

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90051 019 ****70.00

DOCUMENT # N30431

1. Entity Name
 Museum of Science Endowment Fund, Inc.

Principal Place of Business Miami Museum of Science, Inc. Attn: George Robinson 3280 South Miami Avenue Miami, FL 33129	Mailing Address Miami Museum of Science Attn: George Robinson 3280 South Miami Avenue Miami, FL 33129
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 65-0166471	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> FL	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 Miami Museum of Science, Inc.
 Attn: George Robinson
 3280 South Miami Avenue
 Miami, FL 33129

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS	
TITLE D NAME Ernestine McKay STREET ADDRESS 300 Greenwood Drive CITY-ST-ZIP Key Biscayne, FL	<input type="checkbox"/> Delete
TITLE DP NAME Lucille B. Constant STREET ADDRESS 1771 Opechee Drive CITY-ST-ZIP Miami, FL	<input type="checkbox"/> Delete
TITLE DST NAME Patricia A. Graham STREET ADDRESS 6911 Main Street, #225 CITY-ST-ZIP Miami Lakes, FL	<input type="checkbox"/> Delete
TITLE DV NAME Dr. William Heuson STREET ADDRESS 5978 Miller Drive CITY-ST-ZIP Miami, FL	<input type="checkbox"/> Delete
TITLE D NAME Stanley Ross STREET ADDRESS 3610 Alhambra Court CITY-ST-ZIP Coral Gables, FL	<input type="checkbox"/> Delete
TITLE D NAME Roderick N. Petrey STREET ADDRESS 508 Castania Avenue CITY-ST-ZIP Coral Gables, FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME Louis Dessaint STREET ADDRESS 6250 S.W. 113 Street CITY-ST-ZIP Miami, FL 3315	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME Cora Lee Brenner STREET ADDRESS 18499 S.W. 79th Court CITY-ST-ZIP Miami, FL 33157	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME George D. Robinson STREET ADDRESS 8250 S.W. 165 Terrace CITY-ST-ZIP Miami, FL 33157	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other titles empowered.

SIGNATURE: *Lucille B. Constant*
 Lucille B. Constant, President

4-16-00 (305) 235-3201

CR2E037 (9/99)