

Venice of America

Transportation and Mobility Department

CITY OF FORT LAUDERDALE VEHICLES FOR HIRE APPLICATION

	Date:
TYPES OF CERTIFICATE (see definitions below)	NUMBER OF VEHICLES
A. TAXICAB B. MOTEL OR HOTEL COURTESY CARS C. COURTESY CAR D. RENTAL VEHICLE-CHAUFFEUR OR SIGHTSEEING E. NON MOTORIZED VEHICLES-FOR HIRE F. NON MOTORIZED VEHICLES-SELF PROPELLED	One
REQUIRED INFORMATION	
Note: Additional information for each category can be obtained the Code of Ordinances of the City of Fort Lauderdale. THE APPLICANT IS:	d by reading Section 27-192 of
☐ INDIVIDUAL X BUSINESS ENTITY	CORPORATION
PLEASE PRINT	
Individual / Business Name:RideStat LLC	
Address: 2598 East Sunrise Blvd, Ste. 2104, Fort Lauderdale, FL 33304	
Contact Person:David Enriquez	
Phone Number:954-644-3011 E-mail address:d@	myridestat.com
1) The number of motor vehicles the applicant desires description of each (make, model and year), and identification number (VIN) and license plate number.	_
<u>Definitions (Section 27-1)</u>	
Rental car with chauffer means any passenger-type rented with a chauffeur driver by the hour, day, week, or r	
Sightseeing vehicle means a vehicle for hire transporti streets of the city in accordance with a contract previo	

Applicant must attach a **brief description of each vehicle** desired **and a description of the transportation service proposed** to this application and label as **EXHIBIT 1**.

owner or operator and the passenger.

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- **Exhibit 1** is attached to this application.
- 2) 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: Ford Transit	50 XL	
Proposed rate and/or fare:	See Exhibit 2	
Vehicle Type:		
Proposed rate and/or fare:		
ropodda rato aria/or iarc.		

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, <u>David Enriquez</u> , fares or charges, whether increased or dec	the applicant agrees that all changes in rates, creased, shall be set by the city commission.		
JOSEPH MAGRI Signature Comm.: # HH 2940-19avid Enriquez	of Applicant		
Expires: My 27, Mame of Applica Notary Public - State of Florida Sworn to & subscribed before me this	ant (print or type) April , 2024		
Notary			

The permanent locati	on at which such vehicle(s) will be stored or parked when not in use.
Permanent Location:	ExtraSpace Storage, 2523 NW 6th Street, Fort Lauderdale, FL 33311
,	

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3) 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: N/A
Address:
Phone:
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 to this application.
4) A financial statement prepared by a certified public accountant.
NOTE : A certified financial statement must be attached to this application; please label it as EXHIBIT 4 . The ordinance requires that the statement be certified. The application cannot be forwarded to the City Commission without the certification. Check box below when this has been attached.
Exhibit 4 is attached to this application.
5) 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) or this is a new business.
The applicant is the holder of a certificate. A profit and loss statement has been labeled as EXHIBIT 5 and attached to this application.
6) 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 earning and expenditures for operation, insurance premiums paid including but not limited to unemployment, workers compensation, social security, and 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.

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7) Each application for a certificate of public convenience and necessity shall be accompanied by tender of the license fee as a provided by Section 15-57 of this Code.
The license fee is attached to this application. Fee Amount\$32.55
8) A comprehensive listing of any violation 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 vehicle(s) for hire incidents that occurred in the State of Florida.
Are you the applicant currently operating a business regarding vehicles for hire?
Yes No
If yes, business name:
Have you, the applicant been involved in vehicle(s) for hire in the past?
☐ Yes X No
Have you, the applicant been involved with another business regarding vehicle(s) for hire?
☐ Yes X No
If yes, business name:
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 vehicle(s) for hire?
☐ Yes X No
If yes: Name of Person
Business Name
Names of Person
Business Name
NOTE : Attach extra sheets if more room is needed. Please label as EXHIBIT 7 and check box below.
Exhibit 7 is attached to this application.
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 .

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Venice of America Trans	sportation and Mobility	Department	
I do not have any viola 192(b) (10) to report.	ations or complaints that meet t	he requirements of Section 27-	
	rehensive listing of the violations -192(b) (10) of the Code of Ordi		
9) Sec. 27-193. Insurance re	quired.		
operate a rental car with constall submit to the Transp	d but before a permit is issued hauffeur and/or sightseeing vehicortation and Mobility Department in insurance for each vehicle oper	cle, the applicant for such permit nt a policy or policies of public	
Type of Vehicle	Public Liability Policies Amount	Property Damage Policies Amount	
Rental Car with Chauffeur	\$ 50,000 / \$100,000	\$ 5,000.00	
Sightseeing vehicle	\$100,000 / \$300,000	\$25,000.00	
Non-motorized	\$1,000,000 / \$2,000,000	Medical: \$10,000 per person	
city license inspector or to void the certificate of publi with chauffeur and/or sights	t by the applicant at all times. Fat keep same in full force and effect convenience and necessity or seeing vehicle covered by such point will be forwarded to the Polet may be a part of public record.	ct shall automatically cancel and permit granted to the rental car olicy.	
10) The date the application is	s made . DATE:04/_1	0 / 2024	
David Enrique) Signature o	f Applicant Comm Expire Notary Pul	SEPH MAGRI n.: # HH 294012 s: July 27, 2026 olic - State of Florida
Sworn to and subscribed	before me this _/// day of _	(19717, 20 <u>07</u>	
	Notary		
(Office Use Only) Application red	ceived onby		
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Exhibit 1

Vehicle One

2018 Ford Transit 350 XL VIN: 1FBAX2CM8JKA77123

License Plate: 44DYFH

The proposed transportation service will be non-emergency medical transportation. The company will be transporting passengers in wheelchairs and stretchers, or those who simply require more assistance than a typical taxi or rideshare service can provide.

Exhibit 2

Proposed Schedule of Rates

Rates for Normal Business Hours

Ambulatory Transport

\$50 per one-way trip, up to 10 miles; \$2.75 each additional mile

Wheelchair Transport

\$60 per one-way trip, up to 10 miles; \$2.75 each additional mile

Stretcher Transport

\$160 per one-way trip, up to 10 miles; \$2.75 each additional mile

Rates for Weekends and After Business Hours

Ambulatory Transport

\$75 per one-way trip, up to 10 miles; \$3.75 each additional mile

Wheelchair Transport

\$90 per one-way trip, up to 10 miles; \$3.75 each additional mile

Stretcher Transport

\$240 per one-way trip, up to 10 miles; \$3.75 each additional mile



March 21, 2024

Hi David,

Please allow this to serve as documentation of the financial health and stability of RideStat LLC, incorporated July 12, 2023. I have included financial statements, 2024 YTD v 2023 Profit & Loss and Balance Sheet, per your request.

Feel free to reach out to me if I may be of further assistance.

