

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001328

1. Entity Name

BUSINESS REFERRAL GROUP, INC.

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 90205 009 ****61.25

0021882

Principal Place of Business

Mailing Address

2701 PONCE DE LEON
SUITE 302
CORAL GABLES FL 33134

2701 PONCE DE LEON
SUITE 302
CORAL GABLES FL 33134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0950866

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

ADAMS, JOHN C
2701 PONCE DE LEON
SUITE 302
CORAL GABLES FL 33134

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 \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **ADAMS, JOHN C**
STREET ADDRESS **2701 PONCE DE LEON, #302**
CITY-ST-ZIP **CORAL GABLES FL 33134**

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

TITLE **VP** ☒ Delete
NAME **WOLFE, CHRISTOPHER**
STREET ADDRESS **255 LAHAMBRA CIRCLE #435**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **THOMAS BUSCATI** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **LAMBERTI, DOMINIC**
STREET ADDRESS **2330 S.W. 27TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33133**

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

TITLE **S** ☒ Delete
NAME **MARTBY, TONY**
STREET ADDRESS **2222 PONCE DE LEON BLVD 4TH FLOOR**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **ELAINA MIDDLESTADT** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **COHEN, DEREK**
STREET ADDRESS **701 BRICKELL AVENUE, #1500**
CITY-ST-ZIP **MIAMI FL 33133**

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

TITLE **D** ☐ Delete
NAME **RISTINE, ELIZABETH**
STREET ADDRESS **9731 SW 20TH STREET**
CITY-ST-ZIP **MIAMI FL 33165**

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:

[Signature] **TRADAVAR** 3/19/02 305-740-9200

CR2E037 (9/01)