

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

0038072

DOCUMENT # N30431

1. Entity Name

MUSEUM OF SCIENCE ENDOWMENT FUND, INC.

05-14-2001 90021 011 *****70.00

Principal Place of Business

Mailing Address

**3280 SOUTH MIAMI AVENUE
 C/O GEORGE ROBINSON
 MIAMI FL 33129**

**3280 SOUTH MIAMI AVENUE
 C/O GEORGE ROBINSON
 MIAMI FL 33129**

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

65-0166471

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROBINSON, GEORGE
 3280 SOUTH MIAMI 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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
 NAME **ERNESTINE, MCKAY**
 STREET ADDRESS **300 GREENWOOD DRIVE**
 CITY-ST-ZIP **KEY BISCAYNE FL 00000**

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

TITLE **DP** ☐ Delete
 NAME **CONSTANT, LUCILLE B**
 STREET ADDRESS **1771 OPECHEE DRIVE**
 CITY-ST-ZIP **MIAMI FL 00000**

TITLE ☒ Change ☐ Addition
 NAME **—**
 STREET ADDRESS **600 BELTMORE WAY #309**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **DST** ☐ Delete
 NAME **GRAHAM, PATRICIA A**
 STREET ADDRESS **6911 MAIN STREET #225**
 CITY-ST-ZIP **MIAMI LAKES FL 00000**

TITLE ☒ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **LOUIS DESSAINT**
 CITY-ST-ZIP **BOX 6**
BLOWING ROCK NC

TITLE **DV** ☐ Delete
 NAME **HEUSON, WILLIAM**
 STREET ADDRESS **5978 MILLER DRIVE**
 CITY-ST-ZIP **MIAMI FL 00000**

TITLE ☐ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **CORA LEE BRENNER**
 CITY-ST-ZIP **18499 SW 79 CT**
MIAMI FL 33157

TITLE **D** ☐ Delete
 NAME **ROSS, STANLEY**
 STREET ADDRESS **3610 ALHAMBRA COURT**
 CITY-ST-ZIP **CORAL GABLES FL 00000**

TITLE ☐ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **GEORGE D ROBINSON**
 CITY-ST-ZIP **8250 SW 165 TERR**
MIAMI FL 33157

TITLE **D** ☐ Delete
 NAME **PETREY, RODERICK N**
 STREET ADDRESS **508 CASTANIA AVENUE**
 CITY-ST-ZIP **CORAL GABLES FL 00000**

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:

Lucille B Constant A-16-V001 905-235-3201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)