Kind regards and thank you,

Carrie Baron, CPA

Founding Partner

Carrie Baron & Associates

Certified Public Accountants

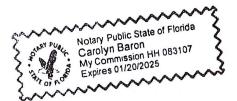


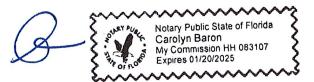
Exhibit 6

RideStat LLC

Profit and Loss

January - December 2024

		TOTAL			
	JAN - DEC 2024	JAN - DEC 2023 (PY)	CHANGE	% CHANGE	
Income					
Total Income			\$0.00	0.00%	
GROSS PROFIT	\$0.00	\$0.00	\$0.00	0.00%	
Expenses					
Advertising & marketing	3,424.00	500.00	2,924.00	584.80 %	
Business licenses	58.00		58.00		
Contract labor	73.58		73.58		
General business expenses		120.00	-120.00	-100.00 %	
Bank fees & service charges	64.08	220.00	-155.92	-70.87 %	
Continuing education	137.50		137.50		
Total General business expenses	201.58	340.00	-138.42	-40.71 %	
Insurance					
Liability insurance	150.20	147.86	2.34	1.58 %	
Total Insurance	150.20	147.86	2.34	1.58 %	
Legal & accounting services					
Accounting fees	90.00	30.00	60.00	200.00 %	
Legal Fees	1,000.00		1,000.00		
Total Legal & accounting services	1,090.00	30.00	1,060.00	3,533.33 %	
Office expenses					
Software & apps	14.40	38.45	-24.05	-62.55 %	
Total Office expenses	14.40	38.45	-24.05	-62.55 %	
Rent	262.10		262.10		
Utilities					
Phone service	67.74		67.74		
Total Utilities	67.74		67.74		
Total Expenses	\$5,341.60	\$1,056.31	\$4,285.29	405.68 %	
NET OPERATING INCOME	\$ -5,341.60	\$ -1,056.31	\$ -4,285.29	-405.68 %	
Other Expenses		,	,,	.00,00 ,0	
Vehicle expenses	250.47		250.47		
Parking & tolls	51.82		51.82		
Vehicle gas & fuel	75.48		75.48		
Vehicle repairs		1,037.76	-1,037.76	-100.00 %	
Vehicle wash & road services	10.46		10.46	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Total Vehicle expenses	388.23	1,037.76	-649.53	-62.59 %	
otal Other Expenses	\$388.23	\$1,037.76	\$ -649.53	-62.59 %	
NET OTHER INCOME	\$ -388.23	\$ -1,037.76	\$649.53	62.59 %	
IET INCOME	\$ -5,729.83	\$ -2,094.07	\$ -3,635.76	-173.62 %	

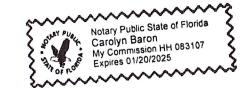


RideStat LLC

Balance Sheet

As of December 31, 2024

	TOTAL			
	AS OF DEC 31, 2024	AS OF DEC 31, 2023 (PY)	CHANGE	% CHANGE
ASSETS				
Current Assets				
Bank Accounts				
BUS COMPLETE CHK (2690) - 1	50,651.49	54,936.40	-4,284.91	-7.80 %
Total Bank Accounts	\$50,651.49	\$54,936.40	\$-4,284.91	-7.80 %
Other Current Assets				
Inventory Asset	2,187.27	2,187.27	0.00	0.00 %
Total Other Current Assets	\$2,187.27	\$2,187.27	\$0.00	0.00 %
Total Current Assets	\$52,838.76	\$57,123.67	\$-4,284.91	-7.50 %
Fixed Assets				
Vehicles	40,000.00	40,000.00	0.00	0.00 %
Total Fixed Assets	\$40,000.00	\$40,000.00	\$0.00	0.00 %
TOTAL ASSETS	\$92,838.76	\$97,123.67	\$-4,284.91	-4.41 %
LIABILITIES AND EQUITY				
Liabilities				
Current Liabilities				
Credit Cards				
D. ENRIQUEZ (9303) - 1	874.51	-570.41	1,444.92	253.31 %
Total Credit Cards	\$874.51	\$-570.41	\$1,444.92	253.31 %
Total Current Liabilities	\$874.51	\$-570.41	\$1,444.92	.253.31 %
Total Liabilities	\$874.51	\$ -570.41	\$1,444.92	253.31 %
Equity				
Opening balance equity	-211.85	-211.85	0.00	0.00 %
Retained Earnings	-2,094.07		-2,094.07	
Shareholders' equity				
Contributions	100,000.00	100,000.00	0.00	0.00 %
Total Shareholders' equity	100,000.00	100,000.00	0.00	0.00 %
Net Income	-5,729.83	-2,094.07	-3,635.76	-173.62 %
Total Equity	\$91,964.25	\$97,694.08	\$-5,729.83	~5.87 %
TOTAL LIABILITIES AND EQUITY	\$92,838.76	\$97,123.67	\$-4,284.91	-4.41 %



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Department of State / Division of Corporations / Search Records / Search by Entity Name /

