# 2014 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

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	D
Title Name	D BARBOSA, DENISE	Title Name	D PHELPS, ERICH
	-		
Name	BARBOSA, DENISE	Name	PHELPS, ERICH 20323 OLD CUTLER RD.
Name Address	BARBOSA, DENISE 20323 OLD CUTLER RD.	Name Address	PHELPS, ERICH 20323 OLD CUTLER RD.
Name Address City-State-Zip:	BARBOSA, DENISE 20323 OLD CUTLER RD. MIAMI FL 33189	Name Address City-State-Zip:	PHELPS, ERICH 20323 OLD CUTLER RD. MIAMI FL 33189
Name Address City-State-Zip: Title	BARBOSA, DENISE 20323 OLD CUTLER RD. MIAMI FL 33189 DIRECTOR	Name Address City-State-Zip: Title	PHELPS, ERICH 20323 OLD CUTLER RD. MIAMI FL 33189 DIRECTOR
Name Address City-State-Zip: Title Name	BARBOSA, DENISE 20323 OLD CUTLER RD. MIAMI FL 33189 DIRECTOR KAPLAN, ZACHARY A	Name Address City-State-Zip: Title Name	PHELPS, ERICH 20323 OLD CUTLER RD. MIAMI FL 33189 DIRECTOR SANDIN, SALENE 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	CHAUDHRY, MAHUM
Address	20323 OLD CUTLER RD.
City-State-Zip:	MIAMI FL 33189