

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001328

Entity Name: BUSINESS REFERRAL GROUP, INC.

FILED
Mar 10, 2015
Secretary of State
CC9645169681

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

Officer/Director Detail :

Title DIRECTOR
Name COLLER, LESLIE
Address 5301 LA GORCE DR
City-State-Zip: MIAMI BEACH FL 33140

Title SECRETARY
Name GROSS, LOUISE
Address 3685 BATTERSEA ROAD
City-State-Zip: MIAMI FL 33146

Title TD
Name LAMBERTI, DOMINIC
Address 2330 S.W. 27TH TERRACE
City-State-Zip: MIAMI FL 33133

Title D
Name BENJAMIN, JEFFREY
Address 7685 SW 104TH ST, SUITE 200
City-State-Zip: MIAMI FL 33156

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

Title DIRECTOR
Name CARTER, JAMES
Address 2005 VISTA PKWY
STE 113
City-State-Zip: WEST PALM BEACH FL 33411

Title DIRECTOR
Name RIVERA, MELISSA
Address 7023 SW 13 TERR
City-State-Zip: MIAMI FL 33144

Title DIRECTOR
Name ALVAREZ, WILSON
Address PO BOX 163211
City-State-Zip: MIAMI FL 33116

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

TREASURER

03/10/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ROMANO, SHERRI
Address 150 W FLAGLER ST
 STE 2850
City-State-Zip: MIAMI FL 33130