


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

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90103 032 ****61.25

DOCUMENT # N00000001328

1. Entity Name
BUSINESS REFERRAL GROUP, INC.



Principal Place of Business
**2701 PONCE DE LEON
SUITE 302
CORAL GABLES FL 33134**

Mailing Address
**2701 PONCE DE LEON
SUITE 302
CORAL GABLES FL 33134**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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	
TITLE D	<input type="checkbox"/> Delete
NAME ADAMS, JOHN C	
STREET ADDRESS 2701 PONCE DE LEON, #302	
CITY-ST-ZIP CORAL GABLES FL 33134	
TITLE VP	<input type="checkbox"/> Delete
NAME BUSCAGLIA, THOMAS	
STREET ADDRESS 255 LAHAMBRA CIRCLE #435	
CITY-ST-ZIP CORAL GABLES FL 33134	
TITLE TD	<input type="checkbox"/> Delete
NAME LAMBERTI, DOMINIC	
STREET ADDRESS 2330 S.W. 27TH TERRACE	
CITY-ST-ZIP MIAMI FL 33133	
TITLE S	<input type="checkbox"/> Delete
NAME MIDDLESTANDT, ELAINE	
STREET ADDRESS 2222 PONCE DE LEON BLVD 4TH FLOOR	
CITY-ST-ZIP CORAL GABLES FL 33134	
TITLE P	<input type="checkbox"/> Delete
NAME COHEN, DEREK	
STREET ADDRESS 701 BRICKELL AVENUE, #1500	
CITY-ST-ZIP MIAMI FL 33133	
TITLE D	<input type="checkbox"/> Delete
NAME RISTINE, ELIZABETH	
STREET ADDRESS 9731 SW 20TH STREET	
CITY-ST-ZIP MIAMI FL 33165	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESIDENT
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIRECTOR
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: *DOMINIC L. LAMBERTI* **DOMINIC L. LAMBERTI - 3/25/03 305-740-9200**

CR2E037 (10/02)