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2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2002 8:00 am
Secretary of State
08-20-2002 90124 047 ****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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
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
LONDONO, ROSEMARY 13701 OLD CUTLER ROAD MIAMI FL 33158	Name HELGA LUTHER Street Address (P.O. Box Number is Not Acceptable) 13855 S.W. 78 Ct. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Helga Luther HELGA LUTHER 8/27/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

After September 13, 2002, min. will be $236.25.

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 SHARKEY, ELIZABETH 8235 SW 150TH MIAMI FL 33158	☑ Delete	TITLE P NAME HELGA LUTHER STREET ADDRESS 13855 S.W. 78 Ct CITY-ST-ZIP MIAMI, FL 33158	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MURRILL, JACKIE 7855 SW 141 TERRACE MIAMI FL 33158	☑ Delete	TITLE VP NAME SHEILA REVELL STREET ADDRESS 528 ALTARA AVE CITY-ST-ZIP CORAL GABLES, FL 33146	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MORRIS, THOMASINE 9354 SW 77 AVE APT I-4 MIAMI FL 33158	☑ Delete	TITLE SD NAME JO-MAUK STREET ADDRESS 2 GROVE ISLE DR. #802 CITY-ST-ZIP MIAMI, FL 33	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FRAZIER, SHARON 12420 SW 89 AVE MIAMI FL 33176	☑ Delete	TITLE TD NAME JANET GREEN STREET ADDRESS 9816 S.W. 110 ST CITY-ST-ZIP MIAMI, FL 33176	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LONDONO, ROSEMARY 9530 SW 68 AVENUE MIAMI FL 33156	☑ Delete	TITLE T NAME THOMASINE MORRIS STREET ADDRESS 9354 SW 77 Ave Apt I-4 CITY-ST-ZIP MIAMI, FL 33158	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HEKTNER, MYRTICE 3600 ALHAMBRA CT CORAL GABLES FL 33134	☑ Delete	TITLE D NAME ROSEMARL LONDONO STREET ADDRESS 13701 OLD CUTLER ROAD CITY-ST-ZIP MIAMI FL 33158	☑ Change	☐ Addition

CR2E037 (4/02)

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: Helga Luther SIGNATURE REQUIRED HELGA LUTHER 7/18/02 305-251-8830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #