

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000008263

Entity Name: HARVARD UNIVERSITY, INC**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 GUARUJÁ, 865 – LOTE 11
ESQUINA GUARUJÁ BUSINESS – LOJA: 02 – VILAS DO ATLÂNTICO
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,

03/10/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name FAUST, CATHERINE DREW GILPIN
PHD
Address MASSACHUSETTS HALL CAMBRIDGE,
MA 02138 USA
CAMBRIDGE MASSACHUSETTS HALL
CAMBRIDGE, MA 02138 USA
City-State-Zip: CAMBRIDGE MA 02138

Title SC
Name LINDBARRG, PETER
Address ISC18 TREMONT STRE SUITE 146 L-
ACCTID49774
City-State-Zip: BOSTON,SUFFOLK MA 02108

Title DOCTOR AT MEDICAL DEPARTMENT
Name COHEN, ROBERTO PHD
Address MOUNT ZION
14166
City-State-Zip: JERUSALEM JERUSALEM 914-10100

Title CEO
Name GONZALEZ, OMAR ROJAS PHD
Address KRA. 13 C # 31 B 08 SUR
BOGOTA D.C. KRA. 13 C # 31 B 08
SUR
City-State-Zip: BOGOTA CUNDINAMARCA 13 C # 31
B 08 CO

Title VICE PRESIDENT
Name HYMAN, STEVE PHD
Address MASSACHUSETTS HALL CAMBRIDGE,
MA 02138 USA
CAMBRIDGE MASSACHUSETTS HALL
CAMBRIDGE, MA 02138 USA
City-State-Zip: BOSTON,SUFFOLK MA 02108

Title CHAIRMAN
Name ROBERTO COHEN, ZIGMUND
ZIEGLER PHD
Address MOUNT ZION 14166
14166
City-State-Zip: JERUSALEM 91411100

Title MEDICAL SCHOOL DEPARTMENT
Name BLOOM, BARRY DR.
Address MASSACHUSETTS HALL CAMBRIDGE,
MA 02138 USA
02138
City-State-Zip: MASSACHUSETTS HALL CAMBRIDGE
MA 02138

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: ZIGMUND ZIEGLER ROBERTO COHEN

CHAIRMAN

03/10/2021

