



CITY OF FORT LAUDERDALE
VEHICLES FOR HIRE APPLICATION

Date: 07/11/24

Table with 2 columns: TYPES OF CERTIFICATE (see definitions below) and NUMBER OF VEHICLES. Rows include TAXICAB, MOTEL OR HOTEL COURTESY CARS, COURTESY CAR, RENTAL VEHICLE-CHAUFFEUR OR SIGHTSEEING (marked with 1 X), NON MOTORIZED VEHICLES-FOR HIRE, and NON MOTORIZED VEHICLES-SELF PROPELLED.

REQUIRED INFORMATION

Note: Additional information for each category can be obtained by reading Section 27-192 of the Code of Ordinances of the City of Fort Lauderdale.

THE APPLICANT IS:

INDIVIDUAL BUSINESS ENTITY CORPORATION (checked)

PLEASE PRINT

Individual / Business Name: MIA. 800 Group Corp.
Address: 1555 SW 21 way Fort Lauderdale FL 33312
Contact Person: Frank A. Matthews.
Phone Number: 954 891 1838 E-mail address: amathewsmi@yahoo.es

1) The number of motor vehicles the applicant desires to operate, including a brief description of each (make, model and year), and the corresponding vehicle identification number (VIN) and license plate number.

Definitions (Section 27-1)

Rental car with chauffer 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 and a description of the transportation service proposed to this application and label as EXHIBIT 1.



Venice of America Transportation and Mobility Department

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: Frank A. Dathous Gonzalez

Address: 1555 SW 21 way Fort Lauderdale FL 33312

Phone: 954 881 1232

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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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: SUV BMW X7

Proposed rate and/or fare: Please see attached

Vehicle Type: _____

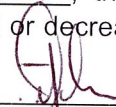
Proposed rate and/or fare: _____

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.

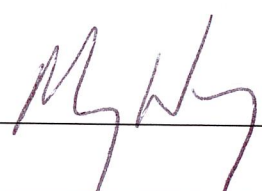
Rates, Fares and charges agreement

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




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

Sworn to & subscribed before me this 13 day of 1, 2025

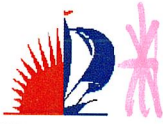


 Notary


 MEAGHANN RIGG
 Commission # HH 249627
 Expires April 5, 2026

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

Permanent Location: 1555 SW 21 Way
Fort Lauderdale FL 33312



Venice of America Transportation and Mobility Department

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 _____

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 No

Have you, the applicant been involved with another business regarding vehicle(s) for hire?

Yes 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 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**.



Venice of America Transportation and Mobility Department

- 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.

9) 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 submit to the Transportation and Mobility Department a policy or policies of public liability and property damage insurance for each vehicle operated as follows:

Table with 3 columns: Type of Vehicle, Public Liability Policies Amount, Property Damage Policies Amount. Rows include Rental Car with Chauffeur, Sightseeing vehicle, and Non-motorized.

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 or the city and shall be kept in full force and effect by the applicant at all times.

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.

10) The date the application is made. DATE: 07 / 11 / 2024

I hereby swear the above information is true.

