

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 30, 2001 08:00 AM****Secretary of State****DOCUMENT # P32692**1. Entity Name
CATHOLIC LEGAL IMMIGRATION NETWORK, INC.

Principal Place of Business 415 MICHIGAN AVENUE NE WASHINGTON DC 20017	Mailing Address 415 MICHIGAN AVENUE NE WASHINGTON DC 20017
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2. Principal Place of Business 415 MICHIGAN AVENUE NE	3. Mailing Address
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Suite, Apt. #, etc. SUITE 150	Suite, Apt. #, etc.
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City & State WASHINGTON DC	City & State
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Zip 20017	Country	Zip	Country
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4. FEI Number 52-1584951	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
GILBERT LAUREN
Street Address (P.O. Box Number is Not Acceptable)
CLINIC
3900 NW 79TH AVENUE, SUITE 564
City MIAMI FL Zip Code 33166

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 **LAUREN GILBERT****07/30/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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	D DIMARZIO N REV 1160 RAYMOND BOULEVARD NEWARK NJ 071024105 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OCHOA A XREV 499 ST MATHEWS EL PASO TX 79907 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLUE E REV 558 SO AVENUE WESTON MA 021932699 <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	TD MURRY G REV 29A PRINCESS GADE ST. THOMAS VI 00802 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD THOMAS WENSKI R 9401 BISCAYNE BLVD MIAMI FL 33138 <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	<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
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)(f), 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: Donald Kerwin**S****07/30/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)