

**CITY OF FORT LAUDERDALE  
APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE & NECESSITY  
RENTAL CARS WITH CHAUFFER AND/OR SIGHTSEEING VEHICLES**

DATE: \_\_\_\_\_

FILING FEE 0 LICENSE FEE 151.00 TOTAL DUE 151.00 Submitted

APPLICATION FOR: New X Renewal \_\_\_\_\_ Certificate \_\_\_\_\_

PUBLIC HEARING BEFORE THE CITY COMMISSION COMMUNITY SERVICES BOARD ON 1/16/15

*OK DP 10/13/14*

APPROVED [Signature] DENIED \_\_\_\_\_ REASON \_\_\_\_\_

PUBLIC HEARING APPROVED BY CITY COMMISSION: \_\_\_\_\_

**TYPES OF CERTIFICATE**

- A. SIGHTSEEING
- B. OTHER
- C. COURTESY CAR

**NUMBER OF VEHICLES**

2  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED INFORMATION**

Note: The information requested is required by Section 27-192 of the Code of Ordinances of the City of Fort Lauderdale. All required information must be provided before the application is submitted to the Community Services Board for their review.

**(1) THE NAME AND ADDRESS OF THE APPLICANT AND IF A CORPORATION, NAMES AND ADDRESSES OF THE OFFICERS AND DIRECTORS.**

**THE APPLICANT IS:**

**NOT INCORPORATED**

Individual: Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Business Entity: Name of Partner: \_\_\_\_\_  
Address: \_\_\_\_\_

Name of Partner: \_\_\_\_\_  
Address: \_\_\_\_\_

Corporation:

President: Frank A Mathews  
Address: 3020 NE 1st Ave #516 Ft Laud. FL 33308  
Vice President: 32

Address: \_\_\_\_\_  
Secretary: Caridad Gonzalez  
Address: 1401 SE 15th St Apt. 111 Ft Laud FL 33316

Treasurer \_\_\_\_\_  
Director \_\_\_\_\_  
Address \_\_\_\_\_  
Registered Agent \_\_\_\_\_  
Address \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
Phone number \_\_\_\_\_

(2) The number of motor vehicles the applicant desires to operate, including a brief description of each

Definitions (Section 27-1)

**Rental car with chauffeur** means any passenger-type vehicle for hire that is rented with a chauffeur driver by the hour, day, week or month.

**Sightseeing vehicle** means a vehicle for hire transporting passengers over the streets of the city in accordance with a contract previously made between the owner or operator and the passenger.

Applicant must attach a brief description of each vehicle desired to this application and label as **Exhibit 1.**

(3) The rate and fares proposed to be charged. The applicant shall agree that all changes in rates and fares or charges whether increased or decreased shall be set by the city commission.

Vehicle Type: 2012-Mercedes-Glass 4dr 1-7Pass. Vin 4JG6BF7BE8CA778940

Proposed rate and/or fares: Mike (Price List)

Vehicle Type: 2007-Chevy Suburban-7Pass Vin 3GNFC160876321473

Proposed rate and /or fares Mile (Price list.)

NOTE: If additional space is needed for rates and/or fares please attach a separate sheet and label it Exhibit 2. Check box below if exhibit is being provided.

Exhibit 2 is attached to this application

Rates, Fares and charges agreement


I, Frank A. Mathews, the applicant agrees that all changes in rates, fares or charges, whether increased or decreased, shall be set by the city commission.

Signed [Signature]  
Signature of Applicant

Frank A. Mathews  
Name of Applicant (print or type)

Sworn to & subscribed before me this 9TH day of SEPT, 20 14

[Signature]  
Notary



The permanent location at which such vehicle(s) will be stored or parked when not in use.

Permanent location:  
3020 NE 32 Ave #516 FT Land FL 33308

(4) The identity of the actual owner or owners of such vehicle(s) if the applicant does not own such vehicle(s).

The applicant is the owner of the vehicle(s) listed in this application.

