

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000001884

**Entity Name:** INTERNATIONAL REIKI COUNCIL INC. CONREIKI

**Current Principal Place of Business:**

RUA DOUTOR JOSÉ MENDONÇA CLARK 90  
VARZEA 604  
TERESOPOLIS, RIO DE JANEIRO 25953-560

**Current Mailing Address:**

RUA DOUTOR JOSÉ MENDONÇA CLARK 90  
VARZEA 604  
TERESOPOLIS, RIO DE JANEIRO 25953-560 BR

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

DIAS LOPES, GABRIEL CESAR DR  
7950 NW 53RD STREET  
MIAMI, FL 33166 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 P  
Name DIAS LOPES, GABRIEL CESAR DR  
Address R HELENA REBELLO PEREIRA 55  
City-State-Zip: TERESOPOLIS RJ 25963-230

Title D  
Name PEREIRA LOPES, POLLYANNA C DR  
Address R HELENA REBELLO PEREIRA 55  
City-State-Zip: TERESOPOLIS RJ 25963-230

Title VP  
Name FRANCA R, CARLOS ALBERTO DR  
Address AV ALBERTO TORRES 1393  
City-State-Zip: TERESOPOLIS 25964-002

Title PROF  
Name DEBASTIANI, LUCIANO  
Address SERVIDÃO DOMINGOS TERTULIANO  
NUNES  
BAIRRO RIO VERMELHO 25  
City-State-Zip: FLORIANOPOLIS SANTA CATARINA  
88060371

*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: GABRIEL CESAR DIAS LOPES**

**DR.**

**04/09/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date