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

Signature of Applicant

Sworn to and subscribed before me this 11 day of July, 2024

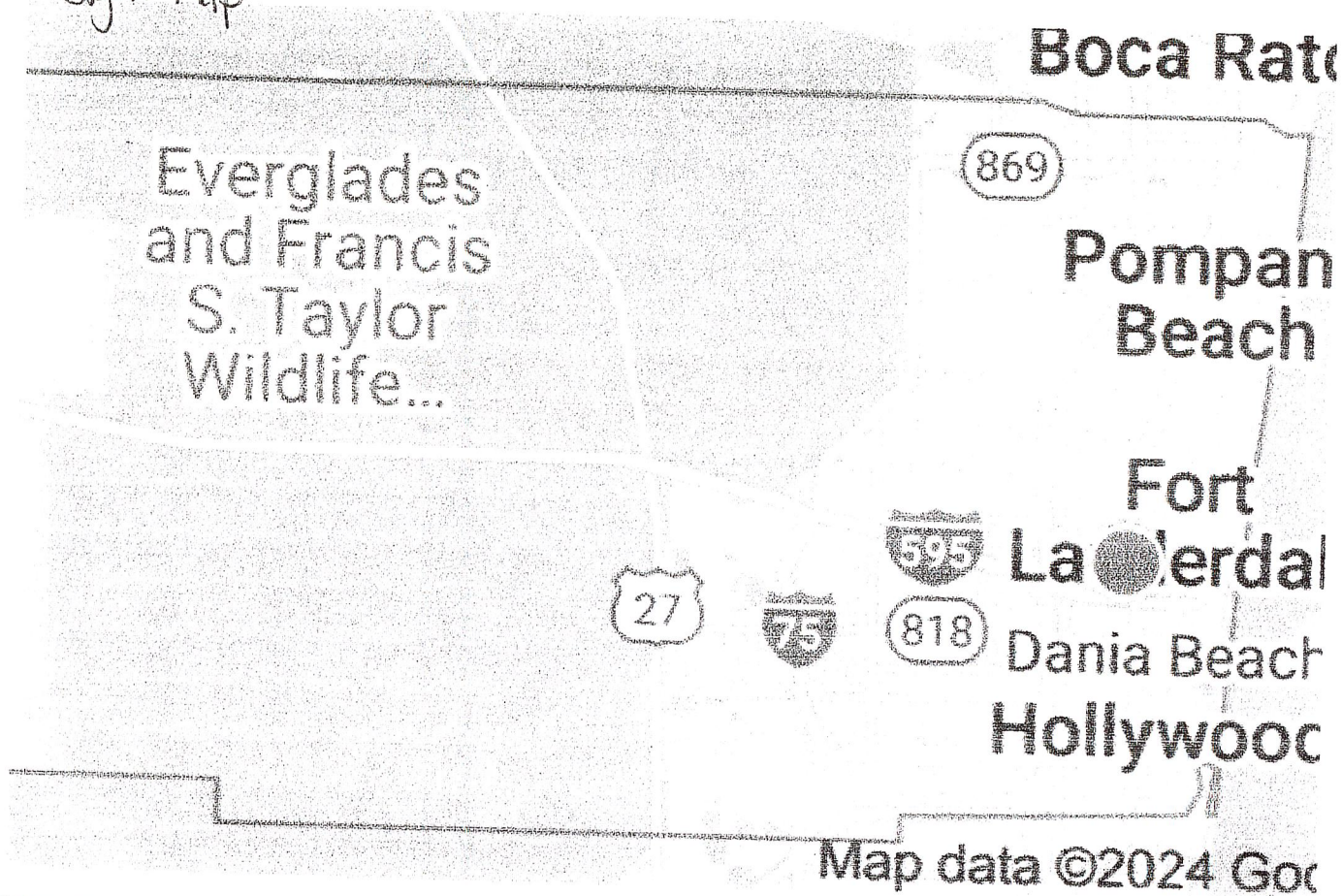


Alexander Valeev
Notary Public
State of Florida
My Commission Expires 02/22/2026
Commission No. HH 232316

Notary signature

(Office Use Only) Application received on _____ by _____

Aerial
Sight Map



MJA 800 GROUP CORP 07/11/2024

PROPOSED VEHICLE SERVICE

*Our company provide a relabel and luxury
service to tourist and
Fort Lauderdale residents, drivers are
professional with clean driving record*

PRICE LIST

*Fort Lauderdale Hotels on the beach to fill
and port everglades \$35.00*

*To
restaurants on las olas blvd \$20.00*

To hard rock hotel \$45.00

To everglade park \$75.00

To sawgrass mall \$55.00

MJA 800 GROUP CORP 07/11/2024

DESCRIPTION OF SERVICE ROUTE

***Fort Lauderdale condominiums and hotels
to FLL and Port everglades***

***Fort Lauderdale condominiums and hotels
to restaurants and tourist attractions***

From: Frank Mathews amathewsmi@yahoo.es

Date: Jul 11, 2024 at 9:46:12 AM

To: Frank Mathews amathewsmi@yahoo.es

FLORIDA VEHICLE REGISTRATION

PLATE **CXRJ73** DECAL **17862744** Expires **Midnight Mon 11/11/2024**

YR/MK **2020/BMW** BODY **UT**
VIN **5UXCW2C09L9D65653** COLOR **WHI**
Plate Type **RGS** NET WT **5370** TITLE **150213402**

DL/FEID **M325261754110**
Date Issued **11/6/2023** Plate Issued **10/14/2014**

COLONY 1 135
DL 1842271600
FE 12536616

Reg. Tax	43.00	Class Code	1
Init. Reg.		Tax Months	12
County Fee	2.00	Back Tax Mos.	
Mail Fee	0.90	Credit Class	
Sales Tax		Credit Months	
Voluntary Fees	1.00		
Grand Total	48.90		

FRANK ARTURO MATHEWS GONZALEZ
1555 SW 21ST WAY
FT LAUDERDALE, FL 33312-4045

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 moving.
- 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 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.

