

**BID PROPOSAL FORM BID NO. 2018-015**

**BID TO: CITY COMMISSION  
CITY OF MARGATE**

1. The undersigned bidder proposes and agrees, if this bid is accepted, to enter into an Agreement with the City in the form included in the Contract Documents to perform the Work as specified or indicated in said Contract Documents entitled:

**BID NO. 2018-015 GENERATOR ENCLOSURE REPLACEMENT  
(CORAL GATE)**

2. Bidder accepts all of the terms and conditions of the Contract Documents, including without limitation those in the Notice Inviting Bids and Instructions to Bidders, dealing with the disposition of the Bid Security.

3. The bid will remain open for the period stated in the Notice Inviting Bids unless otherwise required by law. Bidder will enter into an Agreement within the time and in the manner required in the Notice Inviting Bids and the Instructions to Bidders, and will furnish the insurance certificates, payment bond and performance bond required by the Contract Documents.

4. It is the Contractor's responsibility to contact the City at (954) 935-5346 prior to the bid opening to determine if any addenda have been issued on the project. Bidder has examined copies of all the Contract Documents including the following addenda (receipt of all of which is acknowledged):

Number	_____	Date	_____
	_____		_____
	_____		_____

5. Bidder has familiarized himself with the nature and extent of the Contract Documents, Work, site, locality where the Work is to be performed, the legal requirements (federal, state and local laws, ordinances, rules and regulations), and the conditions affecting cost, progress or performance of the Work and has made such independent investigations as Bidder deems necessary.

6. This bid is genuine and not made in the interest of or on behalf of any undisclosed person, firm or corporation and is not submitted in conformity with any agreement or rules of any group, association, organization or corporation. Bidder has not directly or indirectly induced or solicited any other bidder to submit a false or sham bid. Bidder has not solicited or induced any person, firm or corporation to refrain from bidding and bidder has not sought by collusion to obtain for itself any advantage over any other bidder or over City.

To all the foregoing, and including all Bid Schedule(s) and Information Required of Bidder contained in this Bid Form, said bidder further agrees to complete the Work required under the Contract Documents within the Contract Time stipulated in said Contract Documents, and to accept in full payment thereof the Contract Price based on the Total Bid Price(s) named in the aforementioned Bidding Schedule(s).

NAME OF FIRM: PANTROPIC POWER INC

ADDRESS: 8205 N.W. 58<sup>TH</sup> STREET MIAMI, FL 33166

NAME OF SIGNER EDUARDO RIVERON  
(Print or Type)

TITLE OF SIGNER SERVICE SALES REP.

SIGNATURE:  DATE: 6-7-2018

TELEPHONE NO: 954-214-1277 FACSIMILE NO: \_\_\_\_\_

# **SCHEDULE OF BID PRICES – BID NO. 2018-015**

**TO: CITY COMMISSION**

**CITY OF MARGATE**

**(Please fill in all blanks and return with your proposal.)**

In accordance with your request for proposals and the specifications contained herein, the undersigned proposes the following:

\*\*\*\*\*

*All work required for a complete project is inclusive in unit prices, whether or not specifically referenced in the unit price description. The CONTRACTOR shall provide all labor, material, services, tools, supervision, manuals, and technical expertise needed to accomplish the Work described in this Bid.*

	Description	Quantity	Unit	Unit Price	Amount
1.	Mobilization/Demobilization (includes supplying and connecting temporary generator)	1	LS	9,500.00	9,500.00
2.	Existing enclosure removal and disposal	1	LS	5,000.00	5,000.00
3.	New enclosure supply and installation	1	LS	99,000.00	99,000.00
4.	Re-installation/connection of all existing generator components, testing and start-up (including load bank testing)	1	LS	3,500.00	3,500.00
5.	City of Margate Building Department Permit Allowance <sup>1</sup>	1	LS	\$5,000.00	\$5,000.00
6.	Contingency Allowance <sup>1</sup>	1	LS	\$2,500.00	\$2,500.00
7.	Indemnification Allowance	1	LS	\$100.00	\$100.00

**BID GRAND TOTAL \$ 124,600.00**

\*\*\*\*\*

<sup>1</sup> This item provides for reimbursement of the cost of necessary but unforeseen Work elements, if authorized by the CITY. Payment shall reimburse the CONTRACTOR for direct costs incurred. Any question of whether an unforeseen Work element is required shall be decided by the CITY. Any amounts remaining in this Allowance item at the end of the Work shall be retained by the CITY.

ALL BIDS MUST BE SIGNED WITH THE VENDOR NAME AND BY AN OFFICER OR EMPLOYEE HAVING THE AUTHORITY TO BIND THE COMPANY OR FIRM BY SIGNATURE.

MATERIAL SAFETY DATA SHEETS ENCLOSED? YES \_\_\_\_\_ NO X

SPECIFICATION SHEETS/BROCHURES? YES X NO \_\_\_\_\_

HAVE YOUR INSURANCE REPRESENTATIVE REVIEW THE SAMPLE INSURANCE CERTIFICATE TO ENSURE COMPLIANCE.

WILL YOUR FIRM ACCEPT PAYMENT VIA A CITY OF MARGATE VISA CREDIT CARD? PLEASE CHECK ONE YES \_\_\_\_\_ NO X

WE WILL PROVIDE SPEC SHEET ONCE  
THE P.O HAS BEEN GIVEN.



### BIDDER'S GENERAL INFORMATION:

The bidder shall furnish the following information. Additional sheets shall be attached as required. Failure to complete Item Nos. 1, 3, and 7 (if required) will cause the bid to be non-responsive and may cause its rejection. In any event, no award will be made until all of the Bidder's General Information (i.e., items 1 through 7 inclusive) is delivered to the CITY.

- (1) CONTRACTOR'S name and address:

SOUTH FLORIDA UTILITIES  
MARK G. CARPENTER

736 N.W. 8TH AVE FORT LAUDERDALE, FL. 33311

- (2) CONTRACTOR'S telephone number: 954 - 732-5021

- (3) CONTRACTOR'S license: Primary classification: \_\_\_\_\_

State License Number: CGC045353

Supplemental classifications held, if any: N/A

Name of Licensee, if different from (1) above: SOUTH FLORIDA UTILITIES  
MARK G CARPENTER

- (4) Name of person who inspected site of proposed WORK for your firm:

Name: EDDIE RIVERON Date of Inspection: 6-6-2018

- (5) Name, address, and telephone number of surety company and agent who will provide the required bonds on this contract (if required): \_\_\_\_\_

WILLIS TOWERS WATSON. WILLIS GROUP.

265 BROOKVIEW CENTRE WAY, SUITE 505. KNOXVILLE  
TN 37919.

- (6) ATTACH TO THIS BID the experience resume of the person who will be designated as Supervisor for this project. SCOTT CARPENTER

- (7) ATTACH TO THIS BID a financial statement **(If Required)**, references, and other information, sufficiently comprehensive to permit an appraisal of CONTRACTOR'S current financial condition. **(Not Required)**
  
- (8) Subcontractors: The Bidder further proposes that as part of their submittal there is attached a list of subcontracting firms or businesses who will be awarded subcontracts for portions of the work in the event the bidder is awarded the Contract.

**BID BOND**

**KNOW ALL MEN BY THESE PRESENTS:**

That we \_\_\_\_\_ as Principal,  
and \_\_\_\_\_ as Surety, are held and  
firmly bound unto City of Margate, hereinafter called "City" in the sum of  
(\$ \_\_\_\_\_) \_\_\_\_\_ dollars,  
(not less than 5 percent of the total amount of the bid) for the payment of which sum,  
well and truly to be made, we bind ourselves, our heirs, executors, administrators,  
successors, and assigns, jointly and severally, firmly by these presents.

**WHEREAS**, said Principal has submitted a bid to said City to perform the Work required under the bidding schedule of the City's Contract Documents entitled:

**BID NO. 2018-015 GENERATOR ENCLOSURE REPLACEMENT  
(CORAL GATE)**

**NOW THEREFORE**, if said Principal is awarded a contract by said City and, within the time and in the manner required in the "Notice Inviting Bids" and the "Instructions to Bidders" enters into a written Agreement on the form of the agreement bound with said Contract Documents, furnishes the required certificates of insurance, and furnishes the required Performance Bond, then this obligation shall be null and void, otherwise it shall remain in full force and effect. In the event suit is brought upon this bond by said City and City prevails, said Surety shall pay all costs incurred by said City in such suit, including a reasonable attorney's fee to be fixed by the court.

**SIGNED and SEALED**, this \_\_\_\_\_ day of \_\_\_\_\_, 2018.

\_\_\_\_\_  
(CONTRACTOR)

\_\_\_\_\_  
(SURETY)

By: \_\_\_\_\_ (SIGNATURE)      By: \_\_\_\_\_ (SIGNATURE)

STATE OF FLORIDA, COUNTY OF BROWARD:

BEFORE ME PERSONALLY APPEARED THE ABOVE, KNOWN TO ME TO BE THE PERSONS DESCRIBED IN AND WHO EXECUTED THE FOREGOING INSTRUMENT, AND ACKNOWLEDGED TO AND BEFORE ME THAT THEY EXECUTED SAID INSTRUMENT FOR THE PURPOSES THEREIN EXPRESSED.

