

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91765 048 \*\*\*150.00

0317561  
AV

**DOCUMENT # P01000105795**

1. Entity Name

**HANDYMAN TRUST MAINTENANCE, CORP.**



Principal Place of Business

13251 S.W. 131 STREET  
MIAMI FL 33186

Mailing Address

13251 S.W. 131 STREET  
MIAMI FL 33186

2. Principal Place of Business

7871 SW 152 ave

3. Mailing Address

7871 SW 152 ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL.

City & State

MIAMI FL.

Zip

33193

Country

Zip

33193

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1149236

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CRUZ, IDELFONSO  
15420 MANGO DR  
PUNTA GORDA FL 33955

7. Name and Address of New Registered Agent

Name

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

7871 SW 152 ave

#2

City MIAMI FL.

FL

Zip Code

33193

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CRUZ, IDELFONSO	
STREET ADDRESS	15420 MANGO DR	
CITY-ST-ZIP	PUNTA GORDA FL 33955	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DIAZ, ADAMINA	
STREET ADDRESS	13251 S.W. 131 STREET	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CIARRETA, YOSVANY	
STREET ADDRESS	13251 S.W. 131 STREET	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7871 SW 152 ave	
STREET ADDRESS	APT #2	
CITY-ST-ZIP	MIAMI, FL. 33193	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)