


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90202 023 ****70.00

DOCUMENT # N30431

1. Entity Name
MUSEUM OF SCIENCE ENDOWMENT FUND, INC.



Principal Place of Business Mailing Address


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



CHECK HERE IF MAKING CHANGES

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

ROBINSON, GEORGE
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida 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	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 checked="" 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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOUIS DESSAINT	
STREET ADDRESS	BOX 6	
CITY-ST-ZIP	BLOWING ROCK NC	
TITLE	D	<input type="checkbox"/> Change <input checked="" 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 checked="" type="checkbox"/> Addition
NAME	GEORGE D ROBINSON	
STREET ADDRESS	8250 SW 165 TERR	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	700 BILTMORE WAY #704	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDREA HEUSON SHARP	
STREET ADDRESS	5750 UNIVERSITY DR	
CITY-ST-ZIP	CORAL GABLES FL 33134	

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* SIGNATURE REQUIRED *Lucille B. Constant President 305-235-3201* 3-20-03

CR2E037 (10/02)