

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90100 035 ****61.25

DOCUMENT # 725443

1. Entity Name

THERMAL RESEARCH ASSOCIATES, INC.

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
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 \$61.259. 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 **D** ☐ Delete
NAME **CAUSEY, DOUGLAS B**
STREET ADDRESS **6698 S. W. 93RD AVENUE**
CITY-ST-ZIP **MIAMI FL 33173**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **PD** ☐ Delete
NAME **RUSSELL, DAVID**
STREET ADDRESS **15201 SW 216 ST**
CITY-ST-ZIP **GOULDS FL 33170**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **MERTINS, ENRIQUE A**
STREET ADDRESS **797 SAN REMO DRIVE**
CITY-ST-ZIP **WESTON FL 33326**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **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-ZIPTITLE **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-ZIPTITLE **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:

JOHN A MARGOLIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/02 305 595 1911

CR2E037 (9/01)

004#725443

400816

DT
Albury, Robert
6101 S.W. 79th Street
Miami, FL