

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
 04-27-2001 90377 039 *****70.00

0042238

DOCUMENT # N99000006702

1. Entity Name

NMBPD - TOUR DE FORCE, INC.

Principal Place of Business

Mailing Address

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

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

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

65-1005145

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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	PD	<input type="checkbox"/> Delete
NAME	DEMARCUS, MICHAEL	
STREET ADDRESS	16901 NE 19TH AVENUE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33138	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VICKERS, CLIFF	
STREET ADDRESS	10050 NE 2ND AVENUE	
CITY-ST-ZIP	MIAMI SHORES FL 33138	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LOVE, DENISE	
STREET ADDRESS	16901 NE 19TH AVENUE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33138	
TITLE	D	<input type="checkbox"/> Delete
NAME	CATLIN, CRAIG	
STREET ADDRESS	16901 NE 19TH AVENUE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33138	
TITLE	D	<input type="checkbox"/> Delete
NAME	SNOW, BOB	
STREET ADDRESS	400 NW 2ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33101	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOWERMAN, KIM	
STREET ADDRESS	17070 COLLINS AVENUE #255	
CITY-ST-ZIP	SUNNY ISLES FL 33160	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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NAME	
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: *Michael L. DeMarcus* *Michael L. DeMarcus* 04-24-01 786-367-9923
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

CR2E037 (10/00)