

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90053 037 \*\*\*\*61.25

**DOCUMENT # 725443**

1. Entity Name

**THERMAL RESEARCH ASSOCIATES, INC.**

Principal Place of Business

Mailing Address

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

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

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 **VPD** ☒ Delete  
 NAME **STEFFENSEN, OVE**  
 STREET ADDRESS **979 SPOONBILL CIRCLE**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33326**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Causey, Douglas B.**  
 STREET ADDRESS **6698 S.W. 93rd Avenue**  
 CITY-ST-ZIP **Miami, FL 33173**

TITLE **PD** ☐ Delete  
 NAME **RUSSELL, DAVID**  
 STREET ADDRESS **15201 SW 216 ST**  
 CITY-ST-ZIP **GOULDS FL 33170**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Mertins, Enrique A.**  
 STREET ADDRESS **797 San Remo Drive**  
 CITY-ST-ZIP **Weston, FL 33326**

TITLE **D** ☒ Delete  
 NAME **FINK, GARY**  
 STREET ADDRESS **2159 BATON ROUGE**  
 CITY-ST-ZIP **WESTON FL 33326**

TITLE **D/T** ☐ Change ☒ Addition  
 NAME **Albury, Robert**  
 STREET ADDRESS **6101 S.W. 79th Street**  
 CITY-ST-ZIP **So. Miami, FL 33143**

TITLE **SD** ☐ Delete  
 NAME **MARGOLIS, JOHN A**  
 STREET ADDRESS **9990 S.W. 77 TH AVENUE**  
 CITY-ST-ZIP **MIAMI FL 33156**

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

TITLE **D** ☐ Delete  
 NAME **ANDROS, TED**  
 STREET ADDRESS **200 OCEAN LANE DR., #1007**  
 CITY-ST-ZIP **KEY BISCAYNE FL 33149**

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

TITLE **D** ☐ Delete  
 NAME **BINGHAM, SCOTT**  
 STREET ADDRESS **13276 SW 99 TERRACE**  
 CITY-ST-ZIP **MIAMI FL**

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

Date

Daytime Phone #

**305-595-1911**

CR2E037 (10/00)