RGS - SUNSHINE STATE

Frank Mathews

BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-357-4829

VALID OCTOBER 1, 2024 THROUGH SEPTEMBER 30, 2025

Business Name: M J A 800 GROUP CORP

Receipt #: 326-344820
Business Type: COURIER/TRANSPORT/DLVRY/TOWING
 (TRANSPORTATION)

Owner Name: FRANK A MATHEWS
Business Location: 1555 SW 21ST WAY
 FT LAUDERDALE
Business Phone: 954 881-1838

Business Opened: 07/01/2024
State/County/Cert/Reg:
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

Receipt Fee 33.00
 Packing/Processing/Canning Employees 0.00

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:

M J A 800 GROUP CORP
 1555 SW 21ST WAY
 FORT LAUDERDALE, FL
 33312-4045

Receipt # 035-23-00005218
Paid 07/01/2024 33.00

2024 - 2025

Accountant Financial Statement

Applicant's Name: MJA 800 GROUP CORP

This form is to be completed by a certified accountant when others statements are not available.
The following financial statement is for:

Income from a business **EIN: 84-4600420**

This financial information is for the following current year business period:

Commencing Date: 01/01/2024 (mm/dd/yy) Ending Date: 12/31/2024(mm/dd/yy)

Total Gross Assets/Income: \$183822.00

Liabilities/Expenses:

Advertising:	\$5000.00	Rent or lease:	\$25200.00
Car/Truck Expenses:	\$1923	Repairs and maintenance:	\$3510.00
Contract labor:	\$42000.00	Supplies:	\$5435.00
Purchases	\$36150.00	Taxes and licenses:	\$550.00
Insurance:	\$1782.00	Travel, meals, entertainment:	\$1354.00
Professional Services:	\$3200.00	Wages:	\$0.00
Office Expenses:	\$1698.00	Total Other Expenses:	\$1720.00

Total Expenses: \$129522.00

Profit or Loss:

Total Gross Income:	<u>\$183822.00</u>
Subtract Total Expenses:	<u>\$129522.00</u>
Profit or (loss):	<u>\$54300.00</u>

Profit or (loss) for the period noted above: \$54300.00

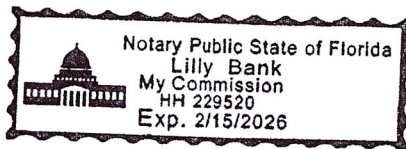
Under penalty of perjury, I hereby certify that I am certified accountant qualified to provide this audited or unaudited financial statement of net income and all other information here provided of the above named individual. In addition, I certify that the information supplied in this section is true and complete and it includes all anticipated income and expenses of this individual. Also that I understand, that federal and state law prohibits from providing false or inaccurate income information.

Preparer's Telephone: 786-757-38222 Date: 02/17/2025

Preparer's PTIN: P02295633

Name Lourdes Noval Jimenez

Notarized:



Lilly Bank - 2/10/25



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/11/2024

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 have **ADDITIONAL INSURED** provisions or 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 Preferred Insurance Advisors 14100 Palmetto Frontage Road 320 Miami Lakes FL 33016		CONTACT NAME: PHONE (A/C, No., Ext): (305) 698-9880 E-MAIL ADDRESS: FAX (A/C, No): (305) 698-5756	
INSURED MJA 800 Group Corp / Frank Mathews 1555 SW 21st Way Fort Lauderdale FL 33312		INSURER(S) AFFORDING COVERAGE INSURER A: Progressive Express 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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <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 OTHER: ALCOHOL LIABILITY					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED <input type="checkbox"/> AUTOS ONLY		959111614	06/21/2024	06/21/2025	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 100,000 BODILY INJURY (Per accident) \$ 300,000 PROPERTY DAMAGE (Per accident) \$ 50,000 \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE 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	Y/N <input type="checkbox"/> N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
2020 BMW X7 VIN:5UXCW2C09L9D65653
Driver Frank Mathews DOB 11/11/1975

CERTIFICATE HOLDER	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



