#### 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000008263

Entity Name: HARVARD UNIVERSITY, INC

**FILED** Feb 04, 2022 Secretary of State 7190495667CC

## **Current Principal Place of Business:**

PRESIDENT AND FELLOWS OF HARVARD COLLEGE

MASSACHUSETTS HALL CAMBRIDGE, MA 02138 USA MASSACHUSETTS HALL CAMBRIDGE, MA

02138 USA

CAMBRIDGE, MA 02138

#### **Current Mailing Address:**

AVENIDA PRAIA DE GUARUJA, 865 LOTE 11 ESQUINA GUARUJA BUSINESS LOJA 20 - VILAS DO ATLANTICO LAURO DE FREITAS. BAHIA 42707080 BR

FEI Number: 81-4287226 Certificate of Status Desired: Yes

### Name and Address of Current Registered Agent:

RODRIGUES, ANDRES SR. 150 SE 2ND AVENUE 11110 MIAMI, FL 33131 US

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: ANDRES RODRIGUES SR, 02/04/2022

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title

City-State-Zip:

**PRESIDENT** Title Title VICE PRESIDENT

FAUST, CATHERINE DREW GILPIN Name HYMAN, STEVE PHD Name

PHD

Address MASSACHUSETTS HALL CAMBRIDGE. MASSACHUSETTS HALL CAMBRIDGE, Address MA 02138 USA

MA 02138 USA CAMBRIDGE MASSACHUSETTS HALL

CAMBRIDGE MASSACHUSETTS HALL CAMBRIDGE, MA 02138 USA

CAMBRIDGE, MA 02138 USA

City-State-Zip: BOSTON, SUFFOLK MA 02108 City-State-Zip: CAMBRIDGE MA 02138

Title **CHAIRMAN** Title SC

ROBERTO COHEN, ZIGMUND Name Name LINDBARRG, PETER

ZIEGLER PHD

Address ISC18 TREMONT STRE SUITE 146 L-Address **MOUNT ZION 14166** ACCTID49774

City-State-Zip: BOSTON, SUFFOLK MA 02108 City-State-Zip: **JERUSALEM 91411100** 

Title DOCTOR AT MEDICAL DEPARTMENT Title MEDICAL SCHOOL DEPARTMENT

Name COHEN, ROBERTO PHD Name BLOOM, BARRY DR.

Address MOUNT ZION Address MASSACHUSETTS HALL CAMBRIDGE,

14166 MA 02138 USA

02138 JERUSALEM JERUSALEM 914-10100 City-State-Zip:

City-State-Zip: MASSACHUSETTS HALL CAMBRIDGE

MA 02138 CEO

GONZALEZ, OMAR ROJAS PHD Name Title **SECRETARY** 

Address KRA. 13 C # 31 B 08 SUR Name PARDO, JAIDITH KIMERL PARDO PHD

BOGOTA D,C. KRA. 13 C # 31 B 08 Address KRA 13 C 31 B 08 SUR SHR

BG 13 C-1 CO

BOGOTA CUNDINAMARCA 13 C # 31 City-State-Zip: **BOGOTA CUNDINAMARCA** 

B 08 CO BG13C1CO

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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERTO COHEN

02/04/2022

# DOCTOR AT MEDICAL DEPARTMENT

Electronic Signature of Signing Officer/Director Detail

Date