2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000001328

Entity Name: BUSINESS REFERRAL GROUP, INC.

FILED
Apr 25, 2019
Secretary of State
6583963030CC

Current Principal Place of Business:

299 ALHAMBRA CIRCLE SUITE 307

CORAL GABLES, FL 33134

Current Mailing Address:

299 ALHAMBRA CIRCLE SUITE 307 CORAL GABLES, FL 33134 US

FEI Number: 65-0950866 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ADAMS, JOHN C 550 BILTMORE WAY SUITE 1200 CORAL GABLES, FL 33134 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

 Title
 PRESIDENT
 Title
 DIRECTOR

 Name
 LAMBERTI, DOMINIC
 Name
 KADE, PAUL

Address 299 ALHAMBRA CIRCLE Address 9200 S DADELAND BLVD

SUITE 307 STE 410

City-State-Zip: CORAL GABLES FL 33134 City-State-Zip: MIAMI FL 33156

 Title
 DIRECTOR
 Title
 DIRECTOR

 Name
 PEREZ, ELIZABETH L
 Name
 LUGO, MARIA

 Address
 2423 LEJEUNE RD
 Address
 500 S DIXIE HWY

STE 203

City-State-Zip: CORAL GABLES FL 33134

City-State-Zip: CORAL GABLES FL 33146

Title DIRECTOR Title VP

Name GROSS, LOUISE Name FEIGELES, JULIE

Address PO BOX 330106 Address 2775 SUNNY ISLES BLVD

City-State-Zip: MIAMI FL 33233 SUITE 118

City-State-Zip: N MIAMI BEACH FL 33160

Title TREASURER

NameMATTHEWS, DEBORAHTitleDIRECTORAddress19 W FLAGLER STNameRUIZ, LYNNE

STE 410 Address 1241 SW 27TH AVE

City-State-Zip: MIAMI FL 33130 City-State-Zip: MIAMI FL 33135

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DOMINIC L LAMBERTI PRESIDENT 04/25/2019

Officer/Director Detail Continued:

Title SECRETARY

Name MOKHER, JOSEPH
Address 14059 SW 142 ST
City-State-Zip: MIAMI FL 33186