2016 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

Name and Address of Current Registered Agent:

KAPLAN, KIMBLERY 20323 OLD CUTLER RD. MIAMI, FL 33189 US FILED Feb 09, 2016

Secretary of State

CC3623081220

Date

Certificate of Status Desired: No

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

Officer/Director Detail :

Title	PD	Title	STD
Name	KAPLAN, KIMBERLY	Name	KAPLAN, STEVEN
Address	20323 OLD CUTLER RD.	Address	20323 OLD CUTLER RD.
City-State-Zip:	MIAMI FL 33189	City-State-Zip:	MIAMI FL 33189
Title	D	Title	D
Name	CLARK, HILLARY	Name	SHROYER, SHAWNE
Address	20323 OLD CUTLER RD.	Address	20323 OLD CUTLER RD.
City-State-Zip:	MIAMI FL 33189	City-State-Zip:	MIAMI FL 33189
Title	D	Title	DIRECTOR
Title Name	D PHELPS, ERICH	Title Name	DIRECTOR KAPLAN, ZACHARY A
	-		
Name	PHELPS, ERICH	Name	KAPLAN, ZACHARY A
Name Address	PHELPS, ERICH 20323 OLD CUTLER RD. MIAMI FL 33189	Name Address	KAPLAN, ZACHARY A 20323 OLD CUTLER RD.
Name Address City-State-Zip:	PHELPS, ERICH 20323 OLD CUTLER RD.	Name Address City-State-Zip:	KAPLAN, ZACHARY A 20323 OLD CUTLER RD. MIAMI FL 33189
Name Address City-State-Zip: Title	PHELPS, ERICH 20323 OLD CUTLER RD. MIAMI FL 33189 DIRECTOR	Name Address City-State-Zip: Title	KAPLAN, ZACHARY A 20323 OLD CUTLER RD. MIAMI FL 33189 DIRECTOR
Name Address City-State-Zip: Title Name	PHELPS, ERICH 20323 OLD CUTLER RD. MIAMI FL 33189 DIRECTOR PLELPS, SALENE	Name Address City-State-Zip: Title Name	KAPLAN, ZACHARY A 20323 OLD CUTLER RD. MIAMI FL 33189 DIRECTOR CHAUDHRY, MAHUM 20323 OLD CUTLER RD.

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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

PD

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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