

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90035 042 ****70.00

DOCUMENT # 701164

1. Entity Name
MUSEUM OF SCIENCE, INC.

Principal Place of Business Mailing Address

**3280 S. MIAMI AVE.
 MIAMI FL 33129** **3280 S. MIAMI AVE.
 MIAMI FL 33129**

2. Principal Place of Business 3. Mailing Address

3280 South Miami Ave **3280 South Miami Ave**

Suite, Apt. #, etc. Suite, Apt. #, etc.

— —

City & State City & State

Miami, FL **Miami, FL**

Zip Country Zip Country

33129 **USA** **33129** **USA**

Dade **Dade**



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For

59-0854960 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEINTRAUB, ALBERT
2250 S.W. 3RD 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	VPD	<input type="checkbox"/> Delete
NAME	FALK, JOSEPH L	
STREET ADDRESS	17 70 MICANOPY AVE	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BELL, TRISH MRS	
STREET ADDRESS	100 CASUARINA CONCOURSE	
CITY-ST-ZIP	CORAL GABLES FL 33143	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	VALDES-FAULI, LOUISE MRS	
STREET ADDRESS	4155 KIAORA STREET	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ETTING, RUSSELL	
STREET ADDRESS	3280 S MIAMI AVENUE	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BROOKES, ROBERT L	
STREET ADDRESS	4191 BATTERSEA RD	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SATTERLEE, JOY MRS.	
STREET ADDRESS	205 DUNWOODY LANE	
CITY-ST-ZIP	HOLLYWOOD FL 33021	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Judy Brown	
STREET ADDRESS	824 Sorolla Ave	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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)(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 an other like empowered.

SIGNATURE: _____ **4/29/02** **305 646-4232**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)