



City of Margate

RECEIPT #

APPLICATION FOR LOCAL BUSINESS TAX RECEIPT
NOTE: APPLICATION IS NOT THE ISSUED BUSINESS TAX RECEIPT
901 NW 66th AVENUE, MARGATE, FL 33063
954-979-6213

Business Information

Corporate Name: Quality of Life, Corp
Fictitious Name (DBA): _____
Business Address: 603 Melaleuca Dr. Margate FL 33063 Business Phone: 9546084067
Email: j_miryam@bellsouth.net FEIN/SSN (Req. by F.S. 205.0535(5)): _____
Emergency Contact 1: Name: Miryam Jimenez Phone 1: 9546084067 Phone 2: _____
Emergency Contact 2: Name: _____ Phone 1: _____ Phone 2: _____
Business Description: Halfway House

Number of Employees: 2 Square footage: 8,900

Owner Information

(If partnership or corporation, list all names and addresses of partners and officers of corporation. Attach separate sheet if needed.)

Name: Miryam Jimenez D.O.B.: 03/04/1957
Address: 4961 NW 53rd Ave Phone #: 954608407
City: Coconut Creek Email: j_miryam@bellsout.net
State: FL Zip: 33073

Name: _____ D.O.B.: _____
Address: _____ Phone #: _____
City: _____ Email: _____
State: _____ Zip: _____

➤The undersigned does hereby request that a local business tax receipt be issued on the basis of the above provided information with the understanding that all City of Margate ordinances shall be complied with, whether specified herein or not; and further understands that ***the acceptance and processing of payment for a local business tax receipt does not constitute approval.***

Signature of Owner/Agent

Printed Name of Owner/Agent

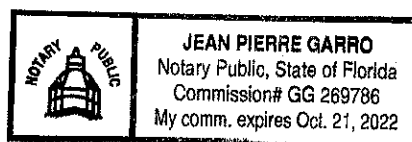
Sworn to (or affirmed) and subscribed before me **by means of** ☒ physical presence or ☐ online notarization, this 11 day of May 2019 year, by Miryam Jimenez (name of person making statement).

Signature of Notary

(notary seal)

Personally known to me _____
Produced Identification ✓
Type of Identification FL DL

Printed name of Notary



Business Tax

Receipt #: _____ Date Paid: _____ Amount paid: _____

Type:

_____ New Receipt _____ Half Year Receipt _____ Residential
 _____ New Business _____ Address Change _____ Transfer/Other

Classification: _____ Date of Distribution: _____

Previous Business: _____

Comments: _____

Zoning

District: _____ Adequate Parking: _____

Business Comments/Restrictions: _____

Special Exception/Conditional Use: _____ USE: _____

Approval Date: _____ Resolution #: _____

Change of Occupancy: _____ DRC Approval Date: _____ DRC #: _____

Signature: _____ Date: _____

Building

Comments: _____

Signature: _____ Date: _____

Engineering/Utilities

Comments: _____

Signature: _____ Date: _____

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000017783

Entity Name: QUALITY OF LIFE, CORP

Current Principal Place of Business:

603 MELALEUCA DRIVE H
MARGATE, FL 33063

FILED

Mar 27, 2016

Secretary of State

CC9210277633

Current Mailing Address:

603 MELALEUCA DRIVE H
MARGATE, FL 33063 US

FEI Number: 47-3216034

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JIMENEZ, MIRYAM
5379 LYONS RD
154
COCONUT CREEK, FL 33073 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 P
Name JIMENEZ, MIRYAM
Address 5379 LYONS RD
City-State-Zip: COCONUT CREEK FL 33073

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: MIRYAM JIMENEZ

PRESIDENT

03/27/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Electronic Articles of Incorporation
For**

P02000103468
FILED
September 25, 2002
Sec. Of State

MMJ FINANCIAL SERVICES, INC.

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

Article I

The name of the corporation is:

MMJ FINANCIAL SERVICES, INC.

Article II

The principal place of business address:

5379 LYONS RD
154
COCONUT CREEK, FL. 33073

The mailing address of the corporation is:

5379 LYONS RD
154
COCONUT CREEK, FL. 33073

Article III

The purpose for which this corporation is organized is:

INVESTMENTS.

Article IV

The number of shares the corporation is authorized to issue is:

100

Article V

The name and Florida street address of the registered agent is:

MIRYAM JIMENEZ
4961 NW 53RD AVE
COCONUT CREEK, FL. 33073



MARGATE
Together We Make It Great

Medical Office Certification

Corporate Name :

Quality of Life Corp

Fictitious Name (DBA):

GO3 Melaleuca Dr Margate FL 33063

Address:

Select one of the following:

☐

I hereby certify that the above referenced clinic/facility/office is a pain management clinic; therefore, it is required to register with the Florida Department of Health pursuant to section 458.3265 or 459.0137, Florida Statutes, as amended.

☒

I hereby certify that the above referenced clinic/facility/office is **not** a pain management clinic; therefore, it is **not** required to register with the Florida Department of Health pursuant to section 458.3265 or 459.0137, Florida Statutes, as amended.

FORM MUST BE PRINTED AND SIGNED IN THE PRESENCE OF A NOTARY

Miriam Jimenez

Printed Applicant Name

owner

Applicant Title

[Signature]

Applicant Signature

5-12-2020

Date

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this 12 day of May, 2020 (year), by Miriam Jimenez (name of person making statement).

