

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725443

1. Entity Name

THERMAL RESEARCH ASSOCIATES, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90075 039 ****61.25

Principal Place of Business

9990 S.W. 77 TH AVENUE
SUITE 330
MIAMI FL 33156
US

Mailing Address

9990 S.W. 77 TH AVENUE
SUITE 330
MIAMI FL 33156-2661
US

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

23-7384349

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

7. Name and Address of New Registered Agent

MARGOLIS, JOHN A
9990 S.W. 77 TH AVENUE
SUITE 330
MIAMI FL 33156

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FOX, KEVIN	
STREET ADDRESS	8220 S.W. 82ND STREET	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	COMPTON, BURT	
STREET ADDRESS	10330 S.W. 102 AVENUE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ALBURY, ROBERT	
STREET ADDRESS	6101 SW 79TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARGOLIS, JOHN A	
STREET ADDRESS	9990 S.W. 77 TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDROS, TED	
STREET ADDRESS	200 OCEAN LANE DR., #1007	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	D	<input type="checkbox"/> Delete
NAME	BINGHAM, SCOTT	
STREET ADDRESS	13276 SW 99 TERRACE	
CITY-ST-ZIP	MIAMI FL	

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steffensen, Ove	
STREET ADDRESS	979 Spoonbill Cir	
CITY-ST-ZIP	Ft. Lauderdale, FL 33326	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Russell, David	
STREET ADDRESS	15201 SW 216 St	
CITY-ST-ZIP	Goulds, FL 33170	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fink, Gary	
STREET ADDRESS	2159 Baton Rouge	
CITY-ST-ZIP	Weston, FL 33326	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

John Margolis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Margolis, Secretary

1/17/00

(305) 595-1911

Date

Daytime Phone #

CR2E037 (9/99)