

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P32692

FILED  
Feb 01, 2002 8:00 AM  
Secretary of State

**Entity Name:** CATHOLIC LEGAL IMMIGRATION NETWORK, INC.

**Current Principal Place of Business:**

415 MICHIGAN AVENUE NE  
SUITE 150  
WASHINGTON, DC 20017

**New Principal Place of Business:**

**Current Mailing Address:**

415 MICHIGAN AVENUE NE  
WASHINGTON, DC 20017

**New Mailing Address:**

**FEI Number:** 52-1584951

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GILBERT, LAUREN  
CLINIC  
3900 NW 79TH AVENUE, SUITE 564  
MIAMI, FL 33166 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: THOMAS, WENSKI R  
Address: 9401 BISCAYNE BLVD  
City-St-Zip: MIAMI, FL 33138

Title: TD ( ) Delete  
Name: MURRY, G REV  
Address: 29A PRINCESS GADE  
City-St-Zip: ST. THOMAS, VI 00802

Title: S ( ) Delete  
Name: KERWIN, DONALD  
Address: 401 MICHIGAN AVENUE NE  
City-St-Zip: WASHINGTON, DC 20017

Title: D ( ) Delete  
Name: ALLUE, E REV  
Address: 558 SO AVENUE  
City-St-Zip: WESTON, MA 021932699

Title: D ( ) Delete  
Name: OCHOA, A X REV  
Address: 499 ST MATHEWS  
City-St-Zip: EL PASO, TX 79907

Title: D ( ) Delete  
Name: DIMARZIO, N REV  
Address: 1160 RAYMOND BOULEVARD  
City-St-Zip: NEWARK, NJ 071024105

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD KERWIN

S

02/01/2002

Electronic Signature of Signing Officer or Director

Date