WITNESS MY HAND AND OFFICIAL SEAL, THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2018

NOTARY PUBLIC:\_\_\_\_\_

## PERFORMANCE BOND

**KNOW ALL MEN BY THESE PRESENTS:**

That we, \_\_\_\_\_ as Contractor and \_\_\_\_\_ as Surety, are held and firmly bound unto the **CITY OF MARGATE, FLORIDA** hereinafter called City in the sum of (\$ \_\_\_\_\_) \_\_\_\_\_ dollars, lawful money of the United States, for the payment of which well and truly to be made, we bind ourselves, our heirs, executors, successors and assigns, jointly and severally, firmly by these presents.

**WHEREAS**, said Contractor has been awarded and is about to enter into the annexed Agreement with said City to perform the Work as specified or indicated in the Bid Documents entitled:

**BID NO. 2018-015 GENERATOR ENCLOSURE REPLACEMENT  
(CORAL GATE)**

**NOW, THEREFORE,** if the said Contractor shall fully and faithfully perform all the requirements of said Bid Documents required to be performed on its part, at the times and in the manner specified herein, inclusive of the one year maintenance period if necessary, then this obligation shall be null and void, otherwise it shall remain in full force and effect.

**PROVIDED**, that any alterations in the Work to be done or the materials to be furnished, or changes in the time of completion, which may be made pursuant to the terms of said Bid Documents, shall not in any way release said Contractor or said Surety thereunder, nor shall any extensions of time granted under the provisions of said Bid Documents, release either said Contractor or said Surety, and notice of such alterations or extensions of the Agreement is hereby waived by said Surety.

**SIGNED and SEALED**, this \_\_\_\_\_ day of \_\_\_\_\_, 2018.

\_\_\_\_\_  
(CONTRACTOR)

\_\_\_\_\_  
(SURETY)

BY: \_\_\_\_\_ BY: \_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(SIGNATURE)

STATE OF FLORIDA, COUNTY OF BROWARD:

BEFORE ME PERSONALLY APPEARED THE ABOVE, KNOWN TO ME TO BE THE PERSONS DESCRIBED IN AND WHO EXECUTED THE FOREGOING INSTRUMENT, AND ACKNOWLEDGED TO AND BEFORE ME THAT THEY EXECUTED SAID INSTRUMENT FOR THE PURPOSES THEREIN EXPRESSED.

WITNESS MY HAND AND OFFICIAL SEAL, THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2018.

NOTARY PUBLIC: \_\_\_\_\_

**PAYMENT BOND**

**KNOW ALL MEN BY THESE PRESENTS:**

That we \_\_\_\_\_ as Contractor and \_\_\_\_\_ as Surety, are held and firmly bound unto the **CITY OF MARGATE, FLORIDA**, hereinafter called City, in the sum of (\$ \_\_\_\_\_) \_\_\_\_\_ dollars, for the payment of which sum well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these presents.

**WHEREAS**, said Contractor has been awarded and is about to enter into the annexed Agreement with said City to perform the Work as specified or indicated in the Contract Documents entitled:

**BID NO. 2018-015 GENERATOR ENCLOSURE REPLACEMENT  
(CORAL GATE)**

**NOW THEREFORE**, if said Contractor, or subcontractor, fails to pay for any materials, equipment, or other supplies, or for rental of same, used in connection with the performance of work contracted to be done, or for amounts due under applicable State law for any work or labor thereon, said Surety will pay for the same in an amount not exceeding the sum specified above, and, in the event suit is brought upon this bond, a reasonable attorney's fee to be fixed by the court. This bond shall inure to the benefit of any persons, companies, or corporations entitled to file claims under applicable State law.

**PROVIDED**, that any alterations in the Work to be done or the materials to be furnished, or changes in the time of completion, which may be made pursuant to the terms of said Contract Documents, shall not in any way release said Contractor or said Surety thereunder, nor shall any extensions of time granted under the provisions of said Contract Documents release either said Contractor or said Surety, and notice of such alterations or extensions of the Agreement is hereby waived by said Surety.

**SIGNED and SEALED**, this \_\_\_\_\_ day of \_\_\_\_\_, 2018.

\_\_\_\_\_  
(CONTRACTOR)

\_\_\_\_\_  
(SURETY)

By: \_\_\_\_\_  
(SIGNATURE)

By: \_\_\_\_\_  
(SIGNATURE)

STATE OF FLORIDA, COUNTY OF BROWARD:

BEFORE ME PERSONALLY APPEARED THE ABOVE, KNOWN TO ME TO BE THE PERSONS DESCRIBED IN AND WHO EXECUTED THE FOREGOING INSTRUMENT, AND ACKNOWLEDGED TO AND BEFORE ME THAT THEY EXECUTED SAID INSTRUMENT FOR THE PURPOSES THEREIN EXPRESSED.

WITNESS MY HAND AND OFFICIAL SEAL, THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2018

NOTARY PUBLIC: \_\_\_\_\_

**REFERENCE SHEET – BID NO. 2018-015**

In order to receive bid award consideration on the proposed bid, it is a requirement that this sheet be completed and returned with your bid/proposal. This information may be used in determining the bid award for this Project.

BIDDER (COMPANY NAME): PANTROPIC POWER INC.  
ADDRESS: 8205 N.W. 58<sup>TH</sup> STREET.  
CONTACT PERSON: EDDIE RIVERON TITLE: SERVICE SALES REP.  
TELEPHONE: 954-24-1277 FACSIMILE: \_\_\_\_\_  
NUMBER OF YEARS IN BUSINESS: 32  
ADDRESS OF NEAREST FACILITY: 1881 WEST STATE ROAD 84

LIST THREE (3) COMPANIES OR GOVERNMENTAL AGENCIES WHERE THESE PRODUCTS OR SERVICES HAVE BEEN PROVIDED IN THE LAST YEAR.

1. Company Name: CITY OF DEERFIELD BEACH.  
Address: 290 COOLSBY BLVD. Phone: 954-410-7027.  
Contact Person: ALBERT Title: CHIEF.
2. Company Name: PRATT & WHITNEY  
Address: 17900 BEE LINE HWY. Phone: 561-796-3964  
Contact Person: BILL WEAVER Title: SUPERVISOR
3. Company Name: MIAMI INDUSTRIAL MOTORS  
Address: 8252 NW. 58<sup>TH</sup> ST Phone: 305-593-2370  
Contact Person: MARIO GARCIA Title: CEO

## COMPLIANCE WITH OCCUPATIONAL SAFETY AND HEALTH ACT

Bidder certifies that all material, equipment, etc. contained in this bid meets all O.S.H.A. requirements. Bidder further certifies that if he/she is the successful bidder, and the material, equipment, etc., delivered is subsequently found to be deficient in any O.S.H.A. requirement in effect on date of delivery, all costs necessary to bring the material, equipment, etc. into compliance with the aforementioned requirements shall be borne by the bidder.

### OCCUPATIONAL HEALTH AND SAFETY DATA SHEET REQUIRED:

In compliance with Chapter 442, Florida Statutes, any item delivered from a contract resulting from this bid must be accompanied by a SAFETY DATA SHEET (SDS). The SDS must include the following information:

- A. The chemical name and the common name of the toxic substance.
- B. The hazards or other risks in the use of the toxic substances, including:
  - 1. The potential for fire, explosion, corrosivity and reactivity;
  - 2. the known acute and chronic health effects of risks from exposure, including the medical conditions which are generally recognized as being aggravated by exposure to the toxic substance; and
  - 3. the primary routes of entry and symptoms of overexposure.
- C. The proper precautions, handling practices, necessary personal protective equipment, and other safety precautions in the use of or exposure to the toxic substances, including appropriate emergency treatment in case of overexposure.
- D. The emergency procedure for spills, fire, disposal and first aid.
- E. A description in lay terms of the known specific potential health risks posed by the toxic substances intended to alert any person reading this information.
- F. The year and month, if available, that the information was compiled and the name, address and emergency telephone number of the manufacturer responsible for preparing the information.

SIGNATURE:  DATE: 6-7-2018

**CITY OF MARGATE  
STATEMENT OF NO BID**

**IF YOU DO NOT INTEND TO BID ON THIS PROPOSAL, RETURN THIS FORM  
TO ADDRESS WHERE BID IS TO BE SUBMITTED:**

I/We have declined to bid on your proposal No: 2018-015

Bid Description: GENERATOR ENCLOSURE REPLACEMENT (CORAL GATE)

For the following reason:

- \_\_\_\_\_ 1. Specifications are too tight, i.e. geared toward one brand or manufacturer only. (Explain reason below.)
- \_\_\_\_\_ 2. Insufficient time to respond to invitation.
- \_\_\_\_\_ 3. We do not offer this commodity/service or equivalent.
- \_\_\_\_\_ 4. Our product/service schedule would not permit us to perform.
- \_\_\_\_\_ 5. Unable to meet specifications.
- \_\_\_\_\_ 6. Unable to meet bonding requirements.
- \_\_\_\_\_ 7. Specifications unclear (Explain below).
- \_\_\_\_\_ 8. Other (Specify below).

REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach additional pages if required.

I/We understand that if the NO BID form is not executed and returned, our name may be deleted from the list of qualified bidders for the City of Margate.

