

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000000538

Entity Name: SAINT THOMAS AQUINAS UNIVERSITY INC.**Current Principal Place of Business:**AV. PRIMEIRO DE MARCO 971
NOVO HAMBURGO, RS 93320 -105**Current Mailing Address:**AV. PRIMEIRO DE MARCO 971
NOVO HAMBURGO, RS 93320 -105 BR**FEI Number:** 47-2893740**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**RODRIGUES, ANDRES SR.
200 S E 1ST STREET S 604
1110 604
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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	RECTOR PRESIDENT	Title	VICE PRESIDENT
Name	DIAS, MARCOS VIVIANO PHD	Name	DIAS, CRISTIANA BOHN PHD
Address	AV. PRIMEIRO DE MARCO 971	Address	AV. PRIMEIRO DE MARCO 971
City-State-Zip:	NOVO HAMBURGO RS 93320 -105	City-State-Zip:	NOVO HAMBURGO RS 93320 -105
Title	SECRETARY	Title	TREASURER
Name	NEVES, CRISTIANO SILVEIRA PH.D.	Name	DIAS, CRISTIANA BOHN PHD
Address	AV. PRIMEIRO DE MARCO 971	Address	AV. PRIMEIRO DE MARCO 971
City-State-Zip:	NOVO HAMBURGO 93320 -105	City-State-Zip:	NOVO HAMBURGO RS 93320 -105
Title	AMERICAN REPRESENTATIVE BENEDICTINE SECULAR ORDER OF THE MISSIONARIES OF CHARITY		
Name	ABBOT COHEN, ROBERTO OSB FATHER		
Address	AV. PRIMEIRO DE MARCO 971		
City-State-Zip:	NOVO HAMBURGO RS 93320 -105		

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: MARCOS VIVIANO DIAS

DEAN

03/10/2022

Electronic Signature of Signing Officer/Director Detail

Date