

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90401 042 ***150.00

DOCUMENT # P00000047881

1. Entity Name

STEVEN MICHAEL'S SALON, INC.



Principal Place of Business

20323 OLD CUTLER RD.
MIAMI FL 33189

Mailing Address

20323 OLD CUTLER RD.
MIAMI FL 33189

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-1009607

Applied For
Not Applicable

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, KIMBLERY
20323 OLD CUTLER RD.
MIAMI FL 33189

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME KAPLAN, KIMBERLY
STREET ADDRESS 20323 OLD CUTLER RD.
CITY-ST-ZIP MIAMI FL 33189

TITLE STD ☐ Delete
NAME KAPLAN, STEVEN
STREET ADDRESS 20323 OLD CUTLER RD.
CITY-ST-ZIP MIAMI FL 33189

TITLE D ☐ Delete
NAME STEPNER, JENNIFER
STREET ADDRESS 20323 OLD CUTLER RD.
CITY-ST-ZIP MIAMI FL 33189

TITLE D ☐ Delete
NAME WEBB, ANN
STREET ADDRESS 20323 OLD CUTLER RD.
CITY-ST-ZIP MIAMI FL 33189

TITLE D ☐ Delete
NAME CARVER, KRISTINA
STREET ADDRESS 20323 OLD CUTLER RD.
CITY-ST-ZIP MIAMI FL 33189

TITLE D ☒ Delete
NAME MCCREARY, ERIN
STREET ADDRESS 20323 OLD CUTLER RD.
CITY-ST-ZIP MIAMI FL 33189

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Change ☒ Addition
NAME Erich Phelps
STREET ADDRESS 20323 Old Cutler Rd
CITY-ST-ZIP Miami, FL 33189

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/04 305-259-4247

Attachment
44030609

10-03-2001

P00000047881



Jeb Bush
Governor
Mary B. Hooks
Secretary

STATE OF FLORIDA
DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY
DIVISION OF WORKERS' COMPENSATION
Compliance Unit
2562 Executive Circle East
Suite 201, Montgomery Building
Tallahassee, Florida 32399-0661

NAME
~~BUSINESS STEVEN MICHAELS SALON INC~~

ADDRESS 20323 OLD CUTLER ROAD

CITY MIAMI

STATE FL ZIP 33189

THIS CERTIFIES THAT THE INDIVIDUAL BELOW PURSUANT TO FLORIDA
WORKERS' COMPENSATION LAW, CHAPTERS 440.04 AND 440.05 F.S. HAS
FILED THE FOLLOWING FORM(S).

Certificate of Exemption of Coverage Under Workers'
Compensation Law (BCM 207)

NAME

ERICH

M PHELPS

TITLE

EFFECTIVE DATE

WITHDRAWAL DATE

DIRECTOR

09/13/2001

N/A

PHONE (904) 488-2333 TDD 1-800-955-8771 -- VOICE 1-800-955-8770