

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

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

01-27-2003 90242 001 ****61.25

DOCUMENT # 741214

1. Entity Name

PATRONS OF THE MUSEUM OF SCIENCE, INC.



1

Principal Place of Business

**6808 SW 81 STR
MIAMI FL 33143
US**

Mailing Address

**6808 SW 81 STR
MIAMI FL 33143
US**

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 **59-1802789**

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

**BRENNER, CORA L
18499 SW 79 CT
MIAMI FL 33157**

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

SIGNATURE

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

TITLE **PD** ☒ Delete
NAME **BAKER, RITA**
STREET ADDRESS **7007 SW 148 TERR**
CITY-ST-ZIP **MIAMI FL 33158**

TITLE **VP** ☒ Delete
NAME **CRUXENT, ANNE**
STREET ADDRESS **5530 LEJEUNE RD**
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE **SD** ☐ Delete
NAME **TROTTER, MARITA**
STREET ADDRESS **3503 CRYSTAL VIEW CT**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE **S** ☒ Delete
NAME **MCCORMICK, MERLE**
STREET ADDRESS **900 SAN PEDRO AVENUE**
CITY-ST-ZIP **CORAL GABLES FL 33156**

TITLE **TD** ☐ Delete
NAME **LEE BRENNER, CORA**
STREET ADDRESS **18499 SW 79 CT**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **Kmetz, Faye**
STREET ADDRESS **3471 SW 3 Avenue**
CITY-ST-ZIP **Maimi, FL 33145**

TITLE **VP** ☒ Change ☐ Addition
NAME **Kaye-Martin, Sue**
STREET ADDRESS **3017 Blaine Street**
CITY-ST-ZIP **Coconut Grove, FL 33133**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ Change ☐ Addition
NAME **Pawley, Clare**
STREET ADDRESS **5018 SW 72 Avenue**
CITY-ST-ZIP **Miami, FL 33155**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

Cora L. Brenner

January 22 2003

(305) 255-0567

CR2E037 (10/02)