

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000003180

1. Entity Name

LAURA GUZMAN CHENEY, P.A.

Principal Place of Business

1990 LANDING WAY  
FORT LAUDERDALE FL

Mailing Address

1990 LANDING WAY  
FORT LAUDERDALE FL

2. Principal Place of Business

1537 Passion Vine Circle

3. Mailing Address

1537 Passion Vine Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Weston, FL

City & State

Weston, FL

Zip

Country

Zip

Country

33326

33326

6. Name and Address of Current Registered Agent

STRAUS, ARNOLD M JR.  
1290 WESTON ROAD  
SUITE 314  
WESTON FL 33326

4. FEI Number

65-0720249

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE PD  
NAME CHENEY, LAURA  
STREET ADDRESS 1990 LANDING WAY  
CITY-ST-ZIP FORT LAUDERDALE FL 33326 ☐ Delete

TITLE SD  
NAME CHENEY, LAURA  
STREET ADDRESS 1990 LANDING WAY  
CITY-ST-ZIP FORT LAUDERDALE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Laura Guzman Cheney*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/01 (954)389-5086  
Date Daytime Phone #

**FILED**  
**Mar 30, 2001 8:00 am**  
**Secretary of State**

03-30-2001 90344 046 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

027066

CR2E034 (10/00)