

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000047881

1. Entity Name

STEVEN MICHAEL'S SALON, INC.

Principal Place of Business

Mailing Address

Steven Michael's Salon, INC 20323 Old Cutler Rd
20323 Old Cutler Rd. MIAMI, FL 33189

FILED

01 OCT -8 AM 9:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

LS-1009607

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Kaplan, Kimberly
20323 Old Cutler Rd
MIAMI, FL 33189

Name

Street Address (P.O. Box Number is Not Acceptable)

City

900004644989

-10/19/FL-01022-008

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete

Kaplan, Kimberly
20323 Old Cutler Rd
MIAMI, FL 33189

TITLE NAME ☐ Change ☒ Addition

Jennifer Stegner
20323 Old Cutler Rd
MIAMI, FL 33189

TITLE NAME ☐ Delete

STO
Kaplan, Steven
20323 Old Cutler Rd
MIAMI, FL 33189

TITLE NAME ☐ Change ☒ Addition

Ann Webb
20323 Old Cutler Rd
MIAMI, FL 33189

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☒ Addition

Kristina Carver
20323 Old Cutler Rd
MIAMI, FL 33189

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☒ Addition

ERIN McCreary
20323 Old Cutler Rd
MIAMI, FL 33189

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☒ Addition

Erich Phelps
20323 Old Cutler Rd
MIAMI, FL 33189

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Km Kaplan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-18-01

305-259-4247
305-238-2018

CR2E034 (11/00)