2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000001328

Entity Name: BUSINESS REFERRAL GROUP, INC.

Current Principal Place of Business:

420 S DIXIE HWY SUITE 2B

CORAL GABLES, FL 33146

Current Mailing Address:

420 S DIXIE HWY SUITE 2B

CORAL GABLES, FL 33146

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

Name and Address of Current Registered Agent:

ADAMS, JOHN C 540 BILTMORE WAY 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

FILED Mar 23, 2017

Secretary of State

CC9204058156

Officer/Director Detail:

Title TD Title

LAMBERTI, DOMINIC BENJAMIN, JEFFREY Name Name

420 S DIXIE HWY Address Address 7685 SW 104TH ST, SUITE 200

STE 2B City-State-Zip:

MIAMI FL 33156 CORAL GABLES FL 33146 City-State-Zip:

Title **DIRECTOR** Title **DIRECTOR**

Name ROMANO, SHERRI Name KADE, PAUL

2103 CORAL WAY Address 9200 S DADELAND BLVD Address STE 304

STE 410

City-State-Zip: MIAMI FL 33145 MIAMI FL 33156 City-State-Zip:

Title DIRECTOR Title **PRESIDENT**

Name RISTINE, ELIZABETH M PEREZ, ELIZABETH L Name

Address 9731 SW 20 ST Address 2423 LEJEUNE RD

City-State-Zip: MIAMI FL 33165 City-State-Zip: CORAL GABLES FL 33134

Title PRESIDENT ELECT

Title **SECRETARY** LUGO, MARIA Name Name COWAN, KEVIN Address 500 S DIXIE HWY

9300 S DADELAND BLVD Address STE 203

City-State-Zip: CORAL GABLES FL 33146 City-State-Zip: MIAMI FL 33156

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.

03/23/2017 SIGNATURE: DOMINIC L LAMBERTI TREASURER

Electronic Signature of Signing Officer/Director Detail

Date