2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000008484

Entity Name: FACULDADE EINSTEIN INC.

FILED Mar 18, 2021 Secretary of State 1587697332CC

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:

Address

Address

Date Electronic Signature of Registered Agent

Address

Name

Address

City-State-Zip:

Officer/Director Detail:

PRESIDENTE Title Title VICE PRESIDENT

COHEN, ROBERTO PHD Name Name ROBERTO COHEN, ZIGMUND

ZIEGLER PHD AVENIDA PRAIA DE GUARUJÁ, 865 -

LOTF 11

ESQUINA GUARUJÁ BUSINESS -

LOJA: 02 - VILAS DO ATLÂNTICO

REPRESENTANTE OFICIAL

LAURO DE FREITAS BAHIA LAURO City-State-Zip:

DE FREITAS CEP: 42707080

Title DIRECTOR, RECTOR Title

TREASURER Name TORRES, JOSÉ AUGUSTO MACIEL

PHD

RUA DO URUGUAY Address

21 MARES

42707050

SALVADOR BAHIA 41830050 City-State-Zip: SALVADOR BAHIA 40.445 - 040 City-State-Zip:

Title **EXECUTIVE SECRETARY** Title CO-TRUSTEE

SIMONE BOONE DE SOUZA SILVA, JOSÉ ROBERTO FERREIRA DA Name Name

> RUA PRAIA DE PEREQUEAÇU Address

865

LOTF 11 City-State-Zip: LAURO DE FREITAS BAHIA CEP:

LOTE 11

42707080

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AVENIDA PRAIA DE GUARUJÁ, 865 –

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ESQUINA GUARUJÁ BUSINESS -

LOJA: 02 – VILAS DO ATLÂNTICO

LAURO DE FREITAS BAHIA CEP:

PERES, JOÃO PAULO DOJAME PHD

AV. OTAVIO MANGABEIRA 2401

SHOPPING ATELIÊ PLACE SALA 7

GABINETE ABACIAL

GABINETE ABACIAL

LAURO DE FREITAS BAHIA CEP: City-State-Zip:

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