2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000008192

Entity Name: BIM CAMPUS INSTITUTE INC.

Current Principal Place of Business:

2030 DOUGLAS RD.

113

CORAL GABLES, FL 33134

Current Mailing Address:

2030 DOUGLAS RD.

113

CORAL GABLES, FL 33134 US

FEI Number: 37-1834753 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JM MARTINEZ CPA PA 2100 PONCE DE LEON BOULEVARD

CORAL GABLES, FL 33134 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: JOSE MARTINEZ CPA 04/22/2019

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title DIRECTOR Title DIRECTOR

FERREIRO PEREZ, GUSTAVO Name Name TEVES DA SILVA, PAULO A

2030 DOUGLAS RD. 2030 DOUGLAS RD. Address Address 113 113

City-State-Zip: CORAL GABLES FL 33134 City-State-Zip: CORAL GABLES FL 33134

Title **DIRECTOR** Title **PRESIDENT**

Name FERNANDEZ, ESTEBAN Name FERREIRO PEREZ, GUSTAVO

Address 2030 DOUGLAS RD. Address 2030 DOUGLAS RD. 113 113

City-State-Zip: CORAL GABLES FL 33134 City-State-Zip: CORAL GABLES FL 33134

Title **TREASURER** Title

FERREIRO PEREZ, GUSTAVO FERREIRO PEREZ, GUSTAVO Name Name

2030 DOUGLAS RD. Address 2030 DOUGLAS RD. Address 113 113

City-State-Zip: CORAL GABLES FL 33134 City-State-Zip: CORAL GABLES FL 33134

Title SECRETARY

Address 2030 DOUGLAS RD.

Name

113

CORAL GABLES FL 33134 City-State-Zip:

FERREIRO PEREZ. GUSTAVO

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.

04/22/2019 SIGNATURE: FERREIRO PEREZ, GUSTAVO DIRECTOR

FILED Apr 22, 2019

Secretary of State

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