

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000008484

FILED
May 20, 2023
Secretary of State
1424148780CC**Entity Name:** FACULDADE EINSTEIN INC.**Current Principal Place of Business:**AVENIDA IBIRACAI 4550
CHACARA CAMPO FORMOSO - NOVA ITABUNA MONASTERIO BENEDITINO CASSINENSE DE
PRIMITIVA OBSERVANCIA
ITABUNA, BAHIA 45611000**Current Mailing Address:**AVENIDA IBIRACAI 4550
CHACARA CAMPO FORMOSO - NOVA ITABUNA MONASTERIO BENEDITINO
CASSINENSE DE PRIMITIVA OBSERVANCIA
ITABUNA, BAHIA 45611000 BR**FEI Number:** 81-2040315**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**COHEN, LAWYER ROBERTO PHD
150 SE 2ND AVENUE
1110
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:** LAWYER ROBERTO COHEN PHD

05/20/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENTE
Name	COHEN , ROBERTO PHD
Address	AVENIDA IBIRACAI 4550 CHACARA CAMPO FORMOSO - NOVA ITABUNA MONASTERIO BENEDITINO CASSINENSE DE PRIMITIVA OBSERVANCIA
City-State-Zip:	ITABUNA BAHIA 45611000

Title	VICE PRESIDENT
Name	ROBERTO COHEN, ZIGMUND ZIEGLER PHD
Address	1350 PENNSYLVANIA AVENUE NW WASHINGTON DEPARTMENT OF STATE 1350
City-State-Zip:	WASHINGTON DC DC 20004

Title	DIRECTOR, RECTOR
Name	TORRES, JOSE AUGUSTO MACIEL PHD
Address	RUA DO URUGUAY 21 MARES
City-State-Zip:	SALVADOR 40.445 - 040

Title	TREASURER
Name	PERES, JOAO PAULO DOJAME PHD
Address	AV. OTAVIO MANGABEIRA 2401 SHOPPING ATELIE PLACE SALA 7
City-State-Zip:	SALVADOR 41830050

Title	EXECUTIVE SECRETARY
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 MA 02138

Title	MEDICAL DEPARTMENT
Name	BLOOM, BARRY GILPIN PHD
Address	MASSACHUSETTS HALL CAMBRIDGE, MA 02138 USA CAMBRIDGE MASSACHUSETTS HALL CAMBRIDGE, MA 02138 USA
City-State-Zip:	CAMBRIDGE, MA 02138 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:** ROBERTO COHEN

PRESIDENT

05/20/2023

