


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000002123 1. Entity Name THE NEW SCHOOL FOR TRADITIONAL ARCHITECTURE AND URBANISM, INC.	
---	---

Principal Place of Business 1023 SW 25 AVE MIAMI, FL 33135	Mailing Address 1023 SW 25 AVE MIAMI, FL 33135
--	--

DO NOT WRITE IN THIS SPACE



04082004 No Chg-NP CR2E037 (10/03)

4. FEI Number 20-0193155	Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAPLAN, FRANKLIN H
200 S BISCAYNE BLVD, STE 1000
MIAMI, FL 33131

DO NOT WRITE
IN THIS SPACE

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 _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DUANY, ANDRES M
STREET ADDRESS	1023 SW 25 AVE
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	D
NAME	KRIER, LEON
STREET ADDRESS	8 RUE-DES-CHAPLIERS
CITY-ST-ZIP	CLAVIERS, FRANCE F8-3830
TITLE	D
NAME	GINDROZ, RAYMOND L
STREET ADDRESS	707 GRANT ST 31 FLOOR
CITY-ST-ZIP	PITTSBURG, PA 15219
TITLE	D
NAME	CHACE, ARNOLD B JR
STREET ADDRESS	35 ORCHARD AVE
CITY-ST-ZIP	PROVIDENCE, RI 02906
TITLE	D
NAME	RILEY, JOSEPH P JR
STREET ADDRESS	P.O. BOX 625
CITY-ST-ZIP	CHARLESTON, SC 29402
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

000000118767
04/19/04-80073-015 70.00

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-15-04 Daytime Phone #