

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30431

1. Entity Name

Museum of Science Endowment Fund, Inc.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90051 019 ****70.00

Principal Place of Business Mailing Address
Miami Museum of Science, Inc. Miami Museum of Science
Attn: George Robinson Attn: George Robinson
3280 South Miami Avenue 3280 South Miami Avenue
Miami, FL 33129 Miami, FL 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

65-0166471

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Miami Museum of Science, Inc.
Attn: George Robinson
3280 South Miami 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

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	Ernestine McKay	
STREET ADDRESS	300 Greenwood Drive	
CITY-ST-ZIP	Key Biscayne, FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	Lucille B. Constant	
STREET ADDRESS	1771 Opechee Drive	
CITY-ST-ZIP	Miami, FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	Patricia A. Graham	
STREET ADDRESS	6911 Main Street, #225	
CITY-ST-ZIP	Miami Lakes, FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	Dr. William Heuson	
STREET ADDRESS	5978 Miller Drive	
CITY-ST-ZIP	Miami, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	Stanley Ross	
STREET ADDRESS	3610 Alhambra Court	
CITY-ST-ZIP	Coral Gables, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	Roderick N. Petrey	
STREET ADDRESS	508 Castania Avenue	
CITY-ST-ZIP	Coral Gables, FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Louis Dessaint	
STREET ADDRESS	6250 S.W. 113 Street	
CITY-ST-ZIP	Miami, FL 3315	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cora Lee Brenner	
STREET ADDRESS	18499 S.W. 79th Court	
CITY-ST-ZIP	Miami, FL 33157	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George D. Robinson	
STREET ADDRESS	8250 S.W. 165 Terrace	
CITY-ST-ZIP	Miami, FL 33157	
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		<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 all other like empowered.

SIGNATURE: *Lucille B. Constant*
Lucille B. Constant, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-00

(305) 235-3201

CR2E037 (9/99)