The applicant does not own the vehicle(s) listed in this application.

The vehicle(s) is/are owned by:

Name: Frank A. Mathews

Address: 3020 NE 32 Ave #516 FT Land FL 33308

Phone: 954 881 1838

NOTE: Where additional space is needed due to multiple owners or partial ownership by the applicant and another person, attach separate sheets and label them as **Exhibit 3**. Please check the box below if extra sheets are provided. Leave box blank if all the ownership information is provided on this form.

Exhibit 3 is attached.

**(5) A financial statement prepared by a certified public accountant.**

A certified financial statement must be attached to this application. Please label it as **Exhibit 4**. Note that the ordinance requires the statement to be certified. The application cannot be forwarded to the Community Services Board without the certification. Check the box to the left when this has been attached.

(6) A profit and loss statement, if the applicant is the holder of a certificate of public convenience and necessity.

The applicant is not a holder of a certificate(s)

The applicant is the holder of a certificate. A profit and loss statement has been labeled as **Exhibit 5** and attached to this application.

(7) An accurate certified account of records for the previous year or the nearest accounting period, including a profit and loss statement for the previous year, setting forth earnings and expenditures for operation, insurance premiums paid including but not limited to unemployment, workers compensation, social security, public liability.

An accurate certified account of records as described in subsection (8) above has been labeled as **Exhibit 6** and attached to this application.

**(8) Each application for a certificate of public convenience and necessity shall be accompanied by a tender of the license fee as provided by Section 15-57 of this Code.**

The license fee is attached to this application. Fee Amount \_\_\_\_\_

A comprehensive listing of any violations or complaints made against the applicant, or against the present business entity or against any former business entity that involved any of the same corporate officers, directors, managers, or partners, as applicable, regarding vehicles(s) for hire incidents that occurred in the State of Florida

Are you the applicant currently operating a business?

Regarding vehicle(s) for hire?

Yes  No

If yes, business name.

Airport 2 Port Inc.

Have you, the applicant been involved in vehicle(s) for hire in the past?

Yes  No

Have you, the applicant been involved with another business regarding vehicles for hire?

Yes  No

If yes, business name(s) \_\_\_\_\_

Are any of the corporate officers, directors, managers or partners involved in any business regarding Vehicle(s) for hire or have they ever been involved in a business regarding vehicles for hire or have they ever been involved in a business regarding vehicles for hire? Yes  No

If yes, Name of Person \_\_\_\_\_

Business Name \_\_\_\_\_

Name of Person \_\_\_\_\_

Business Name \_\_\_\_\_

Note: Attach extra sheets if more room is needed. Please label as **Exhibit 7** and check box to indicate that **Exhibit 7** is attached.

Provide a comprehensive listing of any violations or complaints that would be included in subsection (10) of the ordinance section. Label the attached sheet(s) **Exhibit 8**

I do not have any violations or complaints that meet the requirements of Section 27-192(b) (10) to report.

I have provided a comprehensive listing of the violations and or complaints that must be reported per Section 27-192(b)(10) of the Code of Ordinances. It is labeled as **Exhibit 8**

**Sec. 27-193. Insurance required.**

(a) After a certificate is issued but before a permit is issued to any person or corporation to operate a rental car with chauffeur and/or sightseeing vehicle, the applicant for such permit shall place in the hands of the city license inspector a policy or policies of public liability and property damage insurance for each vehicle operated as follows:

(b)

TABLE INSET:

Type of Vehicle	Public Liability Policies Amount	Property Damage Policies Amount
Rental car with chauffeur	\$ 50,000.00/\$100,000.00	\$ 5,000.00
Sightseeing vehicle	\$100,000.00/\$300,000.00	\$25,000.00

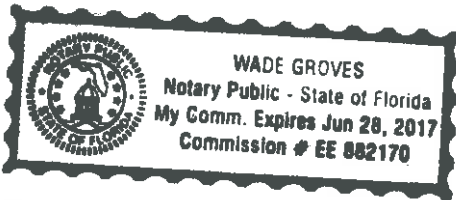
(b) All such public liability and property damage insurance policies shall be written by companies having, or enjoying, a B and BB rating and authorized to transact business in the state. Such policies shall be deposited with the license inspector of the city and shall be kept in full force and effect by the applicant at all times. Failure to file such policy with the city license inspector or to keep same in full force and effect shall automatically cancel and void the certificate of public convenience and necessity or permit granted to the rental car with chauffeur and/or sightseeing vehicle covered by such policy.

