

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 12, 2000 8:00 am
Secretary of State

06-12-2000 90039 048 ****70.00

DOCUMENT # N99000006702

1. Entity Name

NMBPO - TOUR DE FORCE, INC.

Principal Place of Business

ATTN: MICHAEL DEMARCUS
 16901 NE 19TH AVENUE
 NORTH MIAMI BEACH FL 33162

Mailing Address

ATTN: MICHAEL DEMARCUS
 16901 NE 19TH AVENUE
 NORTH MIAMI BEACH FL 33162-3109

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1005745

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

H. JAMES CATLIN, JR.
 1700 ALFRED I. DUPONT BUILDING
 169 E. FLAGLER STREET
 MIAMI FL 33131

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.

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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	PD	DEMARCUS, MICHAEL	16901 NE 19TH AVENUE NORTH MIAMI BEACH FL 33138	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	VD	VICKERS, CLIFF	10050 NE 2ND AVENUE MIAMI SHORES FL 33138	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	STD	LOVE, DENISE	16901 NE 19TH AVENUE NORTH MIAMI BEACH FL 33138	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	D	CATLIN, CRAIG	16901 NE 19TH AVENUE NORTH MIAMI BEACH FL 33138	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	D	SNOW, BOB	400 NW 2ND AVENUE MIAMI FL 33101	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	D	BOWERMAN, KIM	17070 COLLINS AVENUE #255 SUNNY ISLES FL 33180	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Michael L. Demarcus Michael L. DEMARCUS 06-20-00 305-388-6781
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)