

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000007374

1. Entity Name

JUST-US INVESTIGATIONS, INC.

FILED

Mar 20, 2000 8:00 am  
Secretary of State

03-20-2000 90079 047 \*\*\*150.00

Principal Place of Business

Mailing Address

18220 181ST CIR S  
BOCA RATON FL 33498  
US

18220-181ST CIR S  
BOCA RATON FL 33498-1635  
US

0 2 0 0 0 1



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4278 N.W. 89TH Ave

3. Mailing Address

4278 NW 89TH AVE

Suite, Apt. #, etc.

Suite #201

Suite, Apt. #, etc.

Suite #201

City & State

Coral Springs FL

City & State

Coral Springs FL

4. FEI Number

65-0724489

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHIAVONE, LUCIEN P  
18220-181ST CIR S  
BOCA RATON FL 33498

Name

Street Address (P.O. Box Number is Not Acceptable)

4278 N.W. 89TH Ave

Suite 201

City

Coral Springs

FL

Zip Code

33065

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

PSTD  
SCHIAVONE, LUCIEN P  
18220 - 181 CIRCLE SOUTH  
BOCA RATON FL 33498

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4278 N.W. 89TH Ave #201  
Coral Springs, FL 33065

☒ Change ☐ Addition

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☐ 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 an other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 3/15/00  
Date

Daytime Phone #