Please note that this application will be forwarded to the Police Department for a list of all violations and/or complaints that may be a part of public record.

(11) The date the application is made

DATE 09/09/14

I hereby swear the above information is true.



[Signature]  
Signature of Applicant

Frank A. Altheas Gonzalez  
Name of Applicant (print or type)

Sworn to and subscribed before me this 9TH day of Sept, 2014

[Signature]  
Notary

Application received on \_\_\_\_\_ by \_\_\_\_\_

# Twelve-month profit and loss projection

## AIRPORT 2 PORT

### Fiscal Year Begins

Jan-13

	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	YEARLY
--	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------

Revenue (Sales)	5,131	6,261	7,391	8,521	9,651	10,781	11,911	13,041	14,171	15,301	16,431	17,561	186,756
Expenses	26,043	23,273	24,947	26,621	28,295	29,969	31,643	33,317	34,991	36,665	38,339	40,013	380,500
Total Revenue (Sales)	31,174	29,534	32,338	35,142	37,946	40,750	43,554	46,358	49,162	51,966	54,770	57,574	1,467,256

Payroll Checks	15,919	17,149	18,379	19,609	20,839	22,069	23,299	24,529	25,759	26,989	28,219	29,449	280,500
Checks Paid Expenses	348	1,118	2,237	3,356	4,475	5,594	6,713	7,832	8,951	10,070	11,189	12,308	96,487
Total Cost of Sales	16,267	18,267	20,616	23,000	25,384	27,764	30,142	32,520	34,899	37,269	39,647	42,026	377,000
Gross Profit	14,907	11,285	11,722	12,159	12,596	13,033	13,470	13,907	14,344	14,781	15,218	15,655	1,090,256

Expenses	243	207	171	135	100	64	28	7	1	1	1	1	337
ADT Security Service	45	91	137	182	227	272	318	363	408	453	498	544	4,886
Advertising	0	0	0	0	0	0	0	0	0	0	0	0	0
Car, delivery and travel	0	0	0	0	0	0	0	0	0	0	0	0	0
Computer /Apple Equipment	243	0	0	0	0	0	0	0	0	0	0	0	337
Communication /Telephone	207	114	228	342	456	570	684	798	912	1,026	1,140	1,254	1,812
Donations - St. Jude	0	0	0	0	0	0	0	0	0	0	0	0	110
Donations -Womans Center Of Hollywood	0	0	0	0	0	0	0	0	0	0	0	0	275
Entertainment	131	419	837	1,255	1,673	2,091	2,509	2,927	3,345	3,763	4,181	4,599	3,808
Fitness	37	21	42	63	84	105	126	147	168	189	210	231	336
Gas	506	739	972	1,205	1,438	1,671	1,904	2,137	2,370	2,603	2,836	3,069	7,936
GoDaddy.com	0	72	144	216	288	360	432	504	576	648	720	792	1,777
Home Depot	65	86	172	258	344	430	516	602	688	774	860	946	920
Meals	1,672	1,144	2,288	3,432	4,576	5,720	6,864	8,008	9,152	10,296	11,440	12,584	820
Medical	0	0	0	0	0	0	0	0	0	0	0	0	0
Miami Dade Seaport	100	300	500	700	900	1,100	1,300	1,500	1,700	1,900	2,100	2,300	5,291
Miami/Broward County	58	165	272	379	486	593	700	807	914	1,021	1,128	1,235	1,420
Music/ Movies	0	0	0	0	0	0	0	0	0	0	0	0	575
Rent-Storage	342	800	1,296	1,792	2,288	2,784	3,280	3,776	4,272	4,768	5,264	5,760	2,705
Repairs and maintenance	925	544	1,088	1,632	2,176	2,720	3,264	3,808	4,352	4,896	5,440	5,984	412
Retail Stores	320	240	480	720	960	1,200	1,440	1,680	1,920	2,160	2,400	2,640	56
Suppas Ops	0	57	114	171	228	285	342	400	457	514	571	628	13,669
Supplies (office and	0	0	0	0	0	0	0	0	0	0	0	0	3,164
Traffic School/ Tickets	0	0	0	0	0	0	0	0	0	0	0	0	2,420