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF BIDDER: \_\_\_\_\_



## DRUG-FREE WORKPLACE PROGRAM FORM BID NO. 2018-015

In accordance with Section 287.087, State of Florida Statutes, preference shall be given to businesses with Drug-free Workplace Programs. Whenever two or more bids which are equal with respect to price, quality and service are received for the procurement of commodities or contractual service, a bid received from a business that certifies that it has implemented a Drug-free Workplace Program shall be given preference in the award process. In the event that none of the tied vendors have a Drug-free Workplace program in effect the City reserves the right to make final Decisions in the City's best interest. In order to have a Drug-free Workplace Program, a business shall:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or of any State, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community by any employee who is convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation. If bidder's company has a Drug-free Workplace Program, so certify below:

**AS THE PERSON AUTHORIZED TO SIGN THE STATEMENT, I CERTIFY THAT THIS FIRM COMPLIES FULLY WITH THE ABOVE REQUIREMENTS.**

SIGNATURE OF BIDDER:



DATE: 6-7-2018

**OFFEROR'S QUALIFICATION STATEMENT BID NO. 2018-015**

The undersigned certifies under oath the truth and correctness of all statements and of all answers to questions made hereinafter:

SUBMITTED TO: City of Margate  
(Purchasing Division)

ADDRESS: 5790 Margate Blvd.  
Margate, FL 33063

CIRCLE ONE

SUBMITTED BY: EDUARDO RIVERA

NAME: PANTROPIC POWER INC.

ADDRESS: 8205 NW 58TH STREET  
MIAMI, FL 33166

TELEPHONE NO.: 954-214-1277

FACSIMILE NO.: \_\_\_\_\_

Corporation  
Partnership  
Individual  
Other

1. State the true, exact, correct and complete name of the partnership, corporation, trade or fictitious name under which you do business and the address of the place of business.

The correct name of the Offeror is: PANTROPIC POWER INC.

The address of the principal place of business is:

8205 NW 58TH STREET MIAMI, FL 33166

2. If Offeror is a corporation, answer the following:

a. Date of Incorporation: 12-29-1986

b. State of Incorporation: Florida

- c. President's name: LUIS BOTAS
- d. Vice President's name: ETTORE DETORRES
- e. Secretary's name: ETTORE DETORRES
- f. Treasurer's name: N/A
- g. Name and address of Resident Agent: LUIS BOTAS  
8205 N.W. 58<sup>TH</sup> STREET MIAMI, FL 33166

3. If Offeror is an individual or a partnership, answer the following:

- a. Date of organization: N/A
- b. Name, address and ownership units of all partners:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- c. State whether general or limited partnership: \_\_\_\_\_

4. If Offeror is other than an individual, corporation or partnership, describe the organization and give the name and address of principals:

N/A

\_\_\_\_\_

\_\_\_\_\_

5. If Offeror is operating under a fictitious name, submit evidence of compliance with the Florida Fictitious Name Statute. N/A

6. How many years has your organization been in business under its present business name? 5-27-2004

a. Under what other former names has your organization operated?

PANTEPIC POWER PRODUCT, INC.

7. Indicate registration, license numbers or certificate numbers for the businesses or professions which are the subject of this Proposal. Please attach certificate of competency and/or state registration. 59-2749643.

8. Have you ever failed to complete any work awarded to you? If so, state when, where and why?

NO

9. State the names, telephone numbers and last known addresses of three (3) owners, individuals or representatives of owners with the most knowledge of work which you have performed or goods you have provided, and to which you refer (government owners are preferred as references).

SEE REFERENCES ON PAGE 43

(name) (address) (phone number)

(name) (address) (phone number)

(name) (address) (phone number)

10. List the pertinent experience of the key individuals of your organization (continue on insert sheet, if necessary).

SOUTH FLORIDA UTILITIES HAS THE EXPERIENCE TO PERFORM  
TURNKEY INSTALLS WITH CENSERS, FUEL TANKS. PIPING

11. State the name(s) of the individual(s) who will have personal supervision of the work:

SCOTT CARPENTER

THE OFFEROR ACKNOWLEDGES AND UNDERSTANDS THAT THE INFORMATION CONTAINED IN RESPONSE TO THIS QUALIFICATION STATEMENT SHALL BE RELIED UPON BY OWNER IN AWARDED THE CONTRACT AND SUCH INFORMATION IS WARRANTED BY OFFEROR TO BE TRUE. THE DISCOVERY OF ANY OMISSION OR MISSTATEMENT THAT MATERIALLY AFFECTS THE OFFEROR'S QUALIFICATIONS TO PERFORM UNDER THE CONTRACT SHALL CAUSE THE OWNER TO REJECT THE PROPOSAL, AND IF AFTER THE AWARD TO CANCEL AND TERMINATE THE AWARD AND/OR CONTRACT.

Signature: \_\_\_\_\_

*Ettore J. DeTorres*

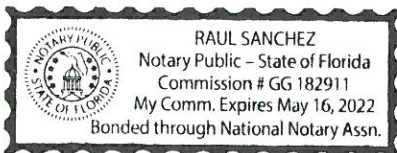
State of Florida County of MIAMI DADE

On this the 7<sup>th</sup> day of JUNE, 2018, before me, the undersigned Notary Public of the State of Florida, personally appeared ETTORE J. DETORRES and  
(Name(s) of individual(s) who appeared before notary)

whose name(s) is/are Subscribed to the within instrument, and he/she/they acknowledge that he/she/they executed it.

*[Signature]*  
NOTARY PUBLIC, STATE OF FLORIDA

NOTARY PUBLIC  
SEAL OF OFFICE:



RAUL SANCHEZ  
(Name of Notary Public: Print, Stamp or Type as Commissioned.)

☒ Personally known to me, or  
☐ Produced identification:

\_\_\_\_\_  
(Type of Identification Produced)  
☐ DID take an oath, or ☐ DID NOT take an oath

OPTIONAL INFORMATION:

Type of Document: \_\_\_\_\_ Number of Pages: \_\_\_\_\_ Number of Signatures Notarized: \_\_\_\_\_





**NON-COLLUSIVE AFFIDAVIT FOR BID NO 2018-015**

State of FLORIDA )

County of MIAMI-DADE )

ETTORE J. DETORRES being first duly sworn, deposes  
and says that:

He/she is the VICE PRESIDENT, (Owner, Partner, Officer,  
Representative or Agent) of PAINTROPIC POWER INC., the Offeror that has submitted the  
attached Proposal;

He/she is fully informed regarding the preparation and contents of the attached  
Proposal and of all pertinent circumstances regarding such Proposal;

Such Proposal is genuine and is not a collusive or sham Proposal;

Neither the said Offeror nor any of its officers, partners, owners, agents,  
representatives, employees or parties in interest, including this affiant, have in any  
way colluded, conspired, connived or agreed, directly or indirectly, with any other  
Offeror, firm, or person to submit a collusive or sham Proposal in connection with  
the Work for which the attached Proposal has been submitted; or to refrain from  
bidding in connection with such Work; or have in any manner, directly or indirectly,  
sought by agreement or collusion, or communication, or conference with any  
Offeror, firm, or person to fix the price or prices in the attached Proposal or of any  
other Offeror, or to fix any overhead, profit, or cost elements of the Proposal price or  
the Proposal price of any other Offeror, or to secure through any collusion,  
conspiracy, connivance, or unlawful agreement any advantage against (Recipient),  
or any person interested in the proposed Work;

The price or prices quoted in the attached Proposal are fair and proper and are not  
tainted by any collusion, conspiracy, connivance, or unlawful agreement on the part  
of the Offeror or any other of its agents, representatives, owners, employees or  
parties in interest, including this affiant.

Signed, sealed and delivered in the presence of:

[Signature]  
Witness

Witness

By [Signature]

ETTORE J. DETORRES

Printed Name

VICE PRESIDENT

Title

**ACKNOWLEDGMENT**  
**NON-COLLUSIVE AFFIDAVIT FOR BID NO 2018-015**

State of Florida

County of MIAMI DADE

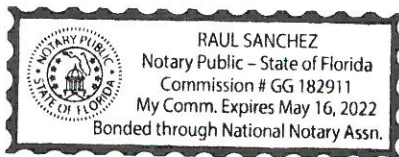
On this the 7<sup>th</sup> day of JUNE, 2018, before me, the undersigned Notary Public of the State of Florida, personally appeared

ETTORE J. DEBBRES and  
(Name(s) of individual(s) who appeared before notary)

whose name(s) is/are Subscribed to within the instrument, and he/she/they acknowledge that he/she/they executed it.

WITNESS my hand  
and official seal.

NOTARY PUBLIC  
SEAL OF OFFICE:



[Signature]  
NOTARY PUBLIC, STATE OF FLORIDA

RAUL SANCHEZ

(Name of Notary Public: Print,  
Stamp, or Type as Commissioned)

☒ Personally known to me, or  
☐ Produced identification:

\_\_\_\_\_  
(Type of Identification Produced)

☐ DID take an oath, or ☐ DID NOT take an oath



**BYRD ANTI LOBBYING CERTIFICATION FOR CONTRACTS, GRANTS, LOANS,  
AND COOPERATIVE AGREEMENTS**

**To be submitted with each bid or offer exceeding \$100,000**

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

The Contractor, PANTROPIC POWER Inc., certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. §3801 *et seq.* apply to this certification and disclosure, if any.

