

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 701164

**FILED**  
**Mar 25, 2014**  
**Secretary of State**  
**CC4406102119**

**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**

**03/25/2014**

Electronic Signature of Signing Officer/Director Detail

Date