AMX ChgBack	0	0	0	0	0	0	0	0	0	0	0	0	159
AMX Collection	0	0	0	0	0	0	0	0	0	0	0	0	86
AMX Discrt	208	146	292	438	584	730	876	1,022	1,168	1,314	1,460	1,606	1,136
AT&T	0	0	0	0	0	0	0	0	0	0	0	0	935
Capital One Credit Card	50	100	150	200	250	300	350	400	450	500	550	600	280
City of Fort Lauderdale	147	160	320	480	640	800	960	1,120	1,280	1,440	1,600	1,760	442
Comcast	152	151	302	453	604	755	906	1,057	1,208	1,359	1,510	1,661	478

	IND %	Jan-13	% B/A	Feb-13	%	Mar-13	%	Apr-13	%	May-13	%	Jun-13	%	Jul-13	%	Aug-13	%	Sep-13	%	Oct-13	%	Nov-13	%	Dec-13	%	YEARLY	%
Credit One Bank		50	0.2	100	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	150	0.1
Global Bill		392	1.3	560	1.5	462	1.2	530	2.1	247	0.8	392	1.8	240	2.0	186	1.1	189	2.4	172	1.1	297	1.5	226	1.1	3,894	1.5
Miami Dade Aviation Department		132	0.4	111	0.4	111	0.3	112	0.4	120	0.4	72	0.3	0.0	0.0	216	1.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	874	0.3
Premium Assignment		1,548	5.0	1,548	5.0	1,547	4.4	1,548	6.0	1,548	5.7	1,548	7.2	0.0	0.0	0.0	0.0	0.0	0.0	3,928	24.0	2,197	11.5	0.0	0.0	15,412	5.5
TU Auto Finance		647	2.1	647	2.2	647	1.9	647	2.3	647	2.4	647	3.0	647	3.3	647	4.0	647	3.1	0.0	0.0	0.0	0.0	0.0	0.0	5,823	2.2
Transfer to IRA		200	0.6	200	0.7	200	0.6	200	0.2	200	0.7	200	0.9	200	1.7	200	1.2	200	2.3	200	1.2	200	1.0	200	0.9	2,400	0.9
Service Banking Fee		24	0.1	42	0.1	2	0.0	0	0.0	0.0	0.0	37	0.2	23	0.2	21	0.1	58	0.7	23	0.1	23	0.1	27	0.1	270	0.1
ATM W/D		620	2.0	446	1.5	0.0	0.0	400	1.3	60	0.2	0.0	0.0	190	1.6	0.0	0.0	483	6.1	183	1.1	303	1.3	260	1.2	2,945	1.1
Safe Deposit Box		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	52	0.0	0.0	0.0	0.0	52	0.0	
Total Expenses		6,327	20.3	2,785	9.8	9,626	23.1	6,341	25.3	7,280	26.7	7,168	25.5	4,560	38.7	2,813	18.0	4,949	61.0	12,411	80.7	6,014	31.4	6,872	24.2	27,990	11.3
Net Profit		6,080	19.3	10,060	34.9	7,477	21.4	7,481	29.2	9,531	35.0	4,421	20.7	5,329	43.8	920	5.8	815	10.2	2,091	12.6	6,238	32.2	3,215	15.1	34,737	21.7