Etto J. Detorres

Signature of Contractor's Authorized Official

ETTORE J. DETORRES

Name and Title of Contractor's Authorized Official

Date 6/7/2018

**STATEMENT OF COMPLIANCE - SMALL AND MINORITY BUSINESSES, WOMEN'S BUSINESS ENTERPRISES, AND LABOR SURPLUS AREA FIRMS**

The undersigned Contractor hereby swears under penalty of perjury that Contractor took the following affirmative steps to assure that minority businesses, women's business enterprises, and labor surplus area firms were used when possible:

- (1) Placing qualified small and minority businesses and women's business enterprises on solicitation lists;
- (2) Assuring that small and minority businesses, and women's business enterprises are solicited whenever they are potential sources;
- (3) Dividing total requirements, when economically feasible, into smaller tasks or quantities to permit maximum participation by small and minority businesses, and women's business enterprises;
- (4) Establishing delivery schedules, where the requirement permits, which encourage participation by small and minority businesses, and women's business enterprises; and
- (5) Using the services and assistance, as appropriate, of such organizations as the Small Business Administration and the Minority Business Development Agency of the Department of Commerce.

Dated 6/7, 2018

PANTROPIC POWER INC

Contractor

By Ettore J. Detorres

(Signature)

By ETTORE J. DETORRES, VICE PRESIDENT  
(Name and Title)

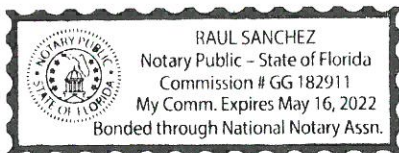
STATE OF FLORIDA )

) SS.

COUNTY OF MIAMI DADE )

The foregoing instrument was acknowledged before me this 7<sup>th</sup> day of JUNE, 2018, by ETTORE J. DETORRES who is personally known to me or who has produced as identification and who did/did not take an oath. WITNESS my hand and official seal, this 7<sup>th</sup> day of JUNE, 2018.

(NOTARY SEAL)



Raul Sanchez  
(Signature of person taking acknowledgment)

RAUL SANCHEZ  
(Print Name of officer taking acknowledgment)

(Title or rank)

My Commission expires:  
(Serial number, if any)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:
	PHONE (A/C, No, Ext):
INSURED	FAX (A/C, No):
	E-MAIL:
	ADDRESS:
	PRODUCER CUSTOMER ID #:
	INSURER(S) AFFORDING COVERAGE
	NAIC #
	INSURER A:
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

**COVERAGES**

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY POLICY OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN EXCEEDED BY PAID CLAIMS.

INBR LTR	TYPE OF INSURANCE	ADDITIONAL SUBROGATION	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS
	<b>GENERAL LIABILITY</b>					
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$ 1M
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$
						MED EXP (Any one person) \$ 5K
						PERSONAL & ADV INJURY \$ 1M
						GENERAL AGGREGATE \$ 1M
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG \$ 1M
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					\$
	<b>AUTOMOBILE LIABILITY</b>					
	<input checked="" type="checkbox"/> ANY AUTO					COMBINED SINGLE LIMIT (Ea accident) \$ 500K
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per person) \$
	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS					PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> NON-OWNED AUTOS					\$
						\$
	<b>UMBRELLA LIAB</b>	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	<b>EXCESS LIAB</b>	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	<b>DEDUCTIBLE</b>					\$
	<b>RETENTION \$</b>					\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input type="checkbox"/> N/A					<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	(Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below					E.L. EACH ACCIDENT \$ 100,000
						E.L. DISEASE - EA EMPLOYEE \$ 100,000
						E.L. DISEASE - POLICY LIMIT \$ 300,000

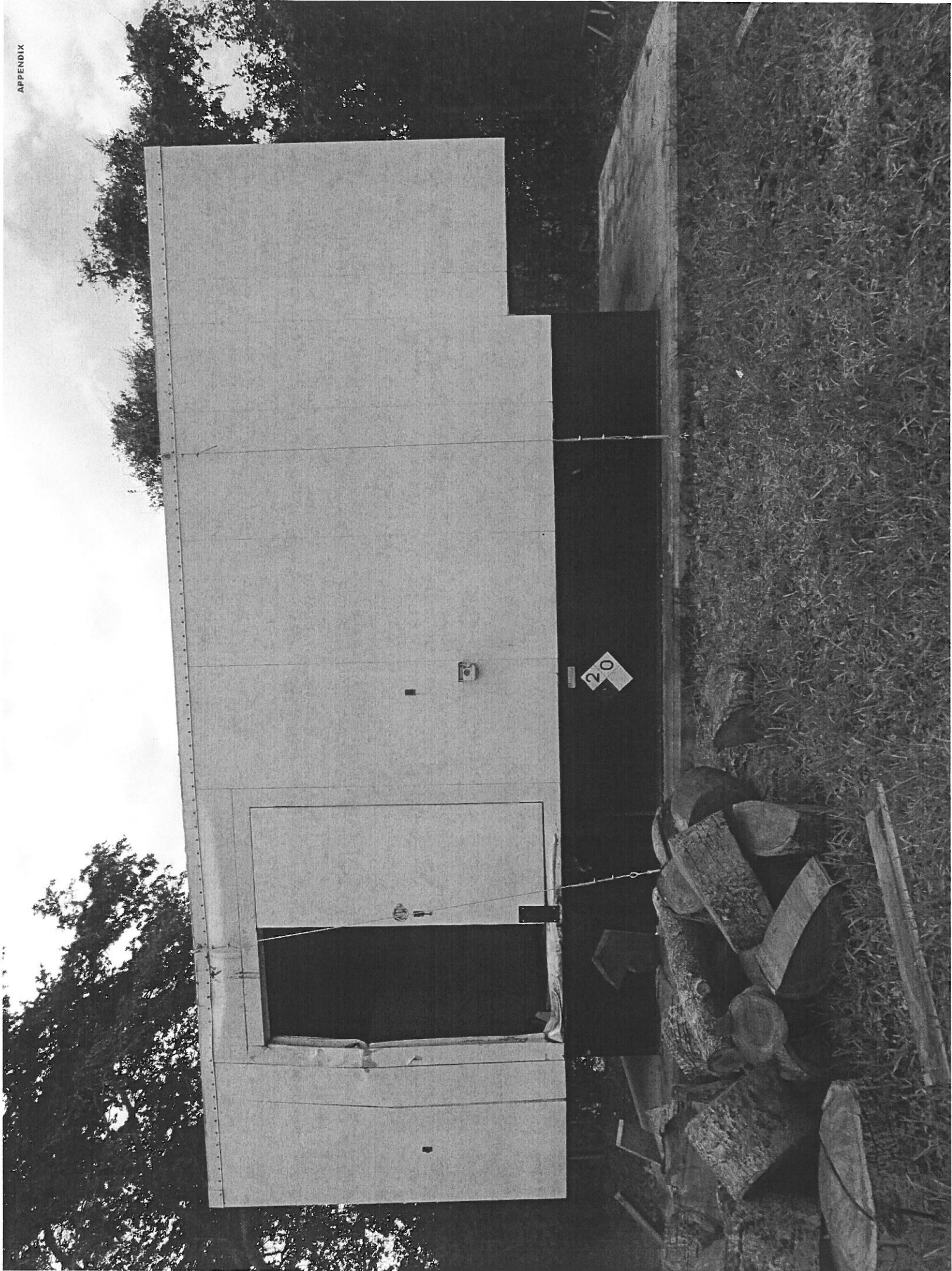
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

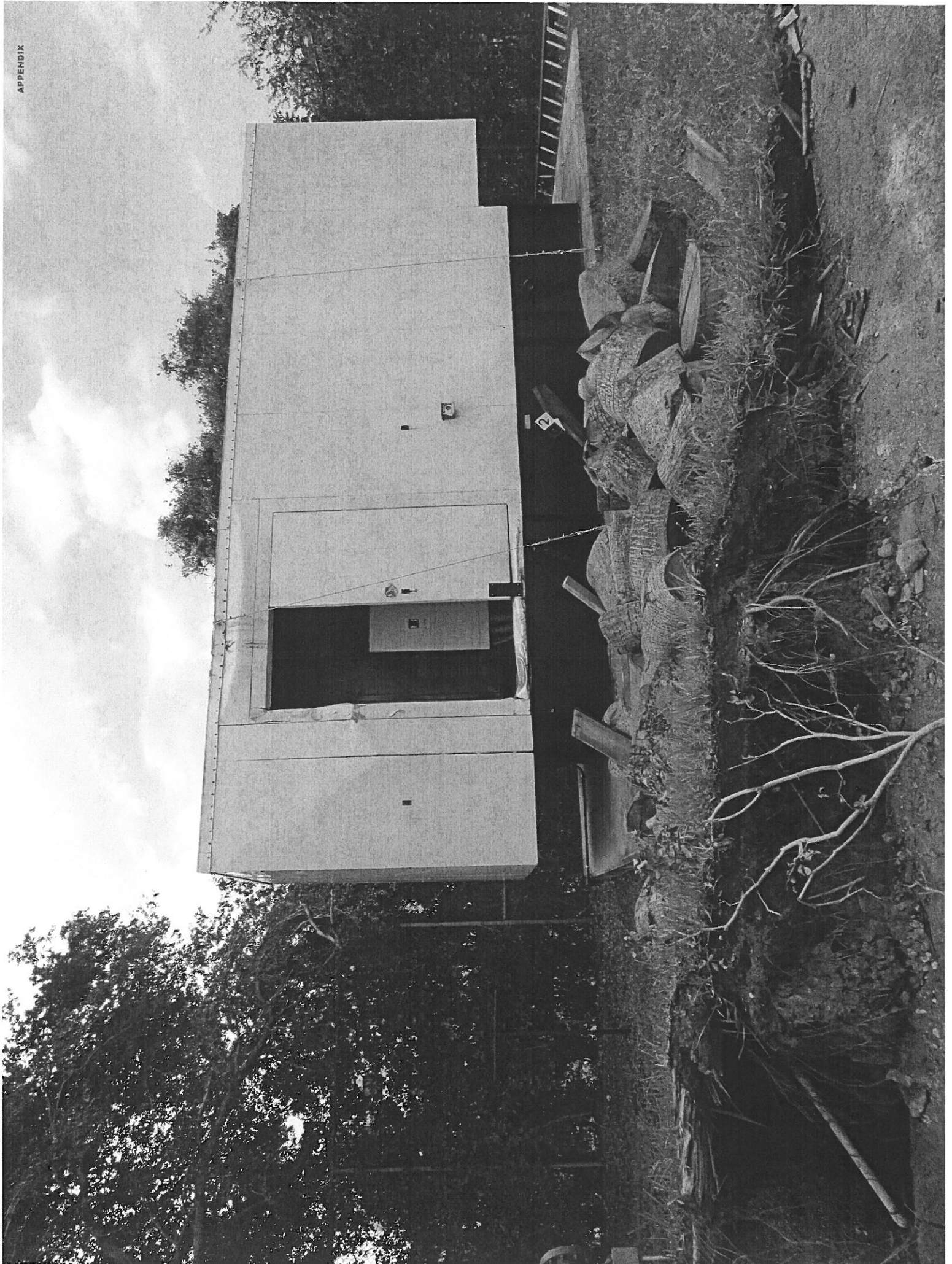
The City of Margate additional insured for General Liability Only

