

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90197 007 ****61.25

DOCUMENT # 700939



1. Entity Name
THE GUILD OF THE MUSEUM OF SCIENCE, INC.

Principal Place of Business
**3280 SOUTH MIAMI AVENUE
MIAMI FL 33129**

Mailing Address
**3280 SOUTH MIAMI AVENUE
MIAMI FL 33129**

90010694



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1002365**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**LUTHER, HELGA
13855 SW 78 CT
MIAMI FL 33158**

Name **Helga Luther**
Street Address (P.O. Box Number is Not Acceptable)
13855 SW 78 CT
City **Miami Fla** 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*

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

(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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	LUTHER, HELGA	
STREET ADDRESS	13855 SW 78 CT	
CITY-ST-ZIP	MIAMI FL 33158	
TITLE	VP	<input type="checkbox"/> Delete
NAME	REVELL, SHEILA	
STREET ADDRESS	528 ALTARA AVE	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MAUK, JO	
STREET ADDRESS	2 GROVE ISLE DR #802	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GREEN, JANET	
STREET ADDRESS	9816 SW 110 ST	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	T	<input type="checkbox"/> Delete
NAME	MORRIS, THOMASINE	
STREET ADDRESS	9354 SW 77 AVE APT 1-4	
CITY-ST-ZIP	MIAMI FL 33158	
TITLE	D	<input type="checkbox"/> Delete
NAME	LONDONO, ROSEMARL	
STREET ADDRESS	13701 OLD CUTLER ROAD	
CITY-ST-ZIP	MIAMI FL 33158	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/03 305-251-8830

CR2E037 (10/02)