

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000047881

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

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

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

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

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

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

Title	DIRECTOR
Name	BUIE, HORTENSIA
Address	20323 OLD CUTLER ROAD
City-State-Zip:	CUTLER BAY 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****02/08/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date