**CERTIFICATE HOLDER****CANCELLATION**

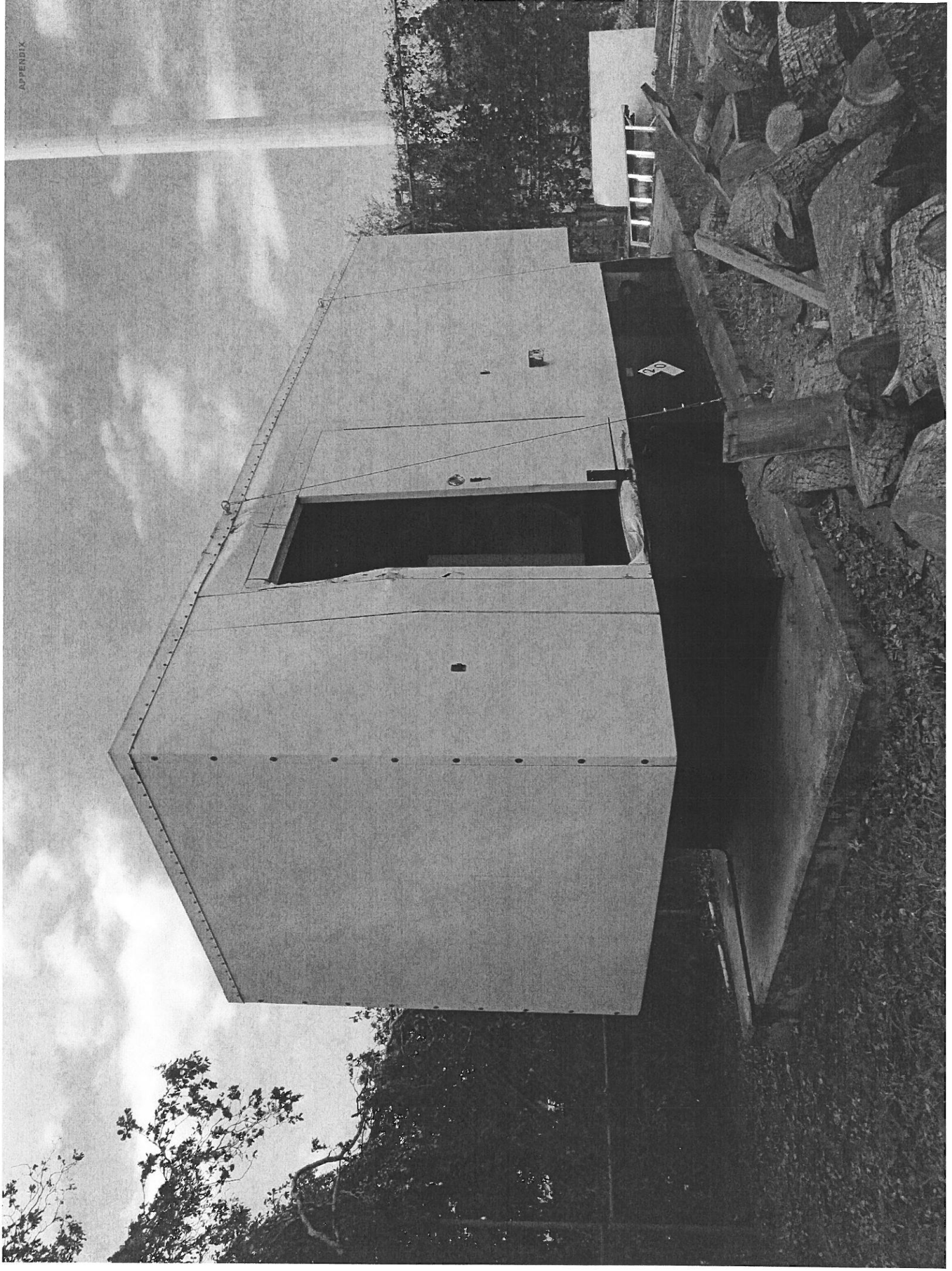
The City of Margate (Department Name) 5790 Margate Blvd Margate, Florida 33063	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE
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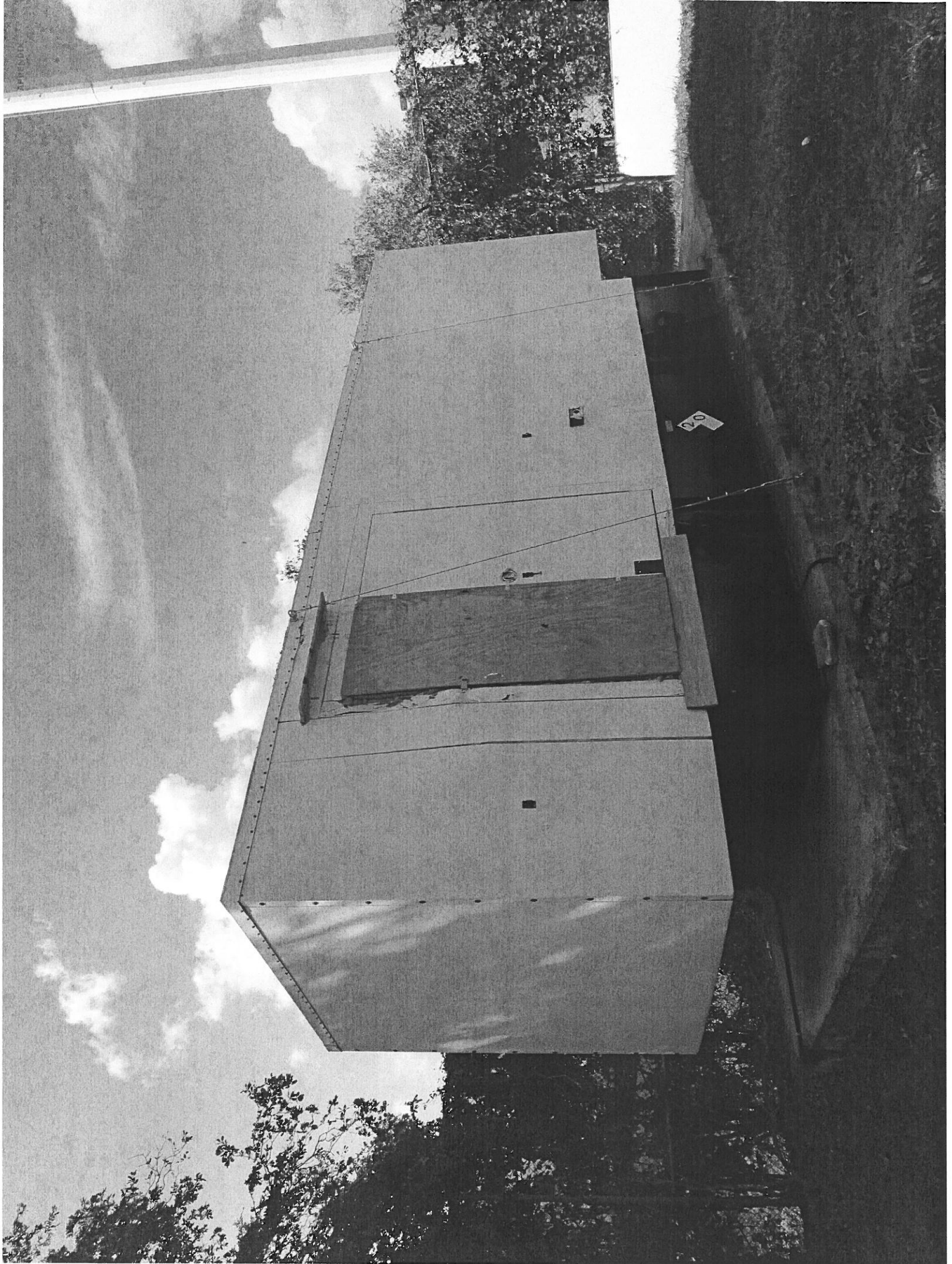




