

COMPANY PROFILE

SANTA ROSA BODY SHOP
d/b/a
CAFFI BROTHERS BODY SHOP

500 S. DIXIE HWY. HOLLYWOOD, FLA. 33020

TEL: 954 927 0701

FAX: 954 927 5571

E-MAIL: caffib@bellsouth.net

SANTA ROSA BODY SHOP, also known as CAFFI BROTHERS BODY SHOP, was founded in Fort Lauderdale, Fl in 1990, serving for 26 consecutives years to the community of South Florida.

From the beginning the Company concentrated his efforts to the service of fleet vehicles from enterprises and organizations as Rentals, Counties, Municipalities etc., extending its repair works and paint not only to cars, but to small, medium and large trucks and to utility vehicles, including sweepers, garbage trucks, generators, water pumps, cranes, etc.

At this present time, we provide services to customers as Broward County, City of Miramar, City of Hollywood, City of Fort Lauderdale (utility vehicles), City of Golden Beach, Port Everglades Executive Airport, and many rentals companies in the areas of Miami, Broward and Palm Beach as Enterprises, Hertz, National, Budget, Avis, Thrifty. We extend our service to Insurance Companies, car dealers and many private customers.

All this customers have been for many years trusting in our services and even some of them from the beginning of our operations.

At this time, the Company keep all its licensees and insurance program up to date. (See attachments)

The property location owned by Caffi Brothers is 500 S. Dixie Hwy with a space of 62,500 sq. feetas the main building, and a additional parking lot of

5,835 sq. feet totally protected with a modern security system with 16 video cameras and fences providing the best protection needed for us and our customer vehicles.

Caffi Brothers is a fully equipped Body Shop that make its possible to repair a large amount of vehicles using the newest elements available for the auto repair business (List attached).

We are including a set of pictures to give a graphic idea to support the information provided.



July 7, 2015

Caffi Brothers Body Shop
500 South Dixie Hwy
Hollywood, FL 33020

Mayor

Wayne M. Messam

Vice Mayor

Darline B. Riggs

City Commission

Winston F. Barnes

Maxwell B. Chambers

Yvette Colbourne

City Manager

Kathleen Woods-Richardson

**NOTICE OF AWARD
FOR
RFQ# Collision Repair Services**

Please be advised that on June 24, 2015, the City of Miramar ("City") advertised RFQ# PW-7215COL for Collision Repair Services. July 2, 2015 the City received four (4) responses to RFQ# PW-7215COL, Collision Repair Services, city staff reviewed the responses and it was determined Caffi Brothers Body Shop will be the primary vendor for collision repair services at the hourly rate of \$22.00.

The contract is for a period of one year with one additional one-year renewal.

Thank You,
The City of Miramar's
Procurement Department

**"We're at the
Center of Everything"**

**Procurement Division
City of Miramar**
2300 Civic Center Place
Miramar, Florida 33025

Phone (954) 602-3053
FAX (954) 602-3525



Finance and Administrative Services Department

PURCHASING DIVISION

115 S. Andrews Avenue, Room 212 • Fort Lauderdale, Florida 33301 • 954-357-6066 • FAX 954-357-8535

TRANSMITTED VIA EMAIL

April 10, 2015

Santa Rosa Body Shop, Inc. DBA Caffi Brothers Body Shop
500 South Dixie Highway
Hollywood, FL 33020
Email: caffib@bellsouth.net and mariosales3@aol.com

RE: Solicitation No. V1310308B1 - Paint and Body Repairs for Motor Vehicles

Dear Mr. Mario Sales,

This is to confirm that the Director of Purchasing has accepted your solicitation response on the above-referenced solicitation.

A Bid tabulation of all Bids received is enclosed, with item(s) awarded to your firm indicated.

The Contract is in effect for the period beginning April 17, 2015 and ending April 16, 2016. Purchase Order(s) will be placed by Using Agencies as and when required.

A copy of this Notice is being provided to the Lead Using Agency.

Thank you for your interest in doing business with Broward County.

Sincerely,

Brenda J. Billingsley, Director
Purchasing Division

By: **MARIE WILLIAMS**
Digitally signed by MARIE WILLIAMS
DN: dc=cy, dc=broward, dc=bc,
ou=Organization, ou=BCC, ou=PU,
ou=Users, cn=MARIE WILLIAMS
Date: 2015.04.10 12:20:34 -0400
Marie Williams, Purchasing Agent IV

C: Locksley Rhoden, Fleet Services Division

Award Letter Contingent to Vendor
Rev. 3/27/2014

A Service of the Broward County Board of County Commissioners
Excellence in Public Procurement – Our Best. Nothing Less.

Bid No. V1310308B1
 Paint and Body Repairs for Motor Vehicles
 Agency: Fleet Services Division
 Purchasing Agent: Marie Williams

Date Bid Posted: 2/19/15
 Date Bid Opened: 3/4/15
 Bid Submittals: 5
 Declinations: 0



Tabulation of Bids		American Import Car Center, Inc. 2035 Scott Street Hollywood, FL 33020		Santa Rosa Body Shop, Inc. DBA Carri Brothers Body Shop 500 South Dixie Highway Hollywood, FL 33020		Pompano Automotive Associates, LLC 909 South Federal Highway Pompano Beach, FL 33062		DJ Auto Collision Center, Inc. 3589 NW 52 Street Miami, FL 33169		Vera Cadillac-Buick-GMC 300 S. University Drive Pembroke Pines, FL 33025			
Item	Description	Annual Estimated Quantity	Unit	Unit Price	Total Price	Unit Price	Total Price	Unit Price	Total Price	Unit Price	Total Price		
1	Paint and Body Repair for Auto and Light Trucks	800	Hours	\$23.00	\$18,400.00	\$24.00	\$19,200.00	\$30.00	\$24,000.00	\$30.00	\$24,000.00	\$36.00	\$28,800.00
				Fixed Percentage Discount	Total Price with Applied Discount	Fixed Percentage Discount	Total Price with Applied Discount	Fixed Percentage Discount	Total Price with Applied Discount	Fixed Percentage Discount	Total Price with Applied Discount	Fixed Percentage Discount	Total Price with Applied Discount
				20%	\$9,600.00	15%	\$10,200.00	22%	\$9,360.00	10%	\$10,800.00	30%	\$8,400.00
2	Miscellaneous OEM Repair Parts for Auto and Light Trucks				\$9,600.00		\$10,200.00		\$9,360.00		\$10,800.00		\$8,400.00
				20%	\$9,600.00	15%	\$10,200.00	22%	\$9,360.00	10%	\$10,800.00	30%	\$8,400.00
3	Miscellaneous Aftermarket Repair Parts for Auto and Light Trucks				\$9,600.00		\$10,200.00		\$9,360.00		\$10,800.00		\$8,400.00
				20%	\$9,600.00	15%	\$10,200.00	22%	\$9,360.00	10%	\$10,800.00	30%	\$8,400.00
	Total:				\$37,600.00		\$39,600.00		\$42,720.00		\$45,600.00		\$45,600.00
					AWD (Primary)		AWD (Secondary)		AWD (Tertiary)				

Tabulation of Bids		American Import Car Center, Inc.		Santa Rosa Body Shop, Inc. DBA Carri Brothers Body Shop		DJ Auto Collision Center, Inc.		Pompano Automotive Associates, LLC		Vera Cadillac-Buick-GMC	
Item	Description	Annual Estimated Quantity	Unit	Unit Price	Total Price	Unit Price	Total Price	Unit Price	Total Price	Unit Price	Total Price
1	Paint and Body Repair for Medium and Heavy Trucks	1,000	Hours	\$23.00	\$23,000.00	\$24.00	\$24,000.00	\$40.00	\$40,000.00	NO BID	NO BID
				Fixed Percentage Discount	Total Price with Applied Discount	Fixed Percentage Discount	Total Price with Applied Discount	Fixed Percentage Discount	Total Price with Applied Discount	Fixed Percentage Discount	Total Price with Applied Discount
				20%	\$12,000.00	15%	\$12,750.00	10%	\$13,500.00	NO BID	NO BID
2	Miscellaneous OEM Repair Parts for Medium and Heavy Trucks				\$12,000.00		\$12,750.00		\$13,500.00		NO BID
				20%	\$12,000.00	15%	\$12,750.00	10%	\$13,500.00		NO BID
3	Miscellaneous Aftermarket Repair Parts for Medium and Heavy Trucks				\$12,000.00		\$12,750.00		\$13,500.00		NO BID
				20%	\$12,000.00	15%	\$12,750.00	10%	\$13,500.00		NO BID
	Total:				\$47,000.00		\$49,500.00		\$87,000.00		NO BID
					AWD (Primary)		AWD (Secondary)		AWD (Tertiary)		

