

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91721 010 ****61.25

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1005145

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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 Delete
 NAME PD
 DEMARCUS, MICHAEL
 STREET ADDRESS 16901 NE 19TH AVENUE
 CITY-ST-ZIP NORTH MIAMI BEACH FL 33138

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME VD
 VICKERS, CLIFF
 STREET ADDRESS 10050 NE 2ND AVENUE
 CITY-ST-ZIP MIAMI SHORES FL 33138

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME STD
 LOVE, DENISE
 STREET ADDRESS 16901 NE 19TH AVENUE
 CITY-ST-ZIP NORTH MIAMI BEACH FL 33138

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME D
 CATLIN, CRAIG
 STREET ADDRESS 16901 NE 19TH AVENUE
 CITY-ST-ZIP NORTH MIAMI BEACH FL 33138

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME D
 SNOW, BOB
 STREET ADDRESS 400 NW 2ND AVENUE
 CITY-ST-ZIP MIAMI FL 33101

TITLE Change Addition
 NAME D
 BRUCE DORAS
 STREET ADDRESS 16901 NE 19TH AVENUE
 CITY-ST-ZIP NORTH MIAMI BEACH FL 33162

TITLE Delete
 NAME D
 BOWERMAN, KIM
 STREET ADDRESS 17070 COLLINS AVENUE #255
 CITY-ST-ZIP SUNNY ISLES FL 33160

TITLE Change Addition
 NAME D
 DAVE CRISPIN
 STREET ADDRESS 16901 NE 19TH AVENUE
 CITY-ST-ZIP NORTH MIAMI BEACH FL 33162

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 Demarcus MICHAEL L. DEMARCUS 04-28-02 305-986-5476

CR2E037 (9/01)