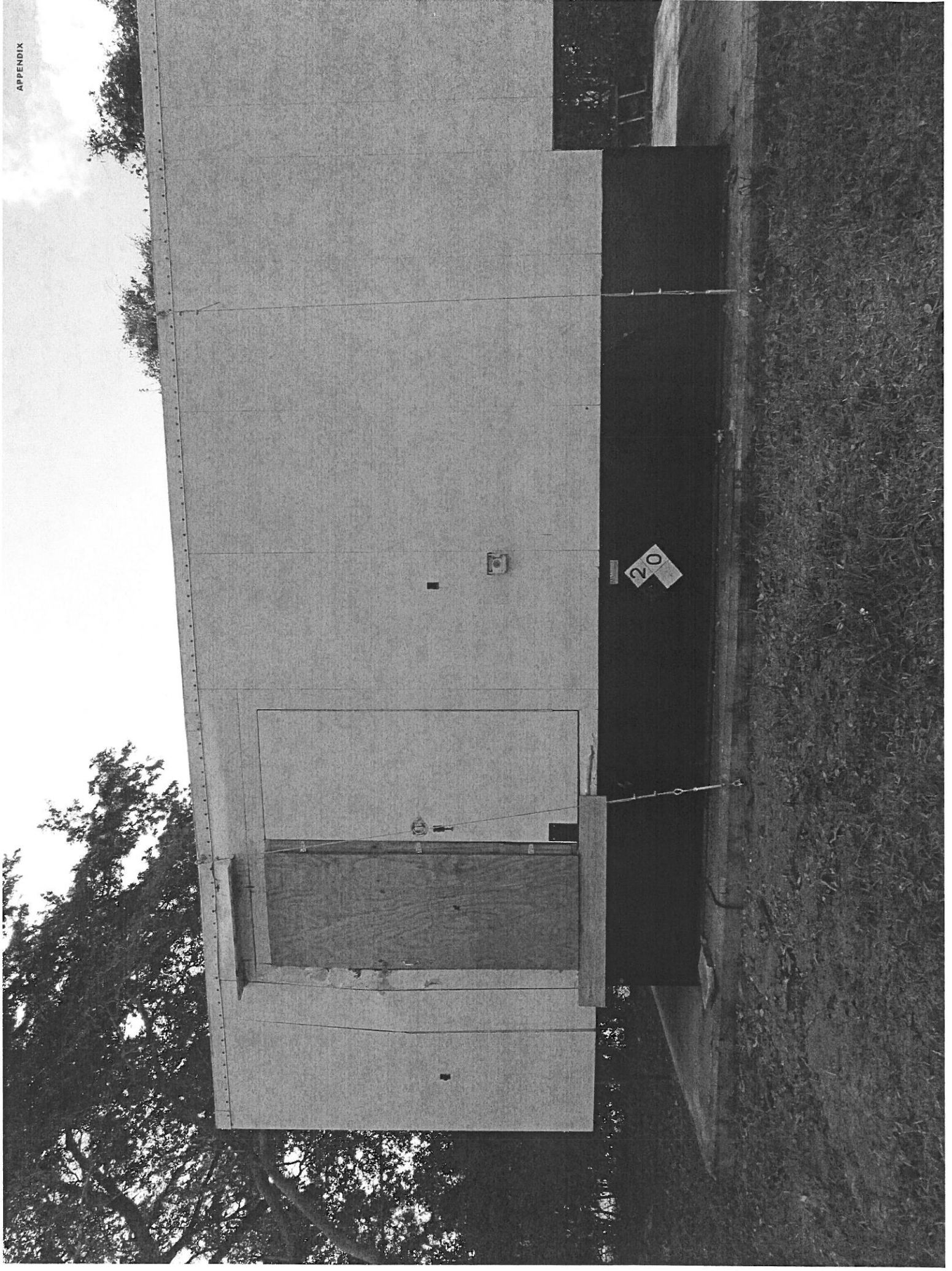














Telephone: (865) 583-3754  
Fax: (865) 584-6573  
Website: [www.WillisTowersWatson.com](http://www.WillisTowersWatson.com)  
E-mail: [Tina.Foster@WillisTowersWatson.com](mailto:Tina.Foster@WillisTowersWatson.com)

June 7, 2018

Pantropic Power, Inc.  
Attn: Ed Riveron  
8205 NW 58th St.  
Miami, FL 33166

RE: **Obligee: City of Margate**  
**Bid Bond for: Bid No. 2018-015 Generator Enclosure Replacment(Coral Gate)**  
**Bid Date: 6/12/2018**

As you requested, we are pleased to provide the attached bid bond documents. This bond has been executed based upon the information we received from your office.

Please note the bond must be signed by an authorized representative of your company and if applicable, sealed with the corporate seal. We urge you to check all bond documents, including signatures, dates, amounts, job description, Power of Attorney and any other attachments to avoid the possibility of having a low bid rejected. Additionally, please verify that the bid bond form attached is the form required by the specifications.

The Bid Bond authorization is based upon your original estimate. If the bid exceeds this estimate by 10% or more, the bond must be reauthorized by the surety. Please contact us for additional authority.

**Your bid results are very important. Please send your bid results to my email address shown above as soon as they are available.**

Thank you for the opportunity to service your surety needs. Should you have any questions, please do not hesitate to contact me or any member of your Willis surety team.

Sincerely,



Tina Foster

**BID BOND**

**KNOW ALL MEN BY THESE PRESENTS:**

That we Pantropic Power, Inc. as Principal,  
and Travelers Casualty and Surety Company of America as Surety, are held and  
firmly bound unto City of Margate, hereinafter called "City" in the sum of  
(\$ 5%) Five Percent (5%) of the Amount Bid\*\*\*\*\* dollars,  
(not less than 5 percent of the total amount of the bid) for the payment of which sum,  
well and truly to be made, we bind ourselves, our heirs, executors, administrators,  
successors, and assigns, jointly and severally, firmly by these presents.

**WHEREAS**, said Principal has submitted a bid to said City to perform the Work required  
under the bidding schedule of the City's Contract Documents entitled:

**BID NO. 2018-015 GENERATOR ENCLOSURE REPLACEMENT  
(CORAL GATE)**

**NOW THEREFORE**, if said Principal is awarded a contract by said City and, within the  
time and in the manner required in the "Notice Inviting Bids" and the "Instructions to  
Bidders" enters into a written Agreement on the form of the agreement bound with said  
Contract Documents, furnishes the required certificates of insurance, and furnishes the  
required Performance Bond, then this obligation shall be null and void, otherwise it shall  
remain in full force and effect. In the event suit is brought upon this bond by said City  
and City prevails, said Surety shall pay all costs incurred by said City in such suit,  
including a reasonable attorney's fee to be fixed by the court.

**SIGNED and SEALED**, this 12th day of June, 2018.

Pantropic Power, Inc.

(CONTRACTOR)

Travelers Casualty and Surety Company of America

(SURETY)

By: \_\_\_\_\_  
(SIGNATURE)

By: Tina Foster  
(SIGNATURE)

Tina Foster, Attorney-In-Fact

STATE OF FLORIDA, COUNTY OF BROWARD:

BEFORE ME PERSONALLY APPEARED THE ABOVE, KNOWN TO ME TO BE THE PERSONS  
DESCRIBED IN AND WHO EXECUTED THE FOREGOING INSTRUMENT, AND  
ACKNOWLEDGED TO AND BEFORE ME THAT THEY EXECUTED SAID INSTRUMENT FOR  
THE PURPOSES THEREIN EXPRESSED.

WITNESS MY HAND AND OFFICIAL SEAL, THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2018

NOTARY PUBLIC: \_\_\_\_\_





## POWER OF ATTORNEY

Farmington Casualty Company  
 Fidelity and Guaranty Insurance Company  
 Fidelity and Guaranty Insurance Underwriters, Inc.  
 St. Paul Fire and Marine Insurance Company  
 St. Paul Guardian Insurance Company

St. Paul Mercury Insurance Company  
 Travelers Casualty and Surety Company  
 Travelers Casualty and Surety Company of America  
 United States Fidelity and Guaranty Company

Attorney-In Fact No.

232076

Certificate No.

007196554

**KNOW ALL MEN BY THESE PRESENTS:** That Farmington Casualty Company, St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company are corporations duly organized under the laws of the State of Connecticut, that Fidelity and Guaranty Insurance Company is a corporation duly organized under the laws of the State of Iowa, and that Fidelity and Guaranty Insurance Underwriters, Inc., is a corporation duly organized under the laws of the State of Wisconsin (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint

Richard C. Rose, Janice Fennell, Jeremy C. Rose, Keri Ann Smith, Aiza Lopez, Aimee R. Perondine, Stacy Rivera, Jennifer M. Garten, Joshua Sanford, Sue J. Hill, Autumn Schneider, and Tina Foster

of the City of Knoxville, State of Tennessee, their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed and their corporate seals to be hereto affixed, this 20th day of April, 2017.

Farmington Casualty Company  
 Fidelity and Guaranty Insurance Company  
 Fidelity and Guaranty Insurance Underwriters, Inc.  
 St. Paul Fire and Marine Insurance Company  
 St. Paul Guardian Insurance Company

St. Paul Mercury Insurance Company  
 Travelers Casualty and Surety Company  
 Travelers Casualty and Surety Company of America  
 United States Fidelity and Guaranty Company



State of Connecticut  
 City of Hartford ss.

By:

Robert L. Raney, Senior Vice President

On this the 20th day of April, 2017, before me personally appeared Robert L. Raney, who acknowledged himself to be the Senior Vice President of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal.  
 My Commission expires the 30th day of June, 2021.



