

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000008484

Entity Name: FACULDADE EINSTEIN INC.**Current Principal Place of Business:**

AVENIDA PRAIA DE GUARUJÁ, 865 – LOTE 11
ESQUINA GUARUJÁ BUSINESS – LOJA: 02 – VILAS DO ATLÂNTICO GABINETE ABACIAL
LAURO DE FREITAS, BAHIA 42707080

Current Mailing Address:

AVENIDA PRAIA DE GUARUJÁ, 865 – LOTE 11
ESQUINA GUARUJÁ BUSINESS – LOJA: 02 – VILAS DO ATLÂNTICO
GABINETE ABACIAL
LAURO DE FREITAS, BAHIA 42707080 BR

FEI Number: 81-2040315**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**

RODRIGUES, ANDRES A SR.
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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENTE
Name COHEN , ROBERTO PHD
Address AVENIDA PRAIA DE GUARUJÁ, 865 –
LOTE 11
ESQUINA GUARUJÁ BUSINESS –
LOJA: 02 – VILAS DO ATLÂNTICO
REPRESENTANTE OFICIAL
City-State-Zip: LAURO DE FREITAS BAHIA LAURO
DE FREITAS CEP: 42707080

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

Title EXECUTIVE SECRETARY
Name SIMONE BOONE DE SOUZA
Address RUA PRAIA DE PEREQUEAÇU
865
City-State-Zip: LAURO DE FREITAS BAHIA CEP:
42707050

Title VICE PRESIDENT
Name ROBERTO COHEN, ZIGMUND
ZIEGLER PHD
Address AVENIDA PRAIA DE GUARUJÁ, 865 –
LOTE 11
ESQUINA GUARUJÁ BUSINESS –
LOJA: 02 – VILAS DO ATLÂNTICO
GABINETE ABACIAL
City-State-Zip: LAURO DE FREITAS BAHIA CEP:
42707080

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

Title CO-TRUSTEE
Name SILVA, JOSÉ ROBERTO FERREIRA DA
SR.
Address AVENIDA PRAIA DE GUARUJÁ, 865 –
LOTE 11
ESQUINA GUARUJÁ BUSINESS –
LOJA: 02 – VILAS DO ATLÂNTICO
GABINETE ABACIAL
City-State-Zip: LAURO DE FREITAS BAHIA CEP:
42707080

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****03/18/2021**

Electronic Signature of Signing Officer/Director Detail

Date