

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000006702

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

**Current Principal Place of Business:**

ATTN: RAFAEL FLORENCIO  
16901 NE 19TH AVENUE  
NORTH MIAMI BEACH, FL 33162

**Current Mailing Address:**

ATTN: RAFAEL FLORENCIO  
16901 NE 19TH AVENUE  
NORTH MIAMI BEACH, FL 33162 US

**FEI Number:** 65-1005745

**Certificate of Status Desired:** No

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

FLORENCIO, RAFAEL  
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:** RAFAEL FLORENCIO

03/19/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title            VP  
Name            O'BRIEN, KEVIN  
Address        3228 GUN CLUB ROAD  
City-State-Zip: WEST PALM BEACH FL 33406

Title            TREASURER  
Name            DARDEN, YVETTE  
Address        16901 NE 19TH AVENUE  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title            SECRETARY  
Name            MCKAY, NATASHA  
Address        9990 NE 2ND AVENUE  
City-State-Zip: MIAMI SHORES FL 33138

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

Title            BOARD MEMBER  
Name            MCBRIDE, JOSEPH  
Address        16901 NE 19TH AVENUE  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title            BOARD MEMBER  
Name            BENEDICT, TODD  
Address        1 GOLDEN BEACH DRIVE  
City-State-Zip: GOLDEN BEACH FL 33160

*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:** RAFAEL FLORENCIO

PRESIDENT

03/19/2018

Electronic Signature of Signing Officer/Director Detail

Date