

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000008192

FILED
Apr 10, 2018
Secretary of State
CC4054160734

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:

FERREIRO PEREZ, GUSTAVO
2030 DOUGLAS RD.
113
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: GUSTAVO FERREIRO PEREZ

04/10/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name FERREIRO PEREZ, GUSTAVO
Address 2030 DOUGLAS RD.
113
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name TEVES DA SILVA, PAULO A
Address 2030 DOUGLAS RD.
113
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name FERNANDEZ, ESTEBAN
Address 2030 DOUGLAS RD.
113
City-State-Zip: CORAL GABLES FL 33134

Title PRESIDENT
Name FERREIRO PEREZ, GUSTAVO
Address 2030 DOUGLAS RD.
113
City-State-Zip: CORAL GABLES FL 33134

Title TREASURER
Name FERREIRO PEREZ, GUSTAVO
Address 2030 DOUGLAS RD.
113
City-State-Zip: CORAL GABLES FL 33134

Title VP
Name FERREIRO PEREZ, GUSTAVO
Address 2030 DOUGLAS RD.
113
City-State-Zip: CORAL GABLES FL 33134

Title SECRETARY
Name FERREIRO PEREZ, GUSTAVO
Address 2030 DOUGLAS RD.
113
City-State-Zip: CORAL GABLES FL 33134

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: GUSTAVO FERREIRO PEREZ

VP

04/10/2018

Electronic Signature of Signing Officer/Director Detail

Date