

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000047881

**Entity Name:** STEVEN MICHAEL'S SALON, INC.**Current Principal Place of Business:**20323 OLD CUTLER RD.  
MIAMI, FL 33189**Current Mailing Address:**20323 OLD CUTLER RD.  
MIAMI, FL 33189**FEI Number:** 65-1009607**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KAPLAN, KIMBLERY  
20323 OLD CUTLER RD.  
MIAMI, FL 33189 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	KAPLAN, KIMBERLY
Address	20323 OLD CUTLER RD.
City-State-Zip:	MIAMI FL 33189

Title	DIRECTOR, VP
Name	KAPLAN, ZACHARY A
Address	20323 OLD CUTLER RD.
City-State-Zip:	MIAMI FL 33189

Title	DIRECTOR
Name	PALMER, ELIZABETH
Address	20323 OLD CUTLER ROAD
City-State-Zip:	CUTLER BAY FL 33189

Title	DIRECTOR
Name	HORTON, KIM
Address	20323 OLD CUTLER RD.
City-State-Zip:	MIAMI FL 33189

Title	DIRECTOR
Name	CONDE, KASEY
Address	20323 OLD CUTLER ROAD
City-State-Zip:	CUTLER BAY FL 33189

Title	SECRETARY, TREASURER
Name	LOWE, DANIELLE
Address	20323 OLD CUTLER ROAD
City-State-Zip:	MIAMI FL 33189

*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: KIMBERLY KAPLAN****PRESIDENT****01/11/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date