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
9/9/2014

**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).**

<b>PRODUCER</b> Euclid Insurance Agencies, LLC 4450 W Eau Gallie Blvd, Suite 115 Melbourne FL 32934	<b>CONTACT NAME:</b> Kay Kelley	
	<b>PHONE (A/C, No, Ext):</b> 321-752-9797	<b>FAX (A/C, No):</b> 321-752-7980
<b>E-MAIL ADDRESS:</b> kkelley@rr1-ins.com		
<b>PRODUCER CUSTOMER ID#:</b> AIRP2PO-01		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> Airport 2 Port, Inc. 3020 NE 32nd Ave #516 Fort Lauderdale FL 33308	<b>INSURER A:</b> Philadelphia Indemnity Insurance Co	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** 802740224      **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/SUBR/INSR/WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		PHPK1217458	8/13/2014	8/13/2015	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS  <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE  DEDUCTIBLE RETENTION \$		PHPK1217458	8/13/2014	8/13/2015	COMBINED SINGLE LIMIT (Ea accident) \$500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A			WC STATUTORY LIMITS    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**  
2004 Chevy Express 1GAHG39U741230018  
2004 Chevy Express 1GAHG39U041203792  
2007 Chevy Suburban 3GNFC16087G321473  
See Attached...

<b>CERTIFICATE HOLDER</b>  City of Fort Lauderdale 100 N. Andrews Avenue Fort Lauderdale FL 33301	<b>CANCELLATION 30</b>  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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**ADDITIONAL REMARKS SCHEDULE**

AGENCY Euclid Insurance Agencies, LLC		NAMED INSURED Airport 2 Port, Inc. 3020 NE 32nd Ave #516 Fort Lauderdale FL 33308	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER: 25      FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE**

2005 Chevy Express 1GAHG39U951149538  
 2006 Ford E350 1FBSS31L56DA77580  
 2009 Ford E350 1FBSS31L09DA08929  
 2012 Mercedes GL 450 4JGBF7BE8CA778940

# BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

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

**VALID OCTOBER 1, 2014 THROUGH SEPTEMBER 30, 2015**

**DBA:**  
**Business Name:** AIRPORT2PORT INC

**Receipt #:** 326C-770  
**Business Type:** Limo/Moving Company (LIMOUSINE SERVICE)

**Owner Name:** AIRPORT2PORT INC  
**Business Location:** 3020 NE 32 AVE APT 516  
FT LAUDERDALE  
**Business Phone:** 305-992-2099

**Business Opened:** 11/17/2006  
**State/County/Cert/Reg:** LL863  
**Exemption Code:**

**Rooms                  Seats                  Employees                  Machines                  Professionals**

1

For Vending Business Only						
Number of Machines:				Vending Type:		
Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid
33.00	0.00	0.00	0.00	0.00	0.00	33.00

**THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS**

**THIS BECOMES A TAX RECEIPT**

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.

**WHEN VALIDATED**

**Mailing Address:**

AIRPORT2PORT INC  
3020 NE 32 AVE APT 516  
FORT LAUDERDALE, FL 33308

**Receipt #** 1CP-13-00007019  
**Paid** 07/18/2014 33.00

**2014 - 2015**

**BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT**

**BUSINESS FINANCIAL STATEMENT**

Financial Statement of AIRPORT 2 PORT INC

(Name)

3020 NE 32<sup>ND</sup> AVE APT 516 FORT LAUDERDALE FL 33308

(Street Address, City, State, ZIP)

AS OF DEC 31, 2013

(Date)

