



Venice of America

Transportation and Mobility Department

CITY OF FORT LAUDERDALE
VEHICLES FOR HIRE APPLICATION

Date: 03.02.2021

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

1

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

PLEASE PRINT

Individual / Business Name: ITDV Non Emergency Medical Transp.

Address: 1872 SW 29th AVE Fort Lauderdale FL 33312

Contact Person: TATYANA TSURKAN

Phone Number: 954.348.5501 E-mail address: ITdvtransportation@gmail.com

- 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**.



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Transportation and Mobility Department

☒ 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: E250 VAN FORD 2007

Proposed rate and/or fare: _____

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, Tatyana Tsurkan, the applicant agrees that all changes in rates, fares or charges, whether increased or decreased, shall be set by the city commission.

[Signature]

Signature of Applicant

TATYANA TSURKAN

Name of Applicant (print or type)



Subscribed before me this 02 day of March, 2021

[Signature]

Notary

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

Permanent Location: 1872 SW 29th AVE
Fort Lauderdale FL 33312



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: ITDV Non Emergency Medical Transport.

Address: 1872 SW 29th Ave Fort Lauderdale FL 33312

Phone: 954.348.5501

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.



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:

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

- 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. 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.

10) The date the application is made. DATE: 03 / 02 / 2021

I hereby swear the above information is true.

Tatyana TSURKAN
Name of Applicant (print or type)

[Signature]
Signature of Applicant



I work to and subscribed before me this 02 day of March, 2021

[Signature]
Notary

(Office Use Only) Application received on _____ by _____

Detail by Entity Name

Florida Profit Corporation

ITDV NON EMERGENCY TRANSPORTATION, INC

Filing Information

Document Number	P19000091441
FEI/EIN Number	84-3833599
Date Filed	12/02/2019
Effective Date	12/02/2019
State	FL
Status	ACTIVE

Principal Address

1872 SW 29th Avenue
FORT LAUDERDALE, FL 33312

Changed: 02/25/2021

Mailing Address

1872 SW 29th Avenue
FORT LAUDERDALE, FL 33312

Changed: 02/25/2021

Registered Agent Name & Address

TSURKAN, TATYANA
1932 SW 29TH AVE
FORT LAUDERDALE, FL 33312

Officer/Director Detail

Name & Address

Title P

TSURKAN, TATYANA
1932 SW 29TH AVE
FORT LAUDERDALE, FL 33312

Annual Reports

Report Year	Filed Date
2020	06/25/2020
2021	03/02/2021

Document Images

03/02/2021 -- ANNUAL REPORT	View image in PDF format
06/25/2020 -- ANNUAL REPORT	View image in PDF format
12/02/2019 -- Domestic Profit	View image in PDF format

Mail Lien Satisfaction to: Dept of Highway Safety and Motor Vehicles, Nell Kirkman Building, Tallahassee, FL 32399-0500

T# 1403056057

B# 2047860

Identification Number 1FTNS24W17DA27348	Year 2007	Make FORD	Body VN	WT-L-BHP 5215	Vessel Regis. No.	Title Number 98011219
--	--------------	--------------	------------	------------------	-------------------	--------------------------

Registered Owner:

Date of Issue

01/27/2021

ITDV NON EMERGENCY TRANSPORTATION, INC
1932 SW 29TH AVE
FORT LAUDERDALE, FL 33312-3828

Lien Release
Interest in the described vehicle is hereby released
By _____

Title

Date

IMPORTANT INFORMATION

1. When ownership of the vehicle described herein is transferred, the seller MUST complete in full the Transfer of Title by Seller section at the bottom of the certificate of title.
2. Upon sale of this vehicle, the seller must complete the notice of sale on the reverse side of this form.
3. Remove your license plate from the vehicle.
4. See the web address below for more information and the appropriate forms required for the purchaser to title and register the vehicle, mobile home or vessel: <http://www.hsmv.state.fl.us/html/titlinf.html>

Mail To:

ITDV NON EMERGENCY TRANSPORTATION, INC
1932 SW 29TH AVE
FORT LAUDERDALE, FL 33312-3828

CERTIFICATE OF TITLE

Identification Number 1FTNS24W17DA27348	Year 2007	Make FORD	Body VN	WT-L-BHP 5215	Vessel Regis. No.	Title Number 98011219
Prev. State FL	Color WHI	Primary Brand	Secondary Brand	No. of Brands	Use PRIVATE	Prev Issue Date 11/05/2019
Odometer Status or Vessel Manufacturer or OH use EXEMPT		Engine Drive	Hull Material	Prop	Date of Issue 01/27/2021	Date

Lien Release
Interest in the described vehicle is hereby released
By _____

Title

Date

Registered Owner

ITDV NON EMERGENCY TRANSPORTATION, INC
1932 SW 29TH AVE
FORT LAUDERDALE, FL 33312-3828

1st Lienholder

NONE

DIVISION OF MOTORIST SERVICES

TALLAHASSEE



FLORIDA

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Robert R. Kynoch
Director

Control Number 148727252
10 / 7 148727252

Terry L. Rhodes
Executive Director

TRANSFER OF TITLE BY SELLER (This section must be completed at the time of sale.)

