

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

0000929

DOCUMENT # N30431

1. Entity Name

MUSEUM OF SCIENCE ENDOWMENT FUND, INC.

04-07-2002 90045 018 *****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 ☐ Delete
NAME **D**
STREET ADDRESS **ERNESTINE, MCKAY**
CITY-ST-ZIP **300 GREENWOOD DRIVE
KEY BISCAYNE FL**

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

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **CONSTANT, LUCILLE B.**
CITY-ST-ZIP **600 BILTMORE WAY # 309
CORAL GABLES FL 33134**

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

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

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

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

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

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

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

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

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 information.

SIGNATURE:

LUCILLE B. CONSTANT, PRESIDENT

3-27-02

305-235-3701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)