## 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

## 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

## Officer/Director Detail :

Title	Ρ	Title	D
Name	DIAS LOPES, GABRIEL CESAR DR	Name	PEREIRA LOPES, POLLYANNA C DR
Address	R HELENA REBELLO PEREIRA 55	Address	R HELENA REBELLO PEREIRA 55
City-State-Zip:	TERESOPOLIS RJ 25963-230	City-State-Zip:	TERESOPOLIS RJ 25963-230
Title	VP	Title	PROF
Name	FRANCA R, CARLOS ALBERTO DR	Name	DEBASTIANI, LUCIANO
Address	AV ALBERTO TORRES 1393	Address	SERVIDÃO DOMINGOS TERTULIANO
City-State-Zip:	TERESOPOLIS 25964-002		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

Certificate of Status Desired: Yes

Date