

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000103919

**Entity Name:** NIU OF FLORIDA, INC.

**Current Principal Place of Business:**

5600 BROKEN SOUND BLVD NW  
BOCA RATON, FL 33487

**Current Mailing Address:**

5600 BROKEN SOUND BLVD NW  
BOCA RATON, FL 33487 US

**FEI Number:** 26-3818515

**Certificate of Status Desired:** No

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

FLORIDA CHEIF FINANCIAL OFFICER  
200 E GAIN ST  
TALLAHASSEE, FL 33433 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 SECRETARY  
Name PEARLE, STEPHANIE  
Address 5600 BROKEN SOUND BLVD NW  
City-State-Zip: BOCA RATON FL 33487

Title VP  
Name SOTHEN, RICHARD MICHAEL  
Address 5600 BROKEN SOUND BLVD NW  
City-State-Zip: BOCA RATON FL 33487

Title TREASURER, DIRECTOR  
Name SMITH, ANDREW  
Address 5600 BROKEN SOUND BLVD NW  
City-State-Zip: BOCA RATON FL 33487

Title PRESIDENT  
Name HOLLAND, RICHARD  
Address 5600 BROKEN SOUND BLVD NW  
City-State-Zip: BOCA RATON FL 33487

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** STEPHANIE PEARLE

**SECRETARY**

**03/27/2025**

Electronic Signature of Signing Officer/Director Detail

Date