

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000013219

**Entity Name:** BUILDING ENCLOSURE INSTITUTE, INC.**Current Principal Place of Business:**2387 NW 57 ST  
MIAMI, FL 33142**Current Mailing Address:**713 SW 8 AVE  
1ST FL  
HALLANDALE, FL 33009 US**FEI Number: 83-2890488****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KAZMIERCZAK, KAROL  
713 SW 8 AVE  
1ST FL  
HALLANDALE, FL 33009 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 D  
Name OSWIECIMSKI, BOGUMIL  
Address BENIOWSKIEGO 10/1  
City-State-Zip: GDYNIATitle D  
Name LIS, JERZY M  
Address KAMIENSKIEGO 3F/56M  
City-State-Zip: GDANSKTitle D  
Name REDA, JAROSLAW  
Address ZWIROWA 8  
City-State-Zip: RUMIATitle SECRETARY  
Name LIS, JERZY  
Address KAMIENSKIEGO 3F56M  
City-State-Zip: GDANSKTitle PRESIDENT, TREASURER  
Name KAZMIERCZAK, KAROL L  
Address 713 SW 8 AVE  
1ST FL  
City-State-Zip: HALLANDALE FL 33009

*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: KAROL L KAZMIERCZAK****PRESIDENT****02/19/2023**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date