

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90497 001 \*\*\*\*61.25

**DOCUMENT # 700939**

1. Entity Name

**THE GUILD OF THE MUSEUM OF SCIENCE, INC.**

Principal Place of Business

Mailing Address

**3280 SOUTH MIAMI AVENUE  
 MIAMI FL 33129**

**3280 SOUTH MIAMI AVENUE  
 MIAMI FL 33129**

2. Principal Place of Business

3. Mailing Address

**3280 So Miami Ave**

**3280 So Miami Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Miami, Fla 33129**

**Miami Fla 33129**

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1002365**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MYRTICE, HEKTNER  
 3600 ALHAMBRA CT  
 CORAL GABLES FL 33134**

Name

**Rosemary Londono**

Street Address (P.O. Box Number is Not Acceptable)

**13701 Old Cutler Rd**

City

**Miami**

FL

Zip Code

**33158**

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

**Mrs Rosemary Londono**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/14/01**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**TD  
 SIMS, NANCY  
 7760 SW 167TH TERR  
 MIAMI FL 33157** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**Second Keep  
 Elizabeth Sharkey  
 8235 SW 150, Miami, Fla 33158** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**SD  
 MURRILL, JACKIE  
 7855 SW 141 TERRACE  
 MIAMI FL 33158** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**Same** ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**T  
 ROVELL, SHEILA  
 528 ALTARA AVE  
 CORAL GABLES FL 33134** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**Treasurer  
 Thomasine Morris  
 9354 SW 77 Ave Apt F-4 Miami Fla 33156** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VP  
 FRAZIER, SHARON  
 12420 SW 89 AVE  
 MIAMI FL 33176** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**Same** ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 LONDONO, ROSEMARY  
 9530 SW 68 AVENUE  
 MIAMI FL 33156** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**To President** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**P  
 HEKTNER, MYRTICE  
 3600 ALHAMBRA CT  
 CORAL GABLES FL 33134** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**Director** ☒ Change ☐ 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 like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Thomasine Morris**

Date

**3/14/01 305  
 275 8354**

Daytime Phone #

CR2E037 (10/00)