CURRENT ASSETS		CURRENT LIABILITIES	
Cash on Hand (not in bank).....	1,800	Notes payable (Schedule 6).....	
Cash in banks (Schedule 1).....	3,215	.....	
.....		.....	
Stocks and Bonds (Schedule 2).....		.....	
Accounts Receivable (Trade).....		Accounts Payable .....	
.....		.....	
Notes receivable (Schedule 3) .....		Current portion of long term debt .....	
Cash value of life insurance.....		(Due within one year)	
.....		.....	
Other current assets (itemize) .....		Other current liabilities (itemize).....	
.....		.....	
.....		.....	
.....		.....	
<b>TOTAL CURRENT ASSETS</b>	<b>5,015</b>	<b>TOTAL CURRENT LIABILITIES</b>	<b>0</b>
FIXED ASSETS		LONG TERM LIABILITIES	
Real Estate (Schedule 4).....		Real estate debt (Schedule 4) .....	
Business .....		.....	
Other .....		.....	
.....		.....	
Business vehicles & equip. (Sched. 5)	18,000	Owing on vehicles & equipment	
.....		(Schedule 5).....	
.....		.....	
Other assets and investments (itemize)		Other long term debt (itemize) .....	
.....		.....	
.....		.....	
<b>TOTAL FIXED ASSETS</b>	<b>18,000</b>	<b>TOTAL LONG TERM LIABILITIES</b>	<b>0</b>
		<b>NET WORTH</b>	<b>23,015</b>
<b>TOTAL ASSETS</b>	<b>23,015</b>	<b>TOTAL LIABILITIES</b>	<b>23,015</b>

Net Sales \$ 196,756  
 Net Profit \$ 37,895  
 Drawings or owner's salary \$ 37,895  
 Contingent liabilities \$ 0

**SUPPLEMENTARY SCHEDULES**

*(NOTE: If space is insufficient, attach separate sheet with additional information)*

SCHEDULE 1 - CASH	
Name, Branch & Location of Bank	Amount
CHASE BANK (DEC 2013)	3,215
CASH	1,000

SCHEDULE 2 - STOCKS AND BONDS			
Name of Security	No. of Shares	Price Per Share	Total Market Value
Listed Securities	N/A		
Unlisted Securities	N/A		

SCHEDULE 3 - NOTES RECEIVABLE				
Name & Address of Debtor	Amount	Due Date	Security	Pledged? To Whom?
N/A				

SCHEDULE 4 - REAL ESTATE							
Location/Description	Year Acq'd	Cost	Market Value	Monthly Income	Monthly Payment	Mortgage Balance	Mortgage or Lien Holder
N/A							

SCHEDULE 5 - BUSINESS VEHICLES AND EQUIPMENT						
Description and Capacity	Year Mfg'd	Year Acq'd	Cost	Book Value	Monthly Payment	Loan Balance
14 PAS CHEVY EXPRESS VAN	2005	2007	8,000	4,000	0	0
14 PAS CHEVY EXPRESS VAN	2005	2011	10,000	4,000	0	0
1 PAS CHEVY SUBURBAN	2007	2006	33,000	18,000	0	0

SCHEDULE 6 - NOTES PAYABLE					
Payable to Whom	Due Date	Interest Rate	Monthly Payment	Amount	Security
N/A					

I hereby certify and declare that the above statement presents accurately my financial condition to the best of my knowledge and belief and I hereby authorize and request any person, firm or corporation to furnish any information requested by the Surety concerning any transaction with the undersigned; and the said Surety is authorized to obtain information to confirm this financial statement and may furnish copies of the foregoing statement and any information which it now has or may hereafter obtain to other companies for the purpose of securing reinsurance or co-suretyship.

