

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000006702

**FILED**  
**Jan 16, 2013**  
**Secretary of State**  
**CC9734082162**

**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:**

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

\_\_\_\_\_  
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 DORAS, BRUCE  
Address 1011 NW 111 AVE  
City-State-Zip: MIAMI FL 33172

Title D  
Name LOVE, DENISE  
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

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

Title T, S  
Name GREENBERG, HILARY  
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**

**01/16/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date