

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006609

1. Entity Name

GRUBSTAKE RESOURCES FOR RECOVERY, INC.

Principal Place of Business

3501 N.E. SECOND AVENUE  
MIAMI FL 33137

Mailing Address

3501 N.E. SECOND AVENUE  
MIAMI FL 33137

2. Principal Place of Business

2401 N. MIAMI AVE

3. Mailing Address

2401 N. MIAMI

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI FL

Zip

33127

Country

DOE

Zip

33127

Country

DOE

4. FEI Number

65-0954413

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KLINKER, HEATHER  
820 THIRD STREET  
MIAMI BEACH FL 33139

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

HEATHER KLINKER

SEPT 10, 2001

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
KLINDER, HEATHER A  
3509 N.E. SECOND AVE.  
MIAMI FL 33137 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SIMONE, ANA DR  
7600 RED ROAD  
MIAMI FL 33136 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
DUNN, LIZ  
317 24TH STREET  
MIAMI FL 33137 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
MARSHALL, KELLY  
820 THIRD STREET  
MIAMI BEACH FL 33139 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

HEATHER KLINKER PRES.

SEPT 10, 2001

FILED  
Sep 13, 2001 8:00 am  
Secretary of State

09-13-2001 90007 050 \*\*\*\*70.00

CHK #



DO NOT WRITE IN THIS SPACE

0037957

CR2E037 (10/00)

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MIAMI FL 33137

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

City & State  
MIAMI, FLORIDA  
Zip  
33127  
Country  
DROE

City & State  
MIAMI FL  
Zip  
33127  
Country  
DROE

4. FEI Number  
65-0954413

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

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KLUNKER, HEATHER  
829 THIRD STREET  
MIAMI BEACH FL 33139

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.

HEATHER KLUNKER

(NOTE: Registered Agent signature required when reinstating)

SEPT 10, 2001

DATE

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KLUNKER, HEATHER A 3500 N.E. SECOND AVE. MIAMI FL 33137	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMONE, ANA DR 7800 RED ROAD MIAMI FL 33136	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DUNN, LIZ 317 24TH STREET MIAMI FL 33137	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MARSHALL, KELLY 829 THIRD STREET MIAMI BEACH FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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2. 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 of the estate empowered to execute this report as required by Chapter 817, Florida Statutes, and that I am not a resident of the state of Florida.

GRUBSTAKE

CHK

\$61.25

\$9.75

\$70.00

CHK #

978451

DO NOT WRITE IN THIS SPACE

CR2007 (10/01)