2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 16, 2001 08:00 AM 701164 DOCUMENT # 1. Entity Name **Secretary of State** MUSEUM OF SCIENCE, INC. Principal Place of Business Mailing Address 3280 S. MIAMI AVE. 3280 S. MIAMI AVE. FL MIAMI MIAMI 33129 33129 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0854960 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WEINTRAUB, ALBERT Street Address (P.O. Box Number is Not Acceptable) 2250 S.W. 3RD AVENUE MIAMI FL33129 US City 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. 03/16/2001 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE SD ☐ Change X Addition NAME NAME SATTERLEE JOY MRS. STREET ADDRESS STREET ADDRESS 205 DUNWOODY LANE CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FT. 33021 ☐ Delete TITLE TD TITLE ☐ Change ☐ Addition NAME BROOKES ROBERT L NAME STREET ADDRESS STREET ADDRESS 4191 BATTERSEA RD CITY-ST-ZIF CORAL GABLES FI. CITY-ST-ZIP TITLE PD Delete TITLE Change ☐ Addition NAME ETTING RUSSELL NAME STREET ADDRESS STREET ADDRESS 3280 S MIAMI AVENUE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL. 33129 TITLE VPD Delete TITLE VPD X Change Addition NAME MATTO JOSE F. NAME VALDES-FAULI LOUISE MRS STREET ADDRESS STREET ADDRESS 20340 N.E. 10TH COURT ROAD 4155 KIAORA STREET CITY-ST-ZIP CITY-ST-ZIP COCONUT GROVE NORTH MIAMI BEACH \mathbf{FL} FL33133 TITLE SD □ Delete TITLE VPD X Change ☐ Addition NAME BLANCK DORIS M NAME BELL TRISH MRS STREET ADDRESS 7830 SW 52 COURT STREET ADDRESS 100 CASUARINA CONCOURSE CITY-ST-ZIP CITY-ST-ZIP MIAMI \mathbf{FL} CORAL GABLES FL, 33143 TITLE VPD □ Delete TITLE Change Addition NAME FALK JOSEPH L NAME STREET ADDRESS 17 70 MICANOPY AVE STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE: _

CITY-ST-ZIP

COCONUT GROVE

Joy Satterlee

 \mathbf{FL}

SD

03/16/2001

CR2E037 (11/00)