*Robert Chavert*  
Signature

9/16/14  
Date

# FLORIDA VEHICLE REGISTRATION

CU/AGY 10 / 7 TH 811212768  
 B# 1739391

PLATE **090IU** DECAL **10186223** Expires **Midnight Tue 6/30/2015**

YR/MK	2007/CHEV	BODY	UT	COLOR	BLK	Reg. Tax	78.15	Class Code
VIN	3GNFC16087G321473	NET WT	6442	TITLE	98938693	Init. Reg.	3.00	Tax Months
Plate Type	RGS					County Fee		Back Tax Mos
						Mail Fee		Credit Class
DL/FEID	-					Sales Tax		Credit Months
Date Issued	7/14/2014	Plate Issued	8/8/2007			Voluntary Fees		
						Grand Total	81.15	

### IMPORTANT INFORMATION

1. The Florida license plate must remain with the registrant upon sale of vehicle.
2. The registration must be delivered to a Tax Collector or Tag Agent for transfer to a replacement vehicle.
3. Your registration must be updated to your new address within 20 days of moving.
4. Registration renewals are the responsibility of the registrant and shall occur the 30-day period prior to the expiration date shown on this registration. Renewal notices are provided as a courtesy and are not required for renewal purposes.
5. I understand that my driver license and registrations will be suspended immediately if the insurer denies the insurance information submitted for this registration.

**AIRPORT2PORT INC**  
**3020 NE 32ND AVE APT 516**  
**FT LAUDERDALE, FL 33308-7225**

**RGS - SUNSHINE STATE**

# FLORIDA VEHICLE REGISTRATION

PLATE	BPU1541	DECAL		EXPIRES	MIDNIGHT THU 10/2/2014				
YR/MK	2012/MERZ	BODY	4D	COLOR	BLK	Reg. Tax	2.00	Class Code	13
VIN	4JGBF7BE8CA778840			TITLE		Int. Reg.		Tax Month	
Plate Type	TDL	NEW WT	0			County Fee		Back Tax Mo	
						Mail Fee		Credit Class	
DL/FED						Sales Tax		Credit Month	
Date Issued	9/3/2014	Plate Issued	9/3/2014			Voluntary Fees			
						Grand Total	2.00		

**FRANK MATHEWS**  
**3020 NE 32 AVE APT 516**  
**FT LAUDERDALE FL 33308**

**IMPORTANT INFORMATION**

1. The Florida license plate must remain with the registrant upon sale of vehicle.
2. The registration must be delivered to a Tax Collector or Tag Agent for transfer to a replacement vehicle.
3. Your registration must be updated to your new address within 30 days of move.
4. Registration renewals are the responsibility of the registrant and shall occur during the 30-day period prior to the expiration date shown on this registration. Renewal notices are provided as a courtesy and are not required for renewal.

**TO CITY OF FORT LAUDERDALE.**

**RATE SCHEDULE LIST.**

<b>FROM:</b>	<b>TO:</b>	<b>SEDAN AND SUV</b>	<b>MORE THAN 4 PAX</b>
<b>Any Hotel near The Beach in Ft Lauderdale.</b>	FLL/port Everg.	\$ 25.00	\$ 8.00 pp.
	Sawgrass Mall.	\$ 45.00	\$ 10.00 pp.
	BB&T Cent.	\$ 55.00	\$ 12.00 pp.
	17 st Restaurants.	\$ 16.00	\$ 5.00 pp.
	Las Olas Restaurants	\$ 14.00	\$ 4.00 pp.
<b>House near The Beach in Ft Lauderdale.</b>	FLL/port Everg.	\$ 28.00	\$ 9.00 pp.
	Sawgrass Mall.	\$ 50.00	\$ 10.00 pp.
	BB&T Cent.	\$ 65.00	\$ 12.00 pp.
	17 st Restaurants.	\$ 20.00	\$ 6.00 pp.
	Las Olas Restaurants	\$ 18.00	\$ 5.00 pp.
<b>Down Town in Fort Lauderdale</b>	FLL/port Everg.	\$ 28.00	\$ 9.00 pp.
	Sawgrass Mall.	\$ 50.00	\$ 10.00 pp.
	BB&T Cent.	\$ 65.00	\$ 12.00 pp.
	17 st Restaurants.	\$ 20.00	\$ 6.00 pp.
	Las Olas Restaurants	\$ 18.00	\$ 5.00 pp.