

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90239 031 \*\*\*\*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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                  |  |
|----------------|----------------------------------|--|
| TITLE          | <b>D</b>                         | <input type="checkbox"/> Delete            |
| NAME           | <b>CAUSEY, DOUGLAS B</b>         |  |
| STREET ADDRESS | <b>6698 S. W. 93RD AVENUE</b>    |  |
| CITY-ST-ZIP    | <b>MIAMI FL 33173</b>            |  |
| TITLE          | <b>PD</b>                        | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>RUSSELL, DAVID</b>            |  |
| STREET ADDRESS | <b>15201 SW 216 ST</b>           |  |
| CITY-ST-ZIP    | <b>GOULDS FL 33170</b>           |  |
| TITLE          | <b>D</b>                         | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>MERTINS, ENRIQUE A</b>        |  |
| STREET ADDRESS | <b>797 SAN REMO DRIVE</b>        |  |
| CITY-ST-ZIP    | <b>WESTON FL 33326</b>           |  |
| TITLE          | <b>SD</b>                        | <input type="checkbox"/> Delete            |
| NAME           | <b>MARGOLIS, JOHN A</b>          |  |
| STREET ADDRESS | <b>9990 S.W. 77 TH AVENUE</b>    |  |
| CITY-ST-ZIP    | <b>MIAMI FL 33156</b>            |  |
| TITLE          | <b>D</b>                         | <input type="checkbox"/> Delete            |
| NAME           | <b>ANDROS, TED</b>               |  |
| STREET ADDRESS | <b>200 OCEAN LANE DR., #1007</b> |  |
| CITY-ST-ZIP    | <b>KEY BISCAYNE FL 33149</b>     |  |
| TITLE          | <b>D</b>                         | <input type="checkbox"/> Delete            |
| NAME           | <b>BINGHAM, SCOTT</b>            |  |
| STREET ADDRESS | <b>13276 SW 99 TERRACE</b>       |  |
| CITY-ST-ZIP    | <b>MIAMI FL</b>                  |  |

|                |                               |  |
|----------------|-------------------------------|--|
| TITLE          | <b>T/D</b>                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Albury, Robert</b>         |  |
| STREET ADDRESS | <b>6101 SW 79th Street</b>    |  |
| CITY-ST-ZIP    | <b>South Miami, FL 33143</b>  |  |
| TITLE          | <b>VP/D</b>                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Lecoca, Bertrand</b>       |  |
| STREET ADDRESS | <b>13200 S.W. 59th Avenue</b> |  |
| CITY-ST-ZIP    | <b>Pinecrest, FL 33156</b>    |  |
| TITLE          | <b>P/D</b>                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Grant, Stuart</b>          |  |
| STREET ADDRESS | <b>6991 S.W. 66th Street</b>  |  |
| CITY-ST-ZIP    | <b>Miami, FL 33143</b>        |  |
| 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    |                               |  |
| 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*  
SECRETARY

2/21/03

305 595 1911

CR2E037 (10/02)