Detail by Entity Name

Florida Limited Liability Company

RIDESTAT LLC

Filing Information

Document Number

L23000331279

FEI/EIN Number

93-2370903

Date Filed

07/12/2023

Effective Date

07/12/2023

State

FL

Status

ACTIVE

Principal Address

2598 East Sunrise Blvd

Ste 2104

Fort Lauderdale, FL 33304

Changed: 03/13/2024

Mailing Address

2598 East Sunrise Blvd

Ste 2104

Fort Lauderdale, FL 33304

Changed: 03/13/2024

Registered Agent Name & Address

ENRIQUEZ, DAVID 708 SE 9TH AVE

FORT LAUDERDALE, FL 33316

Authorized Person(s) Detail

Name & Address

Title MGR

ENRIQUEZ, DAVID 708 SE 9TH AVE

FORT LAUDERDALE, FL 33316 UN

Annual Reports

Report Year

Filed Date

2024

03/13/2024

Document Images

03/13/2024 -- ANNUAL REPORT View image in PDF format

07/12/2023 -- Florida Limited Liability View image in PDF format









Environmental Protection and Growth Management Department

ENVIRONMENTAL AND CONSUMER PROTECTION DIVISION

1 North University Drive, Box #302 - Plantation, Florida 33324 • (954) 765-1700 broward.org/consumer

NEMTS Vehicle Inspection Report

All components shall be demonstrated to be functional and meet the safety standards designated by the manufacturer.

Inspection Criteria	Pass	Stretcher		Pass
1. Interior equipment smooth and cleanable	Y	16. Secure la	tching devices for stretcher	Y
2. General Sanitation and cleanliness	Y	17. Adequate	passenger restraints	Y
3. Interior lights + A/C (front & rear)	Y		r compartment mirror	Y
4. Free of hazards (floors, edges, equip., etc.)	Y		hes or bungee cords	Y
5. Fire extinguisher 1A:10B:C minimum	Y		supply: sheets, pillows, etc	c. Y
6. No excessive dents/rust (re: safety)	Y		torage for soiled linens	Y
7. State of FL Standards (tires, exhaust, etc.)	Y		torage for solled intens	•
Doors, latches, handles working properly	Y	Notes:		
				П
9. Wheelchair Lift/Ramp: Y Lift N Ramp	Y			
10. Wheelchair lift/ramp make:Braun				
11. Location of lift/ramp: Y Side N Rear				
12. Secure latching devices for wheelchair(s)	Y			
13. Adequate passenger restraints	Y			
14. Passenger Compartment mirror	Y			
15. Door safety latches or bungee cords	Y			
INSPECTION RESULTS: Pass:	Y	Date:	2024-04-10 09:08:5	51
Decal Number: 1003		Next Due	2024-12-02 00:00:0	<u>)0</u>
INSPECTION DETAILS				
Company: RIDESTAT LLC		Category:	Nonemergency Medica	l Transport
Vehicle Year: 2018 Make: FORD Model:	VN	Tag/VIN #	Tag: 44DYFH VI	•
				N: A7/123
Inspection Type: Re-Inspection Communicatio	ns: Y	Type:	Cell	
Lettering on vehicle per code? Yes				
The undersigned representative of the above servi				
In addition, I am aware of the discrepancies listed subject the services (and its authorized representa				
Chapter 3½, Broward County Code of Ordinances				
Company Rep.:		Title	: Date:	2024-04-10 09:08:51
Inspected by: Raini Jones	1	Title	: Consumer Date:	2024-04-10
				09:08:51



BOARD OF COUNTY COMMISSIONERS

RESILIENT ENVIRONMENT DEPARTMENT CONSUMER PROTECTION DIVISION

NONEMERGENCY MEDICAL TRANSPORTATION SERVICE LICENSE

This is to certify that, RIDESTAT, LLC is issued this license pursuant to Chapter 31/2 of the Broward County Code of Ordinances and is authorized to operate a Nonemergency Medical Transportation Service in Broward County.

Date issued: August 14, 2023

Expiration date: August 31, 2025

2025 MT5 14031

LICENSE NUMBER

Joseph O'Geeh Regulated Business Admini

Regulated Business Administrator CONSUMER PROTECTION DIVISION