

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000001328

**Entity Name:** BUSINESS REFERRAL GROUP, INC.

**Current Principal Place of Business:**

299 ALHAMBRA CIRCLE  
SUITE 307  
CORAL GABLES, FL 33134

**FILED**  
**Apr 08, 2023**  
**Secretary of State**  
**5731741867CC**

**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           TREASURER  
Name           LAMBERTI, DOMINIC  
Address        299 ALHAMBRA CIRCLE  
                  SUITE 307  
City-State-Zip: CORAL GABLES FL 33134

Title           DIRECTOR  
Name           PEREZ, ELIZABETH L  
Address        2423 LEJEUNE RD  
City-State-Zip: CORAL GABLES FL 33134

Title           PRESIDENT  
Name           MATTHEWS, DEBORAH  
Address        19 W FLAGLER ST  
                  STE 410  
City-State-Zip: MIAMI FL 33130

Title           DIRECTOR  
Name           RUIZ, LYNNE  
Address        1241 SW 27TH AVE  
City-State-Zip: MIAMI FL 33135

Title           DIRECTOR  
Name           MARTINEZ, OSMUNDO  
Address        999 PONCE DE LEON BLVD  
                  STE 735  
City-State-Zip: CORAL GABLES FL 33134

Title           SECRETARY  
Name           JOHN, ADAMS  
Address        550 BILTMORE WAY  
                  STE 1200  
City-State-Zip: CORAL GABLES FL 33134

*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 LAMBERTI

**TREASURER**

**04/08/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date