

2001 UNIFORM BUSINESS REPORT (UBR)

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

0036072

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0166471

Applied For

Not Applicable

Zip

Country

Zip

Country

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:
FEES 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	<input type="checkbox"/> Delete
NAME	ERNESTINE, MCKAY	
STREET ADDRESS	300 GREENWOOD DRIVE	
CITY-ST-ZIP	KEY BISCAYNE FL 00000	
TITLE	DP	<input type="checkbox"/> Delete
NAME	CONSTANT, LUCILLE B	
STREET ADDRESS	1771 OPECHEE DRIVE	
CITY-ST-ZIP	MIAMI FL 00000	
TITLE	DST	<input type="checkbox"/> Delete
NAME	GRAHAM, PATRICIA A	
STREET ADDRESS	6911 MAIN STREET #225	
CITY-ST-ZIP	MIAMI LAKES FL 00000	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HEUSON, WILLIAM	
STREET ADDRESS	5978 MILLER DRIVE	
CITY-ST-ZIP	MIAMI FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSS, STANLEY	
STREET ADDRESS	3610 ALHAMBRA COURT	
CITY-ST-ZIP	CORAL GABLES FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	PETREY, RODERICK N	
STREET ADDRESS	508 CASTANIA AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 00000	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	600 BELTMORE WAY #309	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUIS DESSAINT	
STREET ADDRESS	BOX 6	
CITY-ST-ZIP	BLOWING ROCK NC	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORA LEE BRENNER	
STREET ADDRESS	18499 SW 79 CT	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE D ROBINSON	
STREET ADDRESS	8750 SW 165 TERR	
CITY-ST-ZIP	MIAMI FL 33157	
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:

George D Robinson
GEORGE D ROBINSON PRESIDENT A-26-2001 905-235-3701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)