

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

04-07-2002 90045 018 \*\*\*\*\*70.00

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**DOCUMENT # N30431**

1. Entity Name

**MUSEUM OF SCIENCE ENDOWMENT FUND, INC.**

Principal Place of Business

Mailing Address

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

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 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

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: 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	<input type="checkbox"/> Delete
NAME	ERNESTINE, MCKAY	
STREET ADDRESS	300 GREENWOOD DRIVE	
CITY-ST-ZIP	KEY BISCAIYNE FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	CONSTANT, LUCILLE B.	
STREET ADDRESS	600 BILTMORE WAY # 309	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	DST	<input type="checkbox"/> Delete
NAME	GRAHAM, PATRICIA A	
STREET ADDRESS	6911 MAIN STREET #225	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HEUSON, WILLIAM	
STREET ADDRESS	5978 MILLER DRIVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSS, STANLEY	
STREET ADDRESS	3610 ALHAMBRA COURT	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PETREY, RODERICK N	
STREET ADDRESS	508 CASTANIA AVENUE	
CITY-ST-ZIP	CORAL GABLES FL	

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	
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 employees.

SIGNATURE:

*Lucille B. Constant*  
**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)