

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007322

1. Entity Name

THE INSTITUTE FOR TRADITIONAL ARCHITECTURE, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90097 014 ****70.00

Principal Place of Business

Mailing Address

1023 S.W. 25TH AVENUE
MIAMI FL 33135

1023 S.W. 25TH AVENUE
MIAMI FL 33135

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0990084

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

DUANY, ANDRES M
1023 S.W. 25TH AVENUE
MIAMI FL 33135

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS DUANY, ANDRES M
CITY-ST-ZIP D023 S.W. 25TH AVENUE
MIAMI FL 33135

TITLE ☐ Delete
NAME D
STREET ADDRESS KRIER, LEON
CITY-ST-ZIP 8 RUE DES CHAPELIERS, F-83830
CLAVIERS, FRANCE

TITLE ☐ Delete
NAME D
STREET ADDRESS GINDROZ, RAYMOND L
CITY-ST-ZIP 707 GRANT STREET, 31ST FLOOR
PITTSBURGH PA 15219

TITLE ☐ Delete
NAME D
STREET ADDRESS CHACE, ARNOLD B JR.
CITY-ST-ZIP 35 ORCHARD AVE.
PROVIDENCE RI 02906

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME C/P/T/S/D
STREET ADDRESS 1023 S.W. 25TH AVENUE
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8 RUE DES CHAPELIERS
CITY-ST-ZIP F83830 CLAVIERS, FRANCE

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

ANDRES M. DUANY

4-10-00

305-644-1023

Date

Daytime Phone #

CR2E037 (9/99)