Federal and/or state law require that the seller state the mileage, purchaser's name, selling price and date sold in connection with the transfer of ownership.

Failure to complete or providing a false statement may result in fines and/or imprisonment.

This title is warranted to be free from any liens except as noted on the face of the certificate and the motor vehicle or vessel described is hereby transferred to:

Seller Must Enter Purchaser's Name: _____

Address: _____

Seller Must Enter Selling Price: _____

Seller Must Enter Date Sold: _____

I/We state that this ☐ 5 or ☐ 6 digit odometer now reads _____ (no tenths) miles, date read _____ and I hereby certify that to the best of my knowledge the odometer reading:
☐ 1. reflects ACTUAL MILEAGE. ☐ 2. is IN EXCESS OF ITS MECHANICAL LIMITS. ☐ 3. is NOT THE ACTUAL MILEAGE.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

SELLER Must
Sign Here: _____

CO-SELLER Must
Sign Here: _____

Print Here: _____

Print Here: _____

Selling Dealer's License Number: _____

Tax No.: _____

Tax Collected: _____

Auction Name: _____

License Number: _____

PURCHASER Must
Sign Here: _____

CO-PURCHASER Must
Sign Here: _____

Print Here: _____

Print Here: _____

NOTICE: PENALTY IS REQUIRED BY LAW IF NOT SUBMITTED FOR TRANSFER WITHIN 30 DAYS AFTER DATE OF PURCHASE.

CAM 21-0702

MTRE0022

Exhibit 1

Page 4 of 51



Local Transportation Pricing.

In County One-Way Trips.

Ambulatory (can walk)

\$25^{00*} *Per Trip*

- Plus \$3.65 per mile

Wheelchair (up to 299lbs)

\$50^{00*} *Per Trip*

- Plus \$3.65 per mile

Wheelchair (300-400lbs)

\$65^{00*} *Per Trip*

- Plus \$3.65 per mile

Stretcher (up to 299lbs)

\$109^{00*} Per Trip
[L]
[SEP]

- Plus \$3.65 per mile

Stretcher (300-400lbs)

\$249^{00*} Per Trip
[L]
[SEP]

- Plus \$3.65 per mile

In County Round-Trips.

Ambulatory (can walk)

\$45^{00*} Per Trip
[L]
[SEP]

- 10 miles included, then \$3.65 per additional mile

Wheelchair (up to 299lbs)

\$75^{00*} Per Trip

- 10 miles included, then \$3.65 per additional mile

Wheelchair (300-400lbs)

\$95^{00*} Per Trip

- 10 miles included, then \$3.65 per additional mile

Stretcher Transport (up to 299lbs)

\$199^{00*} Per Trip

- 10 miles included, then \$3.65 per additional mile, includes 1 hour wait time

Dialysis: 3 Trips Per Week

Ambulatory

\$119^{00*} Per Week

- includes 30 miles, 10 mile per day

Wheelchair

\$199^{00*} Per Week

- includes 30 miles, 10 mile per day

Stretcher

\$299⁰⁰ *Per Week*

- includes 30 miles, 10 mile per day

Out Of County Trips & Trips Over 150 Miles

Call For Quote

954-348-5501

DAVIE ACCOUNTING & ASSOCIATES, INC.

3627 Davie Blvd.
Ft. Lauderdale, FL 33312



March 12, 2021

RE: ITDV Non Emergency Transportation, Inc
1872 SW 29 Avenue
Fort Lauderdale FL 33312

To whom it may concern,

This letter is inform you that attached is a list of vehicles owned by Ms. Tatyana Tsurkan and Mr. Ivan Ivanschenko: also the property located at 1872 SW 29 Avenue Fort Lauderdale, FL 33312, attachment also enclosed.

If you have any questions or need any additional information, please don't hesitate to contact me at my address or phone numbers provided above..

