

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000001328

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

Title            DIRECTOR  
Name            KADE, PAUL  
Address        9200 S DADELAND BLVD  
                 STE 410  
City-State-Zip: MIAMI FL 33156

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

Title            DIRECTOR  
Name            LUGO, MARIA  
Address        500 S DIXIE HWY  
                 STE 203  
City-State-Zip: CORAL GABLES FL 33146

Title            DIRECTOR  
Name            GROSS, LOUISE  
Address        PO BOX 330106  
City-State-Zip: MIAMI FL 33233

Title            VP  
Name            FEIGELES, JULIE  
Address        2775 SUNNY ISLES BLVD  
                 SUITE 118  
City-State-Zip: N MIAMI BEACH FL 33160

Title            TREASURER  
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

**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**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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