENUE NE
WASHINGTON DC 20017

Mailing Address

401 MICHIGAN AVENUE NE
WASHINGTON DC 20017-1557

2. Principal Place of Business

415 Michigan Ave. NE

3. Mailing Address

415 Michigan Ave. NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Washington, DC

City & State

Washington, DC

Zip

20017

Country

USA

Zip

20017

Country

USA

4. FEI Number

52-1584951

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURKE, MARISOL
CLINIC
3900 NW 79TH AVENUE, SUITE 564
MIAMI FL 33166

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	CD CUMMINS, JOHN REV 2900 LAKESHORE AVENUE OAKLAND CA 94610	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MURRY, G REV 16160 SETON ROAD SOUTH HOLLAND IL 60473	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KERWIN, DONALD 401 MICHIGAN AVENUE NE WASHINGTON DC 20017	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLUE, E REV 558 SO AVENUE WESTON MA 02193-2699	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OCHOA, A X REV 499 ST MATHEWS EL PASO TX 79907	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIMARZIO, N REV 1160 RAYMOND BOULEVARD NEWARK NJ 07102-4105	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Wenski, Thomas, Rev 9401 Biscayne Boulevard Miami, FL 33138	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Murry, G. Rev 29A Princess Gate St. Thomas, VI 00802	<input checked="" 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
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 an address; with all other like employment.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

2/11/2000 (202) 635-5814

Date

Daytime Phone #

CR2E037 (9/99)