Cordially,

Nazeera Dupoux
Accountant
License #1001351

PHONE: 954-791-6671

FAX: 954-791-9924

EMAIL: Daviej@bellsouth.net

Bookkeeping, Accounting, Business and Personal Taxes, State Taxes, Business Set-ups
Electronic Filing, Rapid Refunds, Articles of Incorporation, Payroll Services

ITDV NON EMERGENCY TRANSPORTATION, INC

1872 SW 29TH AVE
FORT LAUDERDALE, FL 33312

03/02/2021

EXIBIT 4

Subject: Financial Affidavit Statement

To Whom It May Concern,

This letter is to provide financial statement for the business tax receipt of Fort Lauderdale.

Attached is a list of vehicles own by me and my hsband in the state of Florida. We also own a house located at 1872 sw 29th ave, fort Lauderdale, FL 33312, which we have attached the property appraiser.

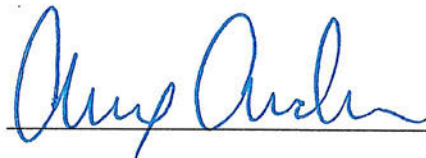
I certify that the information presented in this letter is true and correct to the best of my knowledge and belief.

Sincerely,



Tatyana Tsurkan

Ivan Ivanschenko



Notary Signature

Personal Balance Sheet

December 31, 2020

Assets

Current assets:

Cash	\$	27,696
------	----	--------

Total current assets		27,695.63
-----------------------------	--	------------------

Fixed assets:

Motor Vehicles*		153,600.00
-----------------	--	------------

Other transportation vehicles*		14,400.00
--------------------------------	--	-----------

Total fixed assets		168,000.00
---------------------------	--	-------------------

Total assets	\$	195,696
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Liabilities and owner's equity

Long-term liabilities:

Vehicle loan payable	\$	56,500
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Total long-term liabilities		56,500
------------------------------------	--	---------------

Owner's equity:

Owner's equity		139,195.63
----------------	--	------------

Total owner's equity		139,195.63
-----------------------------	--	-------------------

Total liabilities and owner's equity	\$	195,696
---	-----------	----------------

*

Item Description	Value (\$)
1993 Dodge Ram	\$ 10,000
2003 Dodge Ram	15,000
2004 Dodge Ram	17,000
2008 Cargo Trailer	5,500
2002 Harley Davidson	15,300
2003 Boat Trailer	1,500
2006 Suzuki Scooter	1,200
2018 RV 7th Wheel	30,800
2007 Yamaha Golf Cart	7,400
2019 Infinity QX50 E	64,300
Total	\$ 168,000



P.O. Box 15284
Wilmington, DE 19850

IVAN IVASCHENKO
1872 SW 29TH AVE
FT LAUDERDALE, FL 33312-3826

BANK OF AMERICA

Preferred Rewards

Customer service information

- 1.888.888.RWDS (1.888.888.7937)
- TDD/TTY users only: 1.800.288.4408
- En Español: 1.800.688.6086
- bankofamerica.com
- Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

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for June 16, 2020 to July 16, 2020

IVAN IVASCHENKO

Account summary

Beginning balance on June 16, 2020	\$3,912.94
Deposits and other additions	22,221.06
ATM and debit card subtractions	-10,773.05
Other subtractions	-13,224.72
Checks	-0.00
Service fees	-0.00
Ending balance on July 16, 2020	\$2,136.23

Your account has overdraft protection provided by deposit account number

Account number: [REDACTED]

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SSM-02-20-0030.B | 2924522



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Tampa, FL 33622-5118

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for January 16, 2020 to February 12, 2020

IVAN IVASCHENKO

Account summary

Beginning balance on January 16, 2020	\$1,327.41
Deposits and other additions	11,117.00
ATM and debit card subtractions	-8,063.58
Other subtractions	-3,493.64
Checks	-0.00
Service fees	-1.05
Ending balance on February 12, 2020	\$886.14

Your account has overdraft protection provided by deposit account number

Account number: [REDACTED]

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- 🌐 bankofamerica.com
- ✉ Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

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for July 17, 2020 to August 14, 2020

IVAN IVASCHENKO

Account summary

Beginning balance on July 17, 2020	\$2,136.23
Deposits and other additions	16,639.14
ATM and debit card subtractions	-10,559.43
Other subtractions	-5,789.79
Checks	-0.00
Service fees	-0.00
Ending balance on August 14, 2020	\$2,426.15

Your account has overdraft protection provided by deposit account number

Account number: [REDACTED]

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Get started at bofa.com/Students.

- No monthly maintenance fees for students¹
- 24/7 account access on your mobile device

¹Students under age 24 are eligible for a waiver of the monthly maintenance fee while enrolled in a high school, college, university or vocational program. Please refer to your Personal Schedule of Fees for details at bofa.com/fees.
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Tampa, FL 33622-5118

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for May 14, 2020 to June 15, 2020

IVAN IVASCHENKO

Account summary

Beginning balance on May 14, 2020	\$1