

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701164

FILED
Mar 26, 2015
Secretary of State
CC9566177333

Entity Name: MUSEUM OF SCIENCE, INC.

Current Principal Place of Business:

3280 S. MIAMI AVE.
MIAMI, FL 33129

Current Mailing Address:

3280 S. MIAMI AVE.
MIAMI, FL 33129

FEI Number: 59-0854960

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALVAREZ, VICTOR M
3280 S. MIAMI AVE.
MIAMI, FL 33129 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 DCH
Name BELL, TRISH
Address 3280 S. MIAMI AVE.
City-State-Zip: MIAMI FL 33129

Title DCH
Name BELL, DANIEL
Address 3280 S. MIAMI AVE.
City-State-Zip: MIAMI FL 33129

Title DVC
Name FALK, JOSEPH
Address 3280 S. MIAMI AVE.
City-State-Zip: MIAMI FL 33129

Title CEO
Name THOMAS, GILLIAN
Address 3280 S. MIAMI AVE.
City-State-Zip: MIAMI FL 33129

Title COO
Name STESLOW, FRANK
Address 3280 S. MIAMI AVE.
City-State-Zip: MIAMI FL 33129

Title CFO
Name ORTIZ, ROXANNE
Address 3280 S. MIAMI AVE.
City-State-Zip: MIAMI FL 33129

Title DT
Name LESS, MITCHELL
Address 3280 S. MIAMI AVE.
City-State-Zip: MIAMI FL 33129

Title DS
Name ALVAREZ, VICTOR
Address 3280 S. MIAMI AVE.
City-State-Zip: MIAMI FL 33129

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: ROXANNE ORTIZ

CFO

03/26/2015

Electronic Signature of Signing Officer/Director Detail

Date