[Signature]

Signature of Notary

Alexis Aragon

Printed name or stamp of Notary

Personally known to me _____

Produced identification: ✓

Type of Identification: FL Driver License



Alexis Aragon
Notary Public
State of Florida

My Commission Expires 03/12/2021
Commission No. GG 81859

CITY OF MARGATE
901 NW 66TH AVENUE
MARGATE FL 33063

CERTIFICATE OF OCCUPANCY

P E R M A N E N T

Issue Date 3/30/17

Parcel Number 8136-AN-0001

Property Address 603 MELALEUCA DR
MARGATE FL 330634534

Subdivision Name H H 2

Legal Description

Property Zoning NOT APPLICABLE

Owner MMJ FINANCIAL SERVICES, INC

Contractor ACECA CONSTRUCTION
561 574-7733

Application number 15-00001248 000 000

Description of Work BD-ADDITION & ALTERATION/COMMERCIAL

Construction type TYPE II-B

Occupancy type I-2 HOSPITAL/MEDICAL CARE

Flood Zone

Special conditions

CERTIFICATE OF OCCUPANCY ISSUED TO ACECA CONSTRUCTION INC
FOR "QUALITY OF LIFE" AS A GROUP CARE FACILITY ONLY, NO
MEDICAL DETOX, FBC 2014 5TH EDITION, 8845 SQ FT

Approved *Tulio Duran*
Building Official

VOID UNLESS SIGNED BY BUILDING OFFICIAL

FOUNDATIONS			GROUND ROUGH	6.29.16	JD	TEMPORARY POLE		
FLOOR SLAB			WATER SERVICE			TEMP ON HOUSE		
COLUMNS			TOP-OUT	8.17.16	JD	SERVICE NEW		
UNIT MASONRY			GREASE TRAP			UNDERGROUND		
TIE-BEAM			BACK FLOW			SERVICE GROUND		
TRUSSES			FIRE SPR. ROUGH	9.15.16	JD	SLAB		
DOORS & WINDOWS	9/12/16	RA	GAS ROUGH	1.18.17	JD	ROUGH FIRE ALARM	8-31-16	JD
ROOF SHEATH			GAS FINAL			Alarm FIRE FINAL	9-6-17	JD
WALL SHEATH			FIRE U/G			TELEPHONE ROUGH		
ROOF 1-TIN CAP			WELL COLLAR			TV ROUGH		
2-PROGRESS			WELL FINAL			INTERCOM ROUGH		
3-FINAL			SEWER CONN.			ALARM ROUGH		
BUCK	8/10/16	RA	IRRIGATION			TEL. FINAL		
*PART FRAMING	AS MARKED 9/12/16	RA	F.S. FINAL	1.31.17	JD	TV FINAL		
WIRE LATH			PLUMBING FINAL	2.14.17	JD	INTERCOM FINAL		
WALL INSULATION	9/20/16	RA	FIRE			ALARM FINAL		
DRYWALL	9/20/16	RA	200 LB AB/UG			Rough Complete	9-13-16	JD
SEAB REPAIRS	7/6/16	RA	ALARM	3/6/17	JD	CONNECTIVE Elec.	2-16-17	JD
DOORS FILL CELLS	8/1/16	RA	SPRINKLER	1-31-17	KL	*will check missing CO	DET/CO	JD
PATIO SLAB			GAS PUMP	1-18-17	JD	*make sure all elec. under		
Buck	10-19-16	P.V.	Hood Final + Rough	3/1/17	JD	down when fire suppression		
BUILDING FINAL	3/7/17	J.G.	FIRE FINAL	3/7/17	JD	PAR. NEED ACC. Control Panel scheduled	1-9-17	
						ELECTRICAL FINAL	3-6-17	JD

NOTICE OF COMMENCEMENT IS TO BE POSTED

FRAMING TOTAL P.V. 1842 9-15-16

"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT."

CERTIFICATE OF OCCUPANCY MUST BE SECURED BEFORE THIS BUILDING CAN BE USED FOR ANY PURPOSE.

DO NOT REMOVE THIS CARD BEFORE COMPLETION UNDER SECTIONS 106.10.1.1 OF THE FLORIDA BUILDING CODE.

FOR INSPECTION CALL: 954-970-3112
PERMIT OFFICE: 954-970-3004

PA 16 1/3/17 4-DOORS EXT. + ENCLOSURE OF WINDOWS W/KE



City Commission

Mayor Tommy Ruzzano
Vice Mayor Arlene R. Schwartz
Antonio V. Arserio
Anthony N. Caggiano
Joanne Simone

City Manager

Cale Curtis

City Attorney

Janette M. Smith, Esq.

City Clerk

Joseph J. Kavanagh

May 19, 2020

Miryam Jimenez
4961 NW 53rd Avenue
Coconut Creek, FL 33073

RE: Quality of Life, Corp. – 603 Melaleuca Drive

Ms. Jimenez:

This letter was sent in response to your recent application for a Local Business Tax Receipt (LBTR) for Quality of Life, Corp., to be located at 603 Melaleuca Drive. The subject property is located within the Multiple Dwelling R-3 zoning district. Your submitted LBTR application is neither reviewable nor approvable at this time. It lacks sufficient information to determine whether the proposed use is a permitted use in the R-3 zoning classification applicable to this property. The business description provided simply reads, "halfway house." This is not a permitted use. There is no such term contained within the current Margate Zoning Code. The permitted uses of the R-3 zoning district are contained within Section 16.2 of the Margate Zoning Code. Your application needs to identify which specific permitted use you are applying to operate and the business information of the operation of the facility including, but not limited to, the services to be provided at the facility, the number of residents to be accommodated, the number employees of the business and state license information on such a permitted facility.

Sincerely,

Andrew Pinney, AICP
Senior Planner

CC: City Attorney, DSD Director

Development Services Department

901 NW 66th Avenue, Suite C, Margate, FL 33063 • Phone: (954) 979-6213
www.margatefl.com • dsd@margatefl.com