

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000051989

**Entity Name:** FLORIDA BULK SALES, INC.

**Current Principal Place of Business:**

6280 W. HOWARD ST.  
NILES, IL 60714

**FILED**  
**Apr 30, 2024**  
**Secretary of State**  
**1882096176CC**

**Current Mailing Address:**

6280 W. HOWARD ST.  
NILES, IL 60714 US

**FEI Number:** 47-4329603

**Certificate of Status Desired:** No

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

INCORP SERVICES, INC.  
3458 LAKESHORE DRIVE  
TALLAHASSEE, FL 32312 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 P, DIRECTOR  
Name MONAHAN, EILEEN  
Address 6280 W. HOWARD ST.  
City-State-Zip: NILES IL 60714

Title T, DIRECTOR  
Name SCHAROFF, CRAIG  
Address 6280 W. HOWARD ST.  
City-State-Zip: NILES IL 60714

Title D  
Name BERMAN, JAMES  
Address 6280 W. HOWARD ST.  
City-State-Zip: NILES IL 60714

Title S, DIRECTOR  
Name GARD, MICHAEL  
Address 6280 W. HOWARD ST.  
City-State-Zip: NILES IL 60714

Title VP, DIRECTOR  
Name KAPLAN, RONALD  
Address 6280 W. HOWARD ST.  
City-State-Zip: NILES IL 60714

Title D  
Name BERMAN, JONATHAN  
Address 6280 W. HOWARD ST.  
City-State-Zip: NILES IL 60714

*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:** RONALD KAPLAN

VP

04/30/2024

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

\_\_\_\_\_  
Date