

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 701164

**Entity Name:** MUSEUM OF SCIENCE, INC.

**Current Principal Place of Business:**

1101 BISCAYNE BOULEVARD  
MIAMI, FL 33132

**Current Mailing Address:**

1101 BISCAYNE BOULEVARD  
MIAMI, FL 33132 US

**FEI Number:** 59-0854960

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

STESLOW, FRANK  
1101 BISCAYNE BOULEVARD  
MIAMI, FL 33132 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            STESLOW, FRANK  
Address        1101 BISCAYNE BOULEVARD  
City-State-Zip: MIAMI FL 33132

Title            DIRECTOR, CHAIRMAN  
Name            ALVAREZ, CESAR L  
Address        1101 BISCAYNE BOULEVARD  
City-State-Zip: MIAMI FL 33132

Title            DIRECTOR, VC  
Name            PFENNIGER, RICHARD C JR.  
Address        1101 BISCAYNE BOULEVARD  
City-State-Zip: MIAMI FL 33132

Title            SENIOR VICE PRESIDENT AND  
                    SECRETARY  
Name            KURLANDER, NEIL  
Address        1101 BISCAYNE BOULEVARD  
City-State-Zip: MIAMI FL 33132

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** NEIL KURLANDER

**SENIOR VICE PRESIDENT** 03/12/2018

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date