*Marie C. Tetreault*  
 Marie C. Tetreault, Notary Public

To Whom It May Concern:

Pantropic Power has been serving South Florida's engine needs for over 65 years. We currently have 210 experienced and friendly employees operating eight (8) locations.

Pantropic Power's corporate headquarters are located at 8205 NW 58<sup>th</sup> Street in Miami, Florida, with stores throughout South Florida at Miami River, Marathon, Fort Lauderdale, West Palm Beach, Stuart, Fort Myers and Naples. Our corporate web site address is [www.pantropic.com](http://www.pantropic.com).

Pantropic Power is the Authorized Caterpillar Power Systems Dealer for Southern Florida. We carry a complete line of Cat Electrical Power Generation Systems, Industrial, Agricultural and Pumping Systems, Turnkey Rental Electrical Power and Air Conditioning Systems. As well as ZF & Twin Disk Marine Gears, Kilopak Marine Generators, Goulds, Cornell, Simflo and PumpMax Pumps, AP and Twin Disk Clutches, Lincoln Electric Motors and Custom Packaged Systems.

Pantropic Power offers full service product support like, the only closed pump test loop in South Florida, transmission and gear service, engine rebuild services, resistive and reactive load banks, engine and truck full-chassis dynamometers, preventive maintenance, customer service agreements and oil sample analysis.

Pantropic Power's Parts Department has over \$3 Million in inventory and 98% parts availability within 24 hours, on all Genuine Caterpillar Parts. We also have the support of a Caterpillar Parts Depot, located in Miami, with an in-stock fill ratio of over 87%.

Pantropic Power's Service Departments offer 24 hour, 7 days a week emergency service. We have a fleet of service vehicles and over 150 trained technicians, mostly bilingual, and full in-house service capabilities.

**Miami**  
8205 NW 58 Street  
Miami, FL 33166  
305.592.4944 tel  
305.477.1943 fax

**Fort Lauderdale**  
2501 State Road 84  
Ft. Lauderdale, FL 33312  
954.797.7972 tel  
954.791.7719 fax

**West Palm Beach**  
5460 Okeechobee Boulevard  
West Palm Beach, FL 33417  
561.640.0818 tel  
561.640.7894 fax

**Stuart**  
272 N. Flagler Avenue  
Stuart, FL 34994  
772.692.3442 tel  
772.692.9757 fax

**Fort Myers**  
2471 Rockfill Road  
Fort Myers, FL 33916  
239.337.4222 tel  
239.337.4211 fax

## 702 - DRUG AND ALCOHOL USE

It is the expressed intent of Pantropic Power to assist employees in remedying any medical problems related to the use of any drug, medication or alcohol, which may adversely affect satisfactory performance. Our medical plan provides for such assistance to our employees and their insured family members, through hospitals, treatment programs, Alcoholics Anonymous, Narcotics Anonymous, and other providers devoted to the rehabilitation of substance abusers.

To maintain a workplace free from illegal drugs and unauthorized alcohol consumption, employees on company property will be subject to questions and a search at any time, when reasonable suspicion exists of the unlawful manufacture, distribution, possession or use of a controlled substance on company property, or while conducting company business off company property. Employee lockers, desks, vehicles, handbags, briefcases, lunchboxes and other possessions may be subject to search. An employee who appears impaired while on the job may be asked to submit to a blood test or a urinalysis. Random drug tests will be conducted during the year.

We will post a notice in conspicuous places informing employees of this policy. This policy will state:

Pantropic Power reserves the right to question and search employees on its property at any time, when reasonable suspicion exists of the unlawful manufacture, distribution, possession or use of a controlled substance while on company property. Employee's vehicles, lockers, packages, handbags, briefcases, lunchboxes and other possessions may also be subject to a search. An employee who appears impaired may be asked to submit to a blood test or urinalysis.

Your cooperation in these procedures is a condition of your initial employment and continued employment.

Since this Drug Free Workplace program will benefit all concerned, we expect and appreciate your full cooperation.

### **Related Policy**

- a. Pantropic Power requires its employees to report to work and perform their duties without any adverse effects due to the use or abuse of any drug, medication or alcohol.
- b. The use of intoxicants or drugs, or engaging in any illegal activity on company grounds is considered grounds for termination.
- c. Chemically dependent employees who voluntarily enroll in substance cessation programs will receive the same health and leave benefits available to others. Chemically dependent employees will be treated exactly the same as any other employee with any other health issue. After all, chemical dependency is considered a bona fide and debilitating medical problem. However, these employees are still subject to progressive counseling and discipline up to and including termination when they become unavailable for work due to absences resulting from substance abuse, become unavailable for work due to extended treatment programs not covered under FMLA, or when employment problems emerge caused by untreated substance abuse, or when unsatisfactory performance occurs, which may or may not be related to their present or former substance abuse issues but happen to coincide.

d. Employees who arrive at work and are considered by their supervisors to be unfit for duty due to substance abuse while at work or at a business function, can expect one or more of the following events to occur:

1. Have their performance/behavior witnessed and documented.
2. Be questioned in private as to the nature of their problem.
3. Be asked to undergo an evaluation.
4. Be disciplined for insubordination if any of the evaluation is refused.
5. Be prohibited from returning to the work site until proven to be fit for duty.
6. Be drug/alcohol tested where reasonable suspicion exists.
7. Be terminated for being under the influence of controlled substances or alcohol.

Employees who unlawfully possess, use, distribute or convert habit-forming drugs for their own use or benefit will be terminated.

[Florida Department of State](#)

DIVISION OF CORPORATIONS

[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Detail By Document Number](#) /**Detail by Entity Name**

Florida Profit Corporation  
PANTROPIC POWER, INC.

**Filing Information**

<b>Document Number</b>	M43936
<b>FEI/EIN Number</b>	59-2749643
<b>Date Filed</b>	12/29/1986
<b>State</b>	FL
<b>Status</b>	ACTIVE
<b>Last Event</b>	NAME CHANGE AMENDMENT
<b>Event Date Filed</b>	05/27/2004
<b>Event Effective Date</b>	NONE

**Principal Address**

8205 N.W. 58TH STREET  
DAMIEN STEWART  
MIAMI, FL 33166

Changed: 03/08/2013

**Mailing Address**

8205 N.W. 58TH STREET  
DAMIEN STEWART  
MIAMI, FL 33166

Changed: 03/08/2013

**Registered Agent Name & Address**

BOTAS, LUIS  
8205 N.W. 58TH STREET  
MIAMI, FL 33166

Name Changed: 02/25/1992

Address Changed: 02/12/1987

**Officer/Director Detail****Name & Address**

Title PD

BOTAS, LUIS

8205 NW 58TH ST.  
MIAMI, FL 33166-3406

Title D

KELLY, ROBERT JR.  
8205 NW 58TH ST.  
MIAMI, FL 33166-3406

Title D

VARTIANIAN, CHRISTABEL  
8205 NW 58TH ST.  
MIAMI, FL 33166-3406

Title D

KELLY, CHRISTOPHER L.  
8205 NW 58TH STREET  
MIAMI, FL 33166-3406

Title VP/SECRETARY

DETORRES, ETTORE J  
8205 NW 58TH STREET  
MIAMI, FL 33166-3406

Title ACCOUNTING MANAGER

VIALES, HAROLD  
8205 N.W. 58TH STREET  
DAMIEN STEWART  
MIAMI, FL 33166

#### Annual Reports

Report Year	Filed Date
2016	03/03/2016
2017	03/15/2017
2018	02/28/2018

#### Document Images

<a href="#">02/28/2018 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/15/2017 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/03/2016 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/20/2015 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/26/2014 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">07/08/2013 -- AMENDED ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/08/2013 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/07/2012 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/29/2012 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/10/2011 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/14/2018

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<b>PRODUCER</b> Commercial Lines - (305) 443-4886 USI Insurance Services National, Inc. 2601 South Bayshore Drive, Suite 1600 Coconut Grove, FL 33133	<b>CONTACT NAME:</b> Elizabeth Esquivel <b>PHONE (A/C, No, Ext):</b> 305-443-4886 <b>FAX (A/C, No):</b> 610-537-2273 <b>E-MAIL ADDRESS:</b> Elizabeth.Esquivel@usi.com														
<b>INSURED</b> Pantropic Power, Inc. 8205 NW 58th Street Miami FL 33166	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Old Republic Insurance Company</td> <td>24147</td> </tr> <tr> <td>INSURER B : Commerce &amp; Industry Insurance Company</td> <td>19410</td> </tr> <tr> <td>INSURER C : Liberty Mutual Insurance Co.</td> <td>23043</td> </tr> <tr> <td>INSURER D : American Insurance Company</td> <td>21857</td> </tr> <tr> <td>INSURER E : Navigators Specialty Insurance Company</td> <td>36056</td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Old Republic Insurance Company	24147	INSURER B : Commerce & Industry Insurance Company	19410	INSURER C : Liberty Mutual Insurance Co.	23043	INSURER D : American Insurance Company	21857	INSURER E : Navigators Specialty Insurance Company	36056	INSURER F :	
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**COVERAGES****CERTIFICATE NUMBER:** 12828341**REVISION NUMBER:** See below

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	X		MWZY312259	03/1/2018	03/1/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> GKLL <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X		MWBTB312258	03/01/2018	03/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$			063718457	03/01/2018	03/01/2019	EACH OCCURRENCE \$ \$25,000,000 AGGREGATE \$ \$25,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	MWC31226000	03/01/2018	03/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C D E	Excess Liability Excess Liability Excess Liability			1000086144 SHX000246 GA18FXR805	03/01/2018 03/01/2018 03/01/2018	03/01/2019 03/01/2019 03/01/2019	\$25,000,000 \$25,000,000 \$25,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

City of Margate is listed as additional insured for General Liability and Auto Liability only for operations of the named insured on behalf of the additional insured as per written contract.

