

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

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90045 022 ****70.00

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DOCUMENT # 701164

1. Entity Name
MUSEUM OF SCIENCE, INC.



Principal Place of Business
**3280 S. MIAMI AVE.
MIAMI FL 33129**

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

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-0854960**
Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEINTRAUB, ALBERT
2250 S.W. 3RD AVENUE
MIAMI FL 33129**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
VPD	FALK, JOSEPH L	17 70 MICANOPY AVE	COCONUT GROVE FL				
VPD	BELL, TRISH MRS	100 CASUARINA CONCOURSE	CORAL GABLES FL 33143				
VPD	VALDES-FAULI, LOUISE MRS	4155 KIAORA STREET	COCONUT GROVE FL 33133				
PD	BROWN, JUDY	824 SOROLLA AVE	CORAL GABLES FL 33134				
TD	BROOKES, ROBERT L	4191 BATTERSEA RD	CORAL GABLES FL				

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**

2/27/2003 305 646-4232

CR2E037 (10/02)