

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000006702

**Entity Name:** NMBPD - TOUR DE FORCE, INC.

**Current Principal Place of Business:**

ATTN: CRAIG CATLIN  
16901 NE 19TH AVENUE  
NORTH MIAMI BEACH, FL 33162

**Current Mailing Address:**

ATTN: CRAIG CATLIN  
16901 NE 19TH AVENUE  
NORTH MIAMI BEACH, FL 33162

**FEI Number:** 65-1005145

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CATLIN, CRAIG  
16901 NE 19 AVENUE  
NORTH MIAMI BEACH, FL 33162 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:** CRAIG CATLIN

04/27/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name CATLIN, CRAIG  
Address 16901 NE 19 AVE  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title VD  
Name WELLS, CHRISTOPHER  
Address 11305 N MCKINLEY DRIVE  
City-State-Zip: TAMPA FL 33612

Title D  
Name FLORENCIO, RAFAEL  
Address 16901 NE 19 AVE  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title D  
Name DARDEN, YVETTE  
Address 16901 NE 19 AVE  
City-State-Zip: NORTH MIAMI BEACH FL 33162

*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:** CRAIG CATLIN

PRESIDENT

04/27/2015

Electronic Signature of Signing Officer/Director Detail

Date