**CERTIFICATE HOLDER****CANCELLATION**

City Of Margate  
 5790 Margate Blvd  
 Margate, FL 33063

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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ACORD 25 (2016/03)

(This certificate replaces certificate# 12828340 issued on 3/14/2018)

MIAMI-DADE



DATE: 07/16/2005

TIME: 14:06:45

TAX COLLECTION DIVISION  
140 W. FLAGLER STREET  
MIAMI, FLORIDA 33130  
LIC YEAR: 2005

OCCUPATIONAL LICENSE  
PUBLIC ACCOUNT INQUIRY

ACCOUNT : 559031-1

BUSINESS :

NAME: PANTRONIC POWER INC

ADDR: 8205 NW 58 ST

ZIP: 33166 MUN: 30

CORPORATION (M A I L I N G) :

NAME: PANTRONIC POWER INC

ADDR: 8205 NW 58 ST

ZIP: 33166

OTHER INFORMATION :

PF-FOLIO: 00 000000

RE-FOLIO: 30 3015 001 0390

COMM-DATE: 00/0000  
DELETE-ST:

SURVE:

C/O:

CITY: MIAMI

STATE: FL

ENTRY-DATE: 06/30/20  
ENTRY-TYPE: T

\* \* \* \* \*  
LICENSE DESCRIPTION  
X 169575-9 RETAIL STORE  
AMOUNT-DUE D/R PD LEGAL  
25.00 0  
PG

F1=MENU CLEAR=PREV SCR F4=MENU LIC ENTER=LICENSE

IMPORTANT: THE INFORMATION HEREIN DOES NOT NECESSARILY CONTAIN ALL PERTINENT FACTS WITH REGARDS TO  
REAL ESTATE CLOSINGS AND OTHER SIMILAR ACTIVITIES.

**Fuel/Pollutants License**

Issued Pursuant to Chapter 206, Florida Statutes

DR-114  
R. 02/05  
12/30/16PANTROPIC POWER INC  
ATTN MARLENE FERNANDEZ  
8205 NW 58TH ST  
DORAL FL 33166-3406

Dear Taxpayer:

Attached below is your Fuel/Pollutants tax license issued pursuant to Chapter 206 of the Florida Statutes. This authorizes the license holder to engage in the fuel/pollutants activity classifications listed on the license. The license must be displayed conspicuously at the principal place of business. The license is only valid for the person/business named and cannot be transferred or assigned to another entity or person. Whenever the license is held by a corporation or business entity, there can be no change of stock, ownership, or equity without prior approval by the Department. The license is only valid through the expiration date listed. If no expiration date is listed, the license is valid until notified by the Department.

**Fuel/Pollutants License**

Issued Pursuant to Chapter 206, Florida Statutes

DR-114  
R. 02/05  
12/30/16License Number: 384901  
FEIN Number: 59-2749643

Expiration Date: 12/31/2017

License Activity: Pollutants-Importer  
CarrierPANTROPIC POWER INC  
ATTN MARLENE FERNANDEZ  
8205 NW 58TH ST  
DORAL FL 33166-3406

Location:

**License is Not Transferable – It Must be Posted in a Conspicuous Place**

This business has complied with the required provisions of Chapter 206, Florida Statutes, and is authorized to engage in fuel activities under the license activity classification listed above. If no expiration date is listed, the license is valid until notified by the Department of Revenue.



**Florida Department of  
Environmental Protection**

Bob Martinez Center  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

Rick Scott  
Governor

Carlos Lopez-Cantera  
Lt. Governor

Jonathan P. Steverson  
Secretary

March 21, 2016

Yohana Rivero  
Pan Tropic Power  
8205 NW 58th St  
Miami, FL 33166

**BE IT KNOWN THAT**

Pan Tropic Power  
8205 NW 58th St  
Doral, FL 33166- 3406

**IS HEREBY REGISTERED AS A USED OIL**

Transporter, Marketer, Filter Transporter

pursuant to Chapter 62-710, Florida Administrative Code (F.A.C.)

For regulatory guidance, go to:

[http://www.dep.state.fl.us/waste/categories/used\\_oil/default.htm](http://www.dep.state.fl.us/waste/categories/used_oil/default.htm)

The Department of Environmental Protection hereby issues

Registration Number **FLD982091787** on March 21, 2016

Transporter Type: **FH**

**This registration will expire on 6/30/2017**

This certificate documents receipt of your annual registration  
and annual report. It shall be displayed in a prominent place  
at your facility. This certificate and your cancelled check  
are your receipts.

A handwritten signature in cursive script that reads "Janet Ashwood".

**Janet Ashwood  
Engineer Specialist III  
Hazardous Waste Regulation Permitting**





STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

ELECTRICAL CONTRACTORS LICENSING BOARD  
1940 NORTH MONROE STREET  
TALLAHASSEE FL 32399-0783

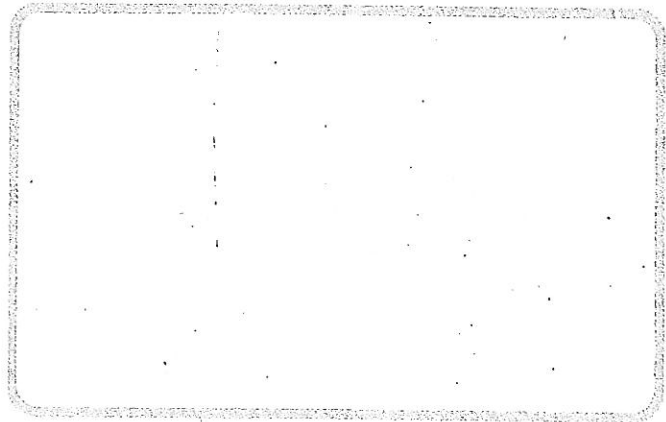
(850) 487-1395

MOWERY, WILLIAM LEE  
SOUTH FLORIDA UTILITIES INC  
640 SE 10TH STREET  
POMPANO BEACH FL 33060

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbecue restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto [www.myfloridalicense.com](http://www.myfloridalicense.com). There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
ELECTRICAL CONTRACTORS LICENSING BOARD

LICENSE NUMBER

EC13002340

The ELECTRICAL CONTRACTOR  
Named below IS CERTIFIED  
Under the provisions of Chapter 489 FS.  
Expiration date: AUG 31, 2018

MOWERY, WILLIAM LEE  
SOUTH FLORIDA UTILITIES INC  
736 NW 8TH AVENUE  
FORT LAUDERDALE FL 33311



ISSUED: 06/15/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1606150001667



STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD  
1940 NORTH MONROE STREET  
TALLAHASSEE FL 32399-0783

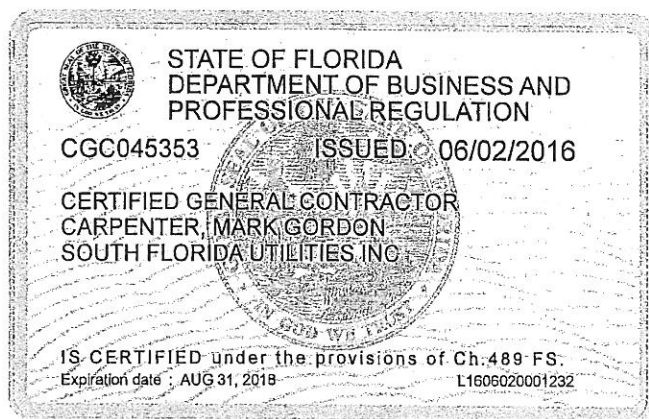
(850) 487-1395

CARPENTER, MARK GORDON  
SOUTH FLORIDA UTILITIES INC  
736 NW 8TH AVE  
FORT LAUDERDALE FL 33311

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Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD

LICENSE NUMBER

CGC045353

The GENERAL CONTRACTOR  
Named below IS CERTIFIED  
Under the provisions of Chapter 489 FS.  
Expiration date: AUG 31, 2018

CARPENTER, MARK GORDON  
SOUTH FLORIDA UTILITIES INC  
736 NW 8TH AVE  
FORT LAUDERDALE FL 33311



ISSUED: 06/02/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1606020001232



Governmental Center Annex  
115 S. Andrews Avenue, Room A680 • Fort Lauderdale, Florida 33301 • 954-357-6400 • FAX 954-357-5674 • TTY 954-357-5664

## Office of Economic and Small Business Development

*This Certificate is Awarded to:*  
**SOUTHFLORIDA UTILITIES, INC.**

As set forth in the Broward County Business  
Opportunity Act of 2012, the certification requirements  
have been met for:

**County Business Enterprise  
Small Business Enterprise  
Anniversary Date: April 15<sup>th</sup>**

A handwritten signature in cursive script, appearing to read "Mrs. Anderson", written over a horizontal line.

Authorized Representative

The Office of Economic and Small Business Development must be notified within 30 days of any material changes in the business which may affect ownership and control.  
Failure to do so may result in the revocation of this certificate and/or imposition of other sanctions.

A service of the Broward County Board of County Commissioners  
[www.broward.org/smallbusiness](http://www.broward.org/smallbusiness)