Prepared By: Marie Williams



CITY OF HOLLYWOOD, FLORIDA
TREASURY SERVICES DIVISION/LOCAL BUSINESS TAX RECEIPT
2600 HOLLYWOOD BOULEVARD, P. O. BOX 229045, HOLLYWOOD, FL 33022-9045
TELEPHONE (954) 921-3225, FAX (954) 921- 3056

BUSINESS NAME: Caffi Brothers
MAILING ADDRESS: 500 S. Dixie Hwy
MAILING ADDRESS 2:
CITY, STATE, ZIP:Hollywood, Fl 33020

DEAR BUSINESS OWNER:

THIS LETTER SERVES AS YOUR TEMPORARY LOCAL BUSINESS TAX RECEIPT FOR THE CURRENT TAX YEAR. YOU WILL RECEIVE YOUR PERMANENT LOCAL BUSINESS TAX RECEIPT IN THE MAIL WITHIN THE NEXT FIFTEEN (15) WORK DAYS. PLEASE POST THIS RECEIPT IN A CONSPICUOUS PLACE AT THE BUSINESS LOCATION. PLEASE DO NOT REMIT ANY PAYMENT. **THIS IS NOT A BILL.**

CITY OF HOLLYWOOD/LOCAL BUSINESS TAX RECEIPT

Business Name: Caffi brothers
Business Location: 500 s Dixie Hwy
Business Class:Body Shop
Tax Year: FY 2016
Expiration Date: 09/30/16

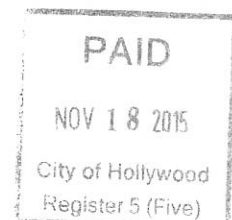
Total Amount Paid: \$ 316.00

PURSUANT TO STATE LAW, THE LOCAL BUSINESS TAX RECEIPT IS LEVIED FOR THE PRIVILEGE OF DOING BUSINESS WITHIN A CITY'S LIMITS, AND IS NON-REGULATORY IN NATURE. ISSUANCE OF A LOCAL BUSINESS TAX RECEIPT BY THE CITY OF HOLLYWOOD DOES NOT MEAN THAT THE CITY HAS DETERMINED THAT THE EXISTING OR PROPOSED USE OF A LOCATION IS LAWFUL. ISSUANCE OF A LOCAL BUSINESS TAX RECEIPT DOES NOT LEGALIZE OR CONDONE THE NATURE OF THE BUSINESS BEING CONDUCTED IF CONTRARY TO LOCAL, STATE OR FEDERAL LAWS OR REGULATIONS.

ISSUED: 11/18/2015



SIGNATURE





State of Florida
Department of Agriculture and Consumer Services
Division of Consumer Services
2005 Apalachee Pkwy
Tallahassee, Florida 32399-6500

Registration No.: **MV26231**
Issue Date: July 9, 2014
Expiration Date: August 2, 2016

**POST CERTIFICATE
CONSPICUOUSLY**

**Motor Vehicle Repair
Registration Certificate**

Chapter 559, Florida Statutes
GOOD ONLY FOR THE LOCATION LISTED BELOW

CAFFI BROTHERS BODY SHOP
500 S DIXIE HWY
HOLLYWOOD, FL 33020-5344

OWNED BY:

SANTA ROSA BODY SHOP, INC.

This is to certify that the Motor Vehicle Repair Shop whose name and address are shown above has registered and paid the prescribed fee (based on the declared number of mechanics, technicians, and helpers) as required by s. 559.904 F.S. and is authorized to perform Motor Vehicle Repairs at the location shown above.

ADAM H. PUTNAM
COMMISSIONER OF AGRICULTURE



Board of County Commissioners, Broward County, Florida
Consumer Affairs Division

Body Repair / Paint License

The holder of this license is hereby authorized to engage in
Motor Vehicle Body Repair and/or Painting for compensation in Broward County.
This license is issued pursuant to Broward County Ordinance 91-12.
Said license is not transferable and may be suspended or revoked as provided by law.

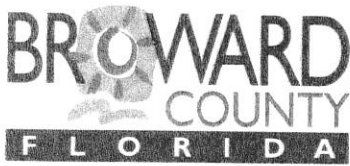
Issued To

CAFFI BROTHERS BODY SHOP

12/31/2016
Expiration Date

AB172
License Number

Mona Jander
C.A.D. Director



HAZARDOUS MATERIAL MANAGEMENT FACILITY LICENSE

License Number: HM-03551-14

Applicant:
Jeannette Caffi, Secretary
Santa Rosa Body Shop, Inc.
500 S DIXIE HWY
Hollywood, FL 33020

Facility Number: 03551
Caffi Brothers Body Shop
500 S DIXIE HWY
Hollywood, FL 33020

This license is issued under the provisions of Chapter 27 of the Broward County Code of Ordinances hereinafter called the Code. The above-named applicant, hereinafter called Licensee, is hereby authorized to perform the work or operate the facility shown on the approved drawings, plans, documents, and specifications submitted by the Licensee and made a part hereof and described specifically below. The issuance of this license is a final agency determination. A person with a substantial interest may file a petition to request review of or to intervene in a review of a final administrative determination, subject to the provisions of Section 27-14, Broward County Code of Ordinances. If no objection to this license is received within 14 days, the Licensee will be deemed to have accepted it and all the attached terms and conditions.

ALL GENERAL CONDITIONS and SPECIFIC CONDITIONS, on the back of the license or as attached, are considered to constitute the requirements of this license. The Licensee is required to fully comply with all these conditions. Any failure to comply with conditions or requirements as set forth may result in revocation or suspension of this license and may subject the Licensee to enforcement action in accordance with the provisions of Article 1, Division 4 of the Code.

Nature of Business: Auto Body Shop

Hazardous Waste Stream: Paint Thinner, Rags, Booth Filters, F-tubes

Well Field: N/A

Septic: No

IMPORTANT: THIS LICENSE IS ISSUED ONLY TO THE LICENSEE FOR THE FACILITY ADDRESS IDENTIFIED ABOVE. IF THE FACILITY MOVES, CLOSSES, OR HAS A CHANGE IN LICENSEE OR ACTIVITY, THE LICENSEE MUST:

- Transfer license to a new owner or operator
- Submit written notification thirty (30) days prior to closing the facility
- Properly remove and/or dispose of all hazardous materials when closing a facility
- Submit application for each hazardous material management facility location(s) in Broward County
- Submit application, secure approval, and call (954) 519-1260 for inspection, prior to installing or modifying storage tanks
- Submit application, secure approval, and call (954) 519-1260 for inspection, prior to removing or moving storage tanks
- Properly maintain storage tanks and the associated license until all tanks are properly closed

The issuance of this license is a final agency determination. A person with a substantial interest may file a petition to request review of or to intervene in a review of a final administrative determination, subject to the provisions of Section 27-14, Broward County Code of Ordinances.

Application Received: Aug 22, 2014
Effective Date: Dec 01, 2014
Expiration Date: Nov 30, 2016
Prepared By: Natasha Herne
Renewal Application Due: Oct 01, 2016

Pollution Prevention, Remediation and Air Quality Division
www.broward.org/PollutionPrevention
(PLEASE SEE LICENSE CONDITIONS ON THE BACK)

BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-831-4000

VALID OCTOBER 1, 2015 THROUGH SEPTEMBER 30, 2016

DBA:
Business Name: CAFFI BROTHERS BODY SHOP

Receipt #: 277C-28
Business Type: AUTOPAINT & BODY (AUTOPAINT & BODY)

Owner Name: RAMON CAFFI
Business Location: 500 S DIXIE HWY
HOLLYWOOD
Business Phone: 954-524-9328

Business Opened: 09/12/1990
State/County/Cert/Reg: MV-26231/AB172
Exemption Code:

Rooms **Seats** **Employees** **Machines** **Professionals**
10

For Vending Business Only						
Number of Machines:			Vending Type:			
Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid
45.00	0.00	0.00	0.00	0.00	0.00	45.00

THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

THIS BECOMES A TAX RECEIPT

WHEN VALIDATED

This tax is levied for the privilege of doing business within Broward County and is non-regulatory in nature. You must meet all County and/or Municipality planning and zoning requirements. This Business Tax Receipt must be transferred when the business is sold, business name has changed or you have moved the business location. This receipt does not indicate that the business is legal or that it is in compliance with State or local laws and regulations.

Mailing Address:

CAFFI BROTHERS BODY SHOP
500 S DIXIE HWY
HOLLYWOOD, FL 33020

Receipt # 15B-14-00000798
Paid 07/08/2015 45.00

2015 - 2016

February 12, 2016

City of Hollywood, Florida
Solicitation #RFQ-4496-16-RD

SOLICITATION, GIVING, AND ACCEPTANCE OF GIFTS POLICY

Florida Statute 112.313 prohibits the solicitation or acceptance of Gifts. - "No Public officer, employee of an agency, local government attorney, or candidate for nomination or election shall solicit or accept anything of value to the recipient, including a gift, loan, reward, promise of future employment, favor, or service, based upon any understanding that the vote, official action, or judgment of the public officer, employee, local government attorney, or candidate would be influenced thereby." The term "public officer" includes "any person elected or appointed to hold office in any agency, including any person serving on an advisory body."

The City of Hollywood policy prohibits all public officers, elected or appointed, all employees, and their families from accepting any gifts of any value, either directly or indirectly, from any contractor, vendor, consultant, or business with whom the City does business.

The State of Florida definition of "gifts" includes the following:

- Real property or its use,
- Tangible or intangible personal property, or its use,
- A preferential rate or terms on a debt, loan, goods, or services,
- Forgiveness of indebtedness,
- Transportation, lodging, or parking,
- Food or beverage,
- Membership dues,
- Entrance fees, admission fees, or tickets to events, performances, or facilities,
- Plants, flowers or floral arrangements
- Services provided by persons pursuant to a professional license or certificate.
- Other personal services for which a fee is normally charged by the person providing the services.
- Any other similar service or thing having an attributable value not already provided for in this section.

Any contractor, vendor, consultant, or business found to have given a gift to a public officer or employee, or his/her family, will be subject to dismissal or revocation of contract.

As the person authorized to sign the statement, I certify that this firm will comply fully with this policy.



SIGNATURE

RAMON CAFFI

PRINTED NAME

CAFFI BROTHERS BODY SHOP

NAME OF COMPANY

PRESIDENT

TITLE

Failure to sign this page shall render your bid non-responsive.

THE CITY OF HOLLYWOOD
ZONING DIVISION

CERTIFICATE OF USE


This "Certificate of Use" verifies that the use described below is an allowable use for the identified property. Said verification of use is based upon the list of allowable uses per the applicable Zoning District as identified in the Zoning and Land Development Regulations and, the uses allowed per the Land Use Element of the City's Comprehensive Plan. Certification of use in no way waives or guarantees compliance with other applicable Zoning and Land Development Regulations. This property must fully comply with all applicable Codes and Ordinances prior to the commencement of the approved use.

CERTIFICATE OF USE NO.: 2007-CU-0196

Street Address: 500 South Dixie Highway
Building #: n/a Bay/Suite #:
City: Hollywood State: FL Zip: 33020
Folio Number: 5142-16-01-1020
Business Name: Santa Rosa Body Shop Inc
Business Owner: Ramon Caffi
Use/Business Type: Auto Body Repair
Square Footage:
Zoning District: CN-3
Land Use Designation: RAC
Conditions: Legal Non Conforming

CERTIFICATE APPROVED BY

DATE


Darby P. Delsalle, AICP
Principal Planner

12/17/06

MUST BE POSTED AT BUSINESS LOCATION

State of Florida

Department of State

I certify from the records of this office that CAFFI BROTHERS BODY SHOP is a Fictitious Name registered with the Department of State on February 23, 2010.

The Registration Number of this Fictitious Name is G10000017359.

I further certify that said Fictitious Name Registration is active.

I further certify that said Fictitious Name Registration filed a renewal on January 13, 2015, and expires on December 31, 2020.

Given under my hand and the Great Seal of Florida, at Tallahassee, the Capital, this the Fourteenth day of January, 2015

Ken Peltner

Secretary of State



Authentication ID: 200268317582-011415-G10000017359

To authenticate this certificate, visit the following site, enter this ID, and then follow the instructions displayed.

<https://efile.sunbiz.org/certauthver.html>

February 12, 2016

City of Hollywood, Florida
Solicitation #RFQ-4496-16-RD

ACKNOWLEDGMENT AND SIGNATURE PAGE

This form must be completed and submitted by the date and the time of bid opening.

Legal Company Name (include d/b/a if applicable): SANTA ROSA BODY SHOP /d/b/a/ CAFFI BROTHERS BODY SHOP Federal Tax Identification Number: 650226854

If Corporation - Date Incorporated/Organized: 10/12/1990

State Incorporated/Organized: FLORIDA

Company Operating Address: 500 S. DIXIE HWY

City HOLLYWOOD State FL Zip Code 33020

Remittance Address (if different from ordering address): _____


City _____ State _____ Zip Code _____

Company Contact Person: MARIO SALES Email Address: mariosales3@aol.com

Phone Number (include area code): 954.205.1437 Fax Number (include area code): 954.532.5918

Company's Internet Web Address: caffi@bellsouth.net

IT IS HEREBY CERTIFIED AND AFFIRMED THAT THE BIDDER/PROPOSER CERTIFIES ACCEPTANCE OF THE TERMS, CONDITIONS, SPECIFICATIONS, ATTACHMENTS AND ANY ADDENDA. THE BIDDER/PROPOSER SHALL ACCEPT ANY AWARDS MADE AS A RESULT OF THIS SOLICITATION. BIDDER/PROPOSER FURTHER AGREES THAT PRICES QUOTED WILL REMAIN FIXED FOR THE PERIOD OF TIME STATED IN THE SOLICITATION.

 3/9/16
Bidder/Proposer's Authorized Representative's Signature: Date

Type or Print Name: RAMON CAFFI

THE EXECUTION OF THIS FORM CONSTITUTES THE UNEQUIVOCAL OFFER OF BIDDER/PROPOSER TO BE BOUND BY THE TERMS OF ITS PROPOSAL. FAILURE TO SIGN THIS SOLICITATION WHERE INDICATED BY AN AUTHORIZED REPRESENTATIVE SHALL RENDER THE BID/PROPOSAL NON-RESPONSIVE. THE CITY MAY, HOWEVER, IN ITS SOLE DISCRETION, ACCEPT ANY BID/PROPOSAL THAT INCLUDES AN EXECUTED DOCUMENT WHICH UNEQUIVOCALLY BINDS THE BIDDER/PROPOSER TO THE TERMS OF ITS OFFER.

ANY EXCEPTION, CHANGES OR ALTERATIONS TO THE GENERAL TERMS AND CONDITIONS, HOLDHARMLESS/INDEMNITY DOCUMENT OR OTHER REQUIRED FORMS MAY RESULT IN THE BID/PROPOSAL BE DEEMED NON-RESPONSIVE AND DISQUALIFIED FROM THE AWARD PROCESS.

February 12, 2016

City of Hollywood, Florida
Solicitation #RFQ-4496-16-RD

HOLD HARMLESS AND INDEMNITY CLAUSE

(Company Name and Authorized Representative's Name)

, the contractor, shall indemnify, defend and hold harmless the City of Hollywood, its elected and appointed officials, employees and agents for any and all suits, actions, legal or administrative proceedings, claims, damage, liabilities, interest, attorney's fees, costs of any kind whether arising prior to the start of activities or following the completion or acceptance and in any manner directly or indirectly caused, occasioned or contributed to in whole or in part by reason of any act, error or omission, fault or negligence whether active or passive by the contractor, or anyone acting under its direction, control, or on its behalf in connection with or incident to its performance of the contract.



SIGNATURE

RAMON CAFFI

PRINTED NAME

CAFFI BROTHERS BODY SHOP

COMPANY OF NAME

3/9/16

DATE

Failure to sign or changes to this page shall render your bid non-responsive.

February 12, 2016

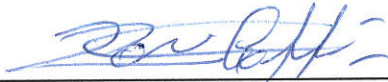
City of Hollywood, Florida
Solicitation #RFQ-4496-16-RD

NONCOLLUSION AFFIDAVIT

STATE OF: FLORIDA

COUNTY OF: BROWARD, being first duly sworn, deposes and says that:

- (1) He/she is PRESIDENT of CAFFI BROTHERS, the Bidder that has submitted the attached Bid.
- (2) He/she has been fully informed regarding the preparation and contents of the attached Bid and of all pertinent circumstances regarding such Bid;
- (3) Such Bid is genuine and is not a collusion or sham Bid;
- (4) Neither the said Bidder nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant has in any way colluded, conspired, connived or agreed, directly or indirectly with any other Bidder, firm or person to submit a collusive or sham Bid in connection with the contractor for which the attached Bid has been submitted or to refrain from bidding in connection with such contract, or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Bidder, firm or person to fix the price or prices, profit or cost element of the Bid price or the Bid price of any other Bidder, or to secure an advantage against the City of Hollywood or any person interested in the proposed Contract; and
- (5) The price or prices quoted in the attached Bid are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Bidder or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

(SIGNED)  PRES.
Title

Failure to sign or changes to this page shall render your bid non-responsive.

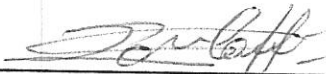
February 12, 2016

City of Hollywood, Florida
Solicitation #RFQ-4496-16-RD**DRUG-FREE WORKPLACE PROGRAM**

IDENTICAL TIE BIDS - 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 by the State or by any political subdivision for the procurement of commodities or contractual services, 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. Established procedures for processing tie bids will be followed if none of the tied vendors have a drug-free workplace program. 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 the employee 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 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 so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of these requirements.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.



VENDOR'S SIGNATURE

RAMON CAFFI²

PRINTED NAME

CAFFI² BROTHERS BODY SHOP.

NAME OF COMPANY

February 12, 2016

City of Hollywood, Florida
Solicitation #RFQ-4496-16-RD

SWORN STATEMENT PURSUANT TO SECTION 287.133 (3) (a) FLORIDA STATUTES ON PUBLIC ENTITY CRIMES

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR
OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS

1. This form statement is submitted to CITY OF HOLLYWOOD
by RAMON CAFFI, PRES. for CAFFI BROTHERS BODY SHOP.
(Print individual's name and title) (Print name of entity submitting sworn statement)
whose business address is 500 S. DIXIE HWY. HOLLYWOOD, FL. 33020
and if applicable its Federal Employer Identification Number (FEIN) is 15-022634 if the entity has no FEIN,
include the Social Security Number of the individual signing this sworn statement.

2. I understand that "public entity crime," as defined in paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any bid, proposal, reply, or contract for goods or services, any lease for real property, or any contract for the construction or repair of a public building or public work, involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misinterpretation.

3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in an federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.

4. I understand that "Affiliate," as defined in paragraph 287.133(1)(a), Florida Statutes, means:

1. A predecessor or successor of a person convicted of a public entity crime, or
2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

5. I understand that "person," as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or any entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

6. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. (Please indicate which statement applies.)

Neither the entity submitting sworn statement, nor any of its officers, director, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

CAFFI BROTHERS BODY SHOP

MACHINERY LIST

- 4 Frame Machines
- 2 Spray Booths heated
- 1 Lift Rotary
- 1 Mixer Computer System
- 4 Mig Welders
- 2 Sand Blast Machines
- 1 Strut Machine
- 1 A/C Machine
- 1 Laser Measuring System
- 1 Pressure Washer
- 1 Fork Lift
- 1 Hoist 2 Tons.
- 5 Compressors

Licensed by:
THE COMMISSION FOR
INDEPENDENT EDUCATION
License #. 2038



Mechanic / Technician Certification Exam

Approved By: Miami, Dade and Broward Counties

This certificate has been awarded to

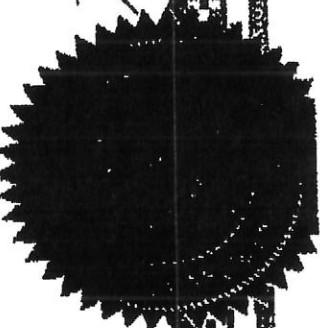
Rodrigo Cano

For successfully passing the Mechanic/Technician Certification Exam(s) in the service area(s) listed below:

Collision Specialty Expires February 29, 2016
BC10 - Painting & Refinishes

at Miami Dade County, Florida
Glenn P. Pardo
Fannyharino, AATI President

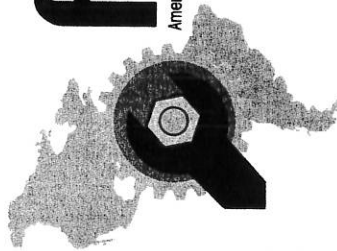
Given on this 28 day of February, 2011



B-62564513856
Identification Number



AATI
American Advanced Technicians Institute, Corp.



Licensed by:
THE COMMISSION FOR
INDEPENDENT EDUCATION
License N°. 2038

Mechanic / Technician Certification Exam

Approved By: Miami - Dade and Broward Counties

This certificate has been awarded to

Alfredo Rivera

For successfully passing the Mechanic/Technician Certification Exam(s) in the service area(s) listed below:

Collision Specialty

BC11 - Structural Analysis

Expires

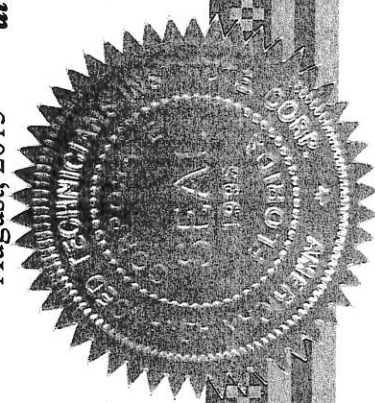
August 31, 2020

Given on this 31 day of August, 2015

at Miami Dade County, Florida

B-000110130656

Identification Number



Fanny Mariño
Fanny Mariño, AATI President

February 12, 2016

City of Hollywood, Florida
Solicitation #RFQ-4496-16-RD

REFERENCE QUESTIONNAIRE

It is the responsibility of the contractor/vendor to provide a minimum of three (3) similar type references using this form and to provide this information with your submission. Failure to do so may result in the rejection of your submission.

Giving reference for: CAFFI BROTHERS BODY SHOPFirm giving Reference: BROWARD COUNTYAddress: 1 N. UNIVERSITY DR. SUITE 3100A PLANTATION, FL. 33324Phone: 954-445-2941Fax: 954-357-6182Email: lrhoden@broward.org

1. Q: What was the dollar value of the contract?
A:
2. Have there been any change orders, and if so, how many?
A:
3. Q: Did they perform on a timely basis as required by the agreement?
A:
4. Q: Was the project manager easy to get in contact with?
A:
5. Q: Would you use them again?
A:
6. Q: Overall, what would you rate their performance? (Scale from 1-5)
A: 5 Excellent 4 Good 3 Fair 2 Poor 1 Unacceptable
7. Q: Is there anything else we should know, that we have not asked?
A:

The undersigned does hereby certify that the foregoing and subsequent statements are true and correct and are made independently, free from vendor interference/collusion.

Name: LOCKSLEY M. RHODEN Title: FLEET MANAGEMENT SUPERINTENDENT

Signature: _____ Date: _____

February 12, 2016

City of Hollywood, Florida
Solicitation #RFQ-4496-16-RD

REFERENCE QUESTIONNAIRE

It is the responsibility of the contractor/vendor to provide a minimum of three (3) similar type references using this form and to provide this information with your submission. Failure to do so may result in the rejection of your submission.

Giving reference for: CAFFI BROTHERS BODY SHOP

Firm giving Reference: CITY OF MIRAMAR

Address: 13900 PEMBROKE ROAD. MIRAMAR, FL. 33027

Phone: 954-883-5824

Fax: 954-602-3571

Email: rbsamuel@miramarfl.gov.

1. Q: What was the dollar value of the contract?

A:

2. Have there been any change orders, and if so, how many?

A:

3. Q: Did they perform on a timely basis as required by the agreement?

A:

4. Q: Was the project manager easy to get in contact with?

A:

5. Q: Would you use them again?

A:

6. Q: Overall, what would you rate their performance? (Scale from 1-5)

A: 5 Excellent 4 Good 3 Fair 2 Poor 1 Unacceptable

7. Q: Is there anything else we should know, that we have not asked?

A:

The undersigned does hereby certify that the foregoing and subsequent statements are true and correct and are made independently, free from vendor interference/collusion.

Name: ROBERT SAMUEL

Title: SUPERINTENDENT
OFFICE OF OPERATIONAL SERVICES
PUBLIC WORKS DEPARTMENT.

Signature: _____

Date: _____

February 12, 2016

City of Hollywood, Florida
Solicitation #RFQ-4496-16-RD

REFERENCE QUESTIONNAIRE

It is the responsibility of the contractor/vendor to provide a minimum of three (3) similar type references using this form and to provide this information with your submission. Failure to do so may result in the rejection of your submission.

Giving reference for: CAPPI BROTHERS

Firm giving Reference: CITY OF GOLDEN BEACH

Address: _____

Phone: 786-251-0248

Fax: 305-933-3825

Email: _____

1. Q: What was the dollar value of the contract?
A:
2. Have there been any change orders, and if so, how many?
A:
3. Q: Did they perform on a timely basis as required by the agreement?
A:
4. Q: Was the project manager easy to get in contact with?
A:
5. Q: Would you use them again?
A:
6. Q: Overall, what would you rate their performance? (Scale from 1-5)
A: 5 Excellent 4 Good 3 Fair 2 Poor 1 Unacceptable
7. Q: Is there anything else we should know, that we have not asked?
A:

The undersigned does hereby certify that the foregoing and subsequent statements are true and correct and are made independently, free from vendor interference/collusion.

Name: KENNETH JONES Title: SUPERINTENDENT
PUBLIC WORKS.

Signature: _____ Date: _____

February 12, 2016

City of Hollywood, Florida
Solicitation #RFQ-4496-16-RD

REFERENCE QUESTIONNAIRE

It is the responsibility of the contractor/vendor to provide a minimum of three (3) similar type references using this form and to provide this information with your submission. Failure to do so may result in the rejection of your submission.

Giving reference for: CAPPI BROTHERS BODY SHOP

Firm giving Reference: ENTERPRISE RENTAL CAR.

Address: _____

Phone: 954-629-3028

Fax: _____

Email: _____

1. Q: What was the dollar value of the contract?

A:

2. Have there been any change orders, and if so, how many?

A:

3. Q: Did they perform on a timely basis as required by the agreement?

A:

4. Q: Was the project manager easy to get in contact with?

A:

5. Q: Would you use them again?

A:

6. Q: Overall, what would you rate their performance? (Scale from 1-5)

A: 5 Excellent 4 Good 3 Fair 2 Poor 1 Unacceptable

7. Q: Is there anything else we should know, that we have not asked?

A:

The undersigned does hereby certify that the foregoing and subsequent statements are true and correct and are made independently, free from vendor interference/collusion.

Name: DANIEL BELTRAN Title: MANAGER

Signature: _____ Date: _____

February 12, 2016

City of Hollywood, Florida
Solicitation #RFQ-4496-16-RD

REFERENCE QUESTIONNAIRE

It is the responsibility of the contractor/vendor to provide a minimum of three (3) similar type references using this form and to provide this information with your submission. Failure to do so may result in the rejection of your submission.

Giving reference for: CAFFI BROTHERS BODY SHOP

Firm giving Reference: HERTZ RENT-A-CAR

Address: _____

Phone: 954-712-3286

Fax: _____

Email: _____

1. Q: What was the dollar value of the contract?
A: _____
2. Have there been any change orders, and if so, how many?
A: _____
3. Q: Did they perform on a timely basis as required by the agreement?
A: _____
4. Q: Was the project manager easy to get in contact with?
A: _____
5. Q: Would you use them again?
A: _____
6. Q: Overall, what would you rate their performance? (Scale from 1-5)
A: 5 Excellent 4 Good 3 Fair 2 Poor 1 Unacceptable
7. Q: Is there anything else we should know, that we have not asked?
A: _____

The undersigned does hereby certify that the foregoing and subsequent statements are true and correct and are made independently, free from vendor interference/collusion.

Name: DINA VULLO Title: MANAGER

Signature: _____ Date: _____

Associated Industries Insurance Company, Inc.

A Stock Insurance Company

PO Box 310704

Boca Raton, FL 33431-0704

WORKERS COMPENSATION
AND EMPLOYERS LIABILITY
INSURANCE POLICY

WC 00 00 01 A

INFORMATION PAGE

1. Insured: **Santa Rosa Body Shop, Inc.**
500 S. Dixie Highway
Hollywood, FL 33020
Other workplaces not shown above:
See Extension of Information Page
Producer: AmTrust North America, Inc.
c/o Eastern United Insurance Consultants, Inc.
P.O. Box 526848
Miami, FL 33152-6848

Policy Number: AWC1060793

Federal Tax ID: 650226854
Board File Number:
Renewal Of: New
Entity: Corporation
Interim Adjustment: Annual
Ncci Code: 25372
SIC Code:

2. The policy period is from **2/4/2016 to 2/4/2017** 12:01 a.m. at the insured's mailing address.
3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: Florida
- B. Employers Liability Insurance: Part Two of the policy applies to work in each stated listed in item 3.A. The limits of our liability under Part Two are:
- | | | |
|---------------------------|------------|---------------|
| Bodily Injury by Accident | \$ 100,000 | each accident |
| Bodily Injury by Disease | \$ 500,000 | policy limit |
| Bodily Injury by Disease | \$ 100,000 | each employee |
- C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here: All states except ND, OH, WA, WY and State(s) Designated in Item 3A.
- D. This policy includes these endorsements and schedules:
See attached endorsement schedule.

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

See Extension of Information Page

TOTAL ESTIMATED ANNUAL PREMIUM	8,279
STATE ASSESSMENT	0
TOTAL ESTIMATED COST	8,279
Minimum Premium	406
Deposit Premium	2,071

Issue Date: 2/8/2016

Countersigned By: _____
Authorized Representative





CAFFI01

OP ID: MA

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/21/2015

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
FILER INSURANCE, INC.
 9440 S.W. 77 Avenue
 Miami, FL 33156
 Joe Filer

CONTACT NAME: **Robert L. Miller**PHONE (A/C No., Ext): **305-270-2100**FAX (A/C, No): **305-270-2195**

E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : **Depositors Insurance Co.****42587**

INSURED **Caffi Brothers Body Shop**
500 S. Dixie Hwy
Hollywood, FL 33020

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 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 <input checked="" type="checkbox"/> Garage Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			ACP5904240817	09/29/2015	09/29/2016	EACH OCCURRENCE	\$ 1,000,000
				ACP5904240817	09/29/2015	09/29/2016	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Garagekeepers Lega Liability Ded \$500			ACP5904240817	09/29/2015	09/29/2016	Total Lim	1,000,000

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

City of Hollywood is listed as Additional Insured

CERTIFICATE HOLDER

HOLLY01

City of Hollywood
 Building and Zoning
 2600 Hollywood Blvd.
 Hollywood, FL 33022

CANCELLATION

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

Marielle Beraza P184346

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BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-831-4000

VALID OCTOBER 1, 2015 THROUGH SEPTEMBER 30, 2016

DBA:
Business Name: CAFFI BROTHERS BODY SHOP

Receipt #: 277C-28
Business Type: AUTOPAINT & BODY (AUTOPAINT & BODY)

Owner Name: RAMON CAFFI
Business Location: 500 S DIXIE HWY
HOLLYWOOD
Business Phone: 954-524-9328

Business Opened: 09/12/1990
State/County/Cert/Reg: MV-26231/AB172
Exemption Code:

Rooms **Seats** **Employees** **Machines** **Professionals**
10

For Vending Business Only						
Number of Machines:			Vending Type:			
Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid
45.00	0.00	0.00	0.00	0.00	0.00	45.00

THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

THIS BECOMES A TAX RECEIPT

WHEN VALIDATED

This tax is levied for the privilege of doing business within Broward County and is non-regulatory in nature. You must meet all County and/or Municipality planning and zoning requirements. This Business Tax Receipt must be transferred when the business is sold, business name has changed or you have moved the business location. This receipt does not indicate that the business is legal or that it is in compliance with State or local laws and regulations.

Mailing Address:

CAFFI BROTHERS BODY SHOP
500 S DIXIE HWY
HOLLYWOOD, FL 33020

Receipt # 15B-14-00000798
Paid 07/08/2015 45.00

2015 - 2016

Form **W-9**
 (Rev. December 2014)
 Department of the Treasury
 Internal Revenue Service

**Request for Taxpayer
 Identification Number and Certification**

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Santa Rosa Body Shop DBA	
	2 Business name/disregarded entity name, if different from above CAFFI Brothers Body Shop	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.) 500 South Dixie Hwy	
	6 City, state, and ZIP code Hollywood FL, 33020	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

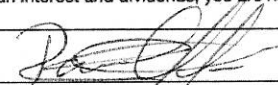
Social security number	
or	
Employer identification number	
65-0226854	

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶  Date ▶ 3/9/16

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



FLORIDA

Business Name and Location Address

**CAFFI BROTHERS BODY SHOP
SANTA ROSA BODY SHOP INC
500 S DIXIE HWY
HOLLYWOOD FL 33020-5344**

Certificate Number

16-8012227264-7

2016 Florida Annual Resale Certificate for Sales Tax

THIS CERTIFICATE EXPIRES ON DECEMBER 31, 2016

**DR-13
R. 10/15**

By extending this certificate or the certificate number to a selling dealer to make eligible purchases of taxable property or services exempt from sales tax and discretionary sales surtax, the person or business named above certifies that the taxable property or services purchased or rented will be resold or re-rented for one or more of the following purposes:

- Resale as tangible personal property.
- Re-rental as tangible personal property.
- Resale of services.
- Re-rental as commercial real property.
- Incorporation into and sale as part of the repair of tangible personal property by a repair dealer.
- Re-rental as transient rental property.
- Incorporation as a material, ingredient, or component part of tangible personal property that is being produced for sale by manufacturing, compounding, or processing.

Florida law provides for criminal and civil penalties for fraudulent use of a Florida Annual Resale Certificate.

February 12, 2016

City of Hollywood, Florida
Solicitation #RFQ-4496-16-RD

**CERTIFICATIONS REGARDING DEBARMENT, SUSPENSION AND OTHER
RESPONSIBILITY MATTERS**

The applicant certifies that it and its principals:

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;
- (b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction, violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default.

Applicant Name and Address:

RAMON CAFFI
500 S DIXIE HWY
HOLLYWOOD, FL. 33020

Application Number and/or Project Name:

RFQ-4496-16-RD

Applicant IRS/Vendor Number: 16-8012227264-7

Type/Print Name and Title of Authorized Representative:

RAMON CAFFI PRESIDENT.

Signature:  Date: 3/9/16

Failure to sign or changes to this page shall render your bid non-responsive.

EMPLOYEES LIST

- ROGER ABREU (PAINT MIXER
- ALBERTO ASTUDILLO (BODY MAN
- ROLANDO CHINEA (BODY MAN
- HERNAN GIRALDO (PAINTER ASSISTANT
- LUIS PALMA (MANAGER
- CLIFFORD CHAMBERS (BODY MAN
- RODRIGO CANO (PAINTER
- VICTOR DIAZ (BODY MAN
- MARIO SALES (ESTIMATOR
- ALFREDO RIVERA (PAINTER
- JEANNETTE CAFFI (SECRETARY

500



AUTO BODY SHOP

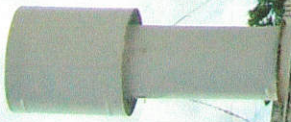
FREE ESTIMATES

OFFICE

OFFICE

02/01/2008





02/01/2008



02/01/2008

SECURITY SYSTEM
CHECKS DISPLAY
TEXT ON THE
ALSO AVAILABLE TO
CUSTOMERS

Security 24
Hours a Day

FREE
ESTIMATES

TARDE





954.927.070

AUTO BODY SHOP

FREE ESTIMATES



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AUTO BODY SHOP

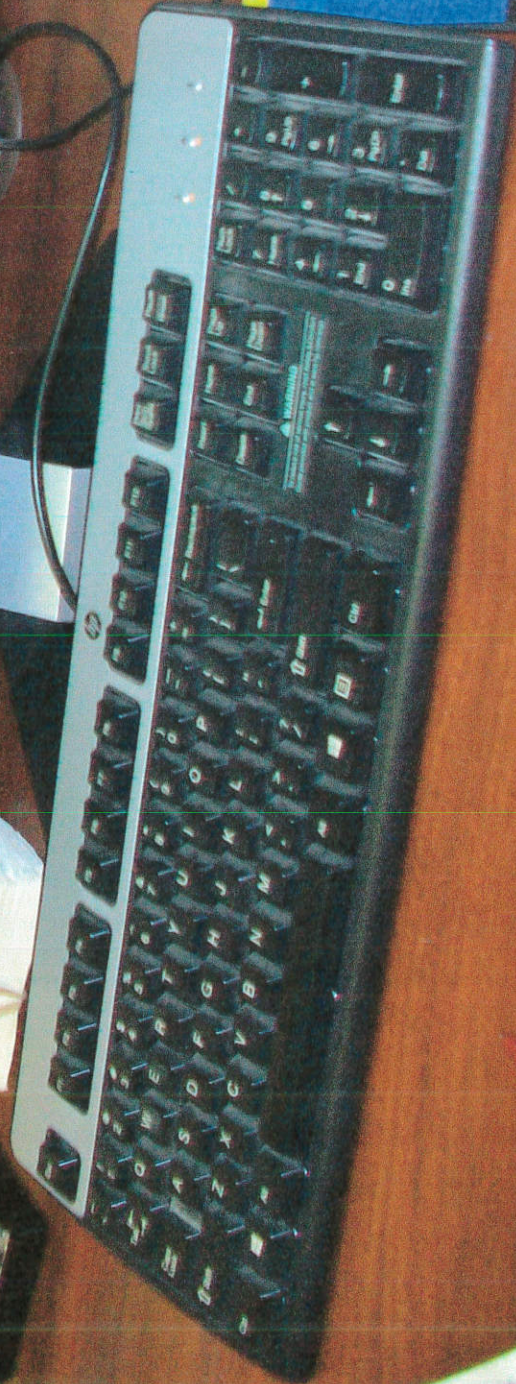
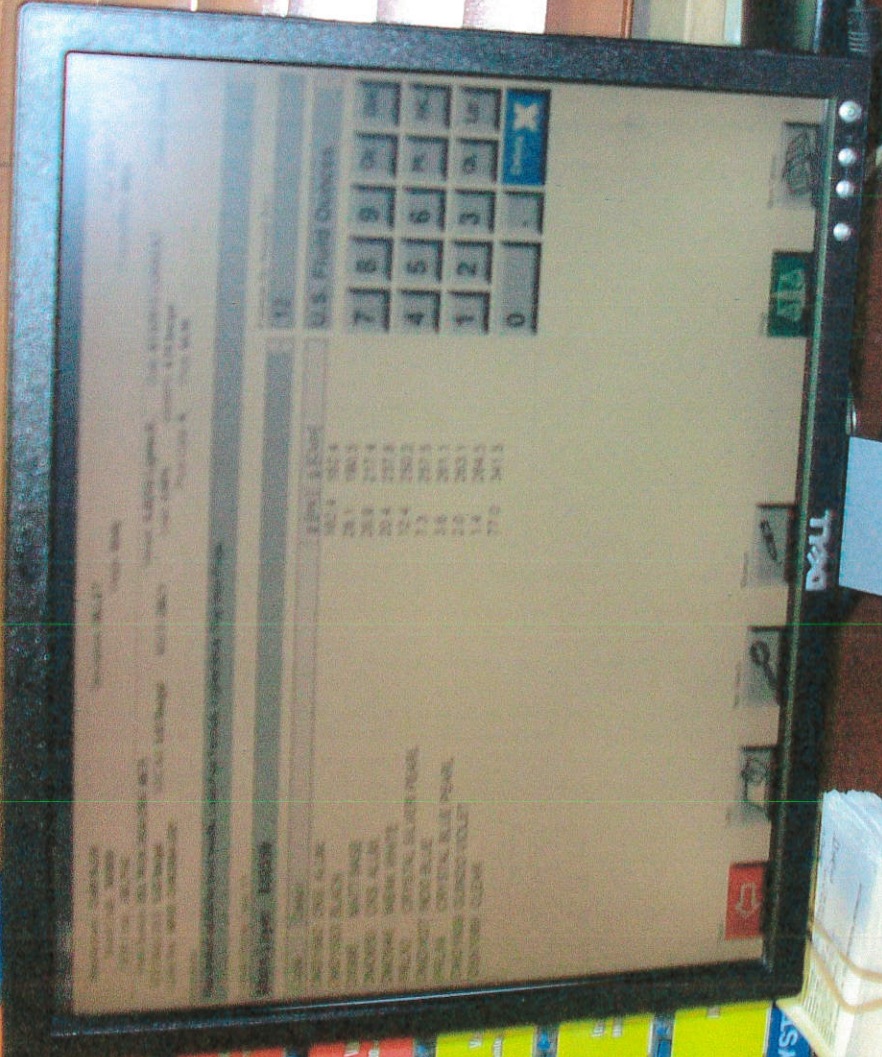
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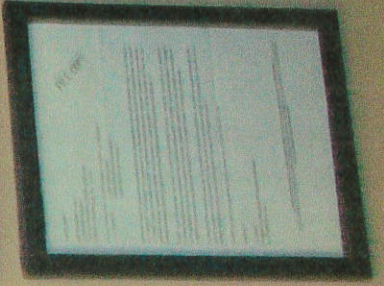
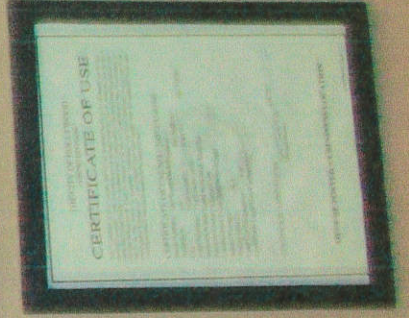
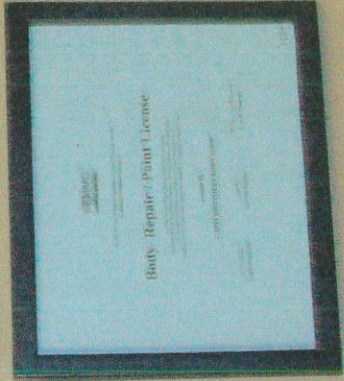
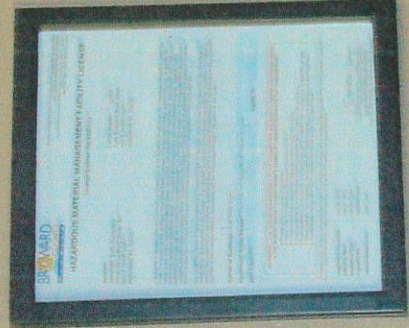




02/01/2008



No Smoking



02/01/2008

SORRY - NO CHEACCE

02/01/2008





02/01/2008



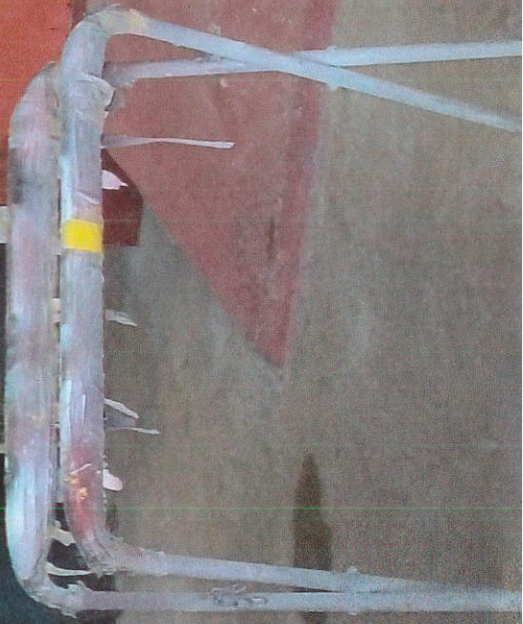
02/01/2008



02/01/2008

SAICO

02/01/2008



 **GFS**
PROFESSIONAL



WARNING
Do not touch the door handle or lock mechanism.
Do not use the door handle or lock mechanism if you are wearing gloves.
Do not use the door handle or lock mechanism if you are wearing a mask.
Do not use the door handle or lock mechanism if you are wearing a hat.
Do not use the door handle or lock mechanism if you are wearing a jacket.
Do not use the door handle or lock mechanism if you are wearing a coat.
Do not use the door handle or lock mechanism if you are wearing a sweater.
Do not use the door handle or lock mechanism if you are wearing a scarf.
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Do not use the door handle or lock mechanism if you are wearing a scarf.

02/01/2008



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02/01/2008



02/01/2008



02/01/2008



04/30/2015

D43

CAT





02/01/2008



02/05/2016



1360

LEACH

GOLDE BEACH

24501

133

4900
CLASS

02/01/2008



24501

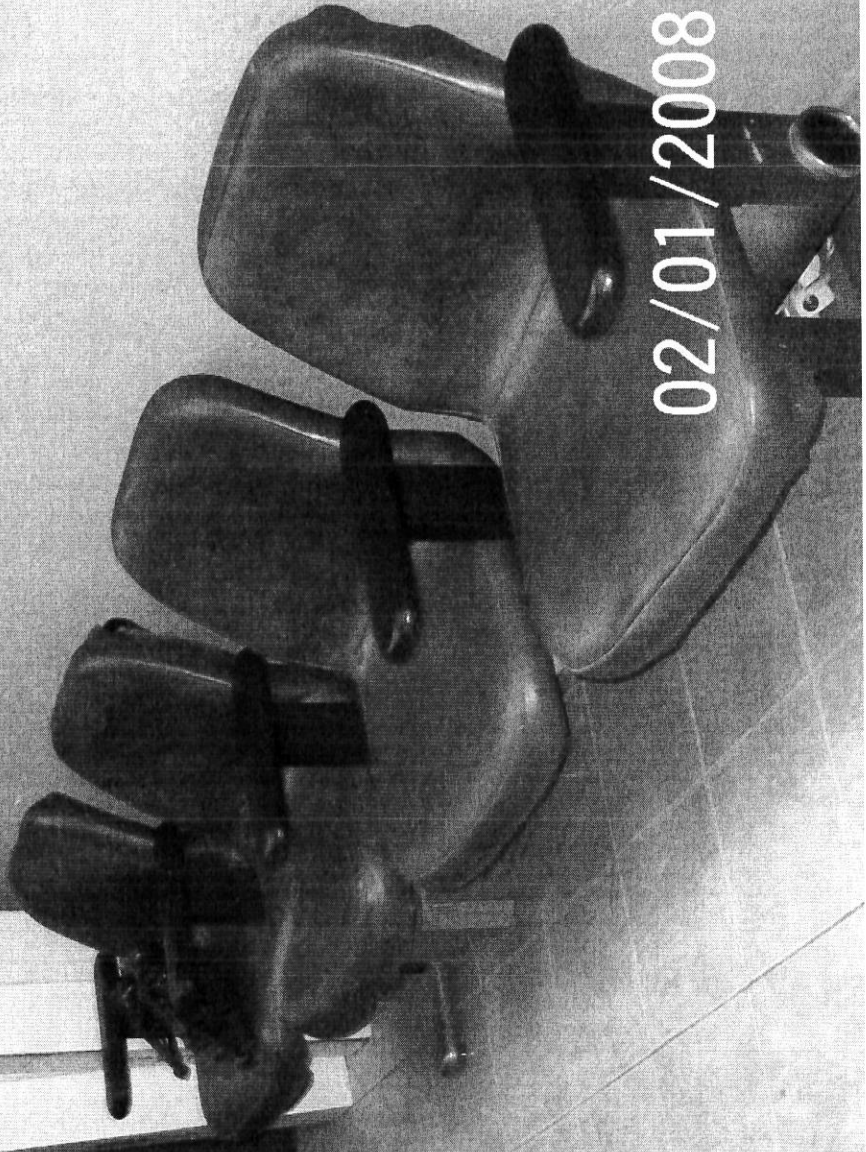
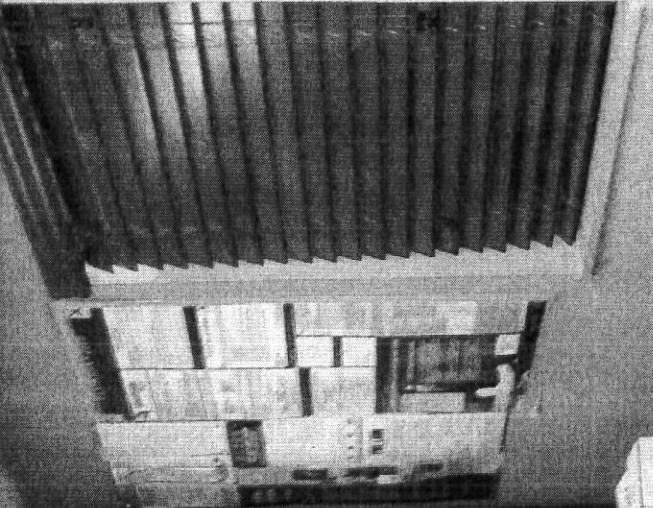
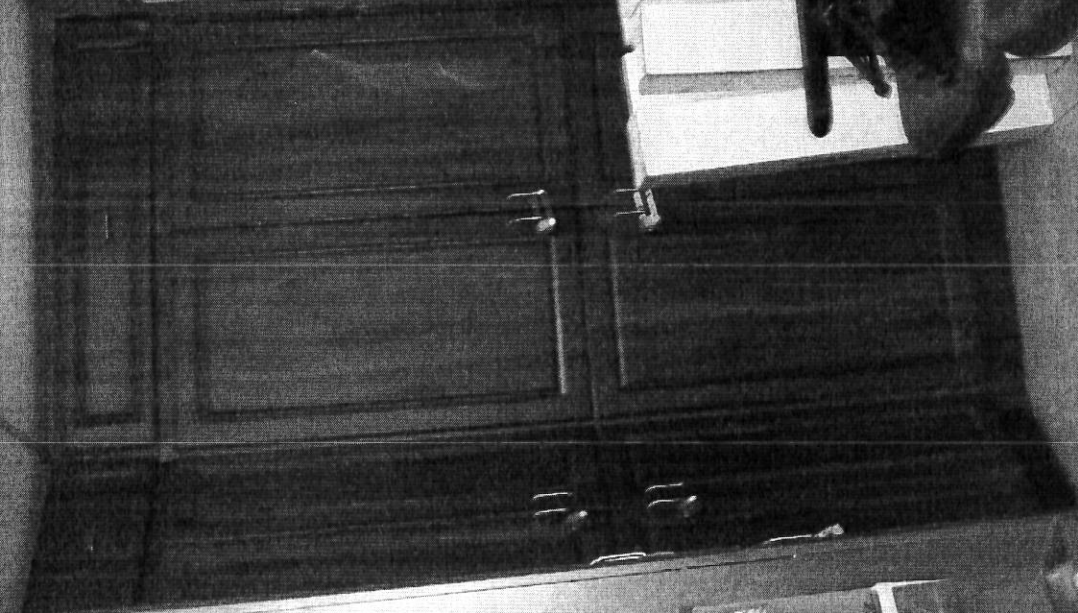
GOLDEN BEACH

WIDEBOE

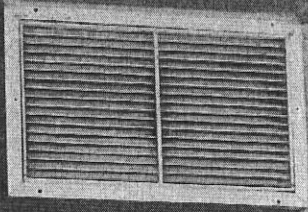
A Town Of

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SORRY
— NO
CHECKS
ACCEPTED

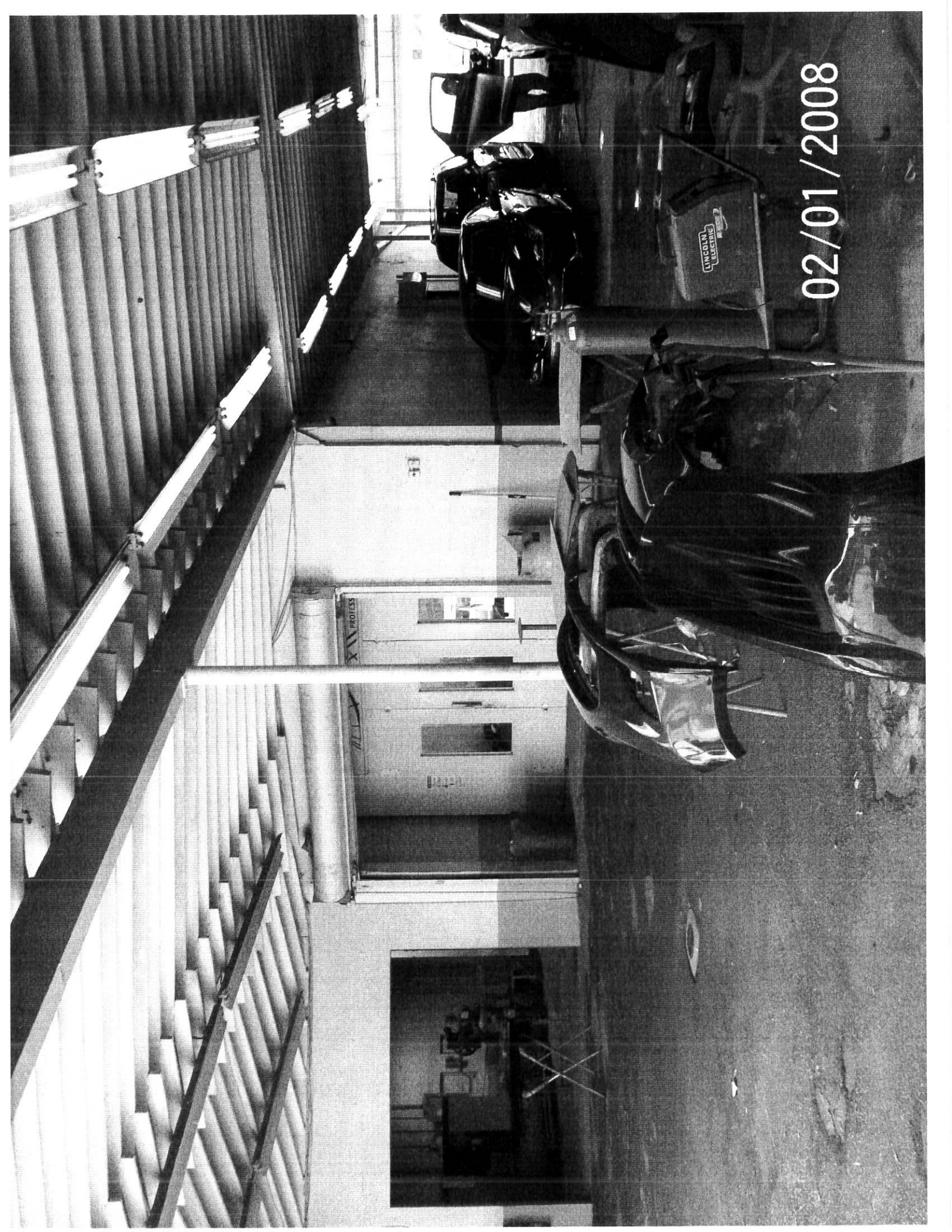


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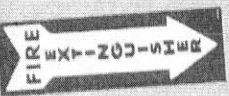




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LYNCOIN
ELECTRIC

PROFESS



OFFICE



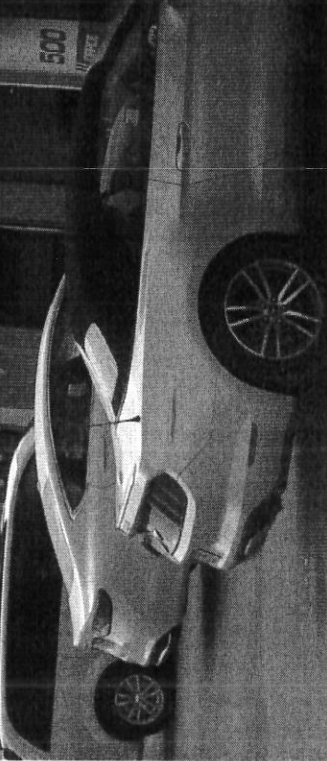
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CAFFI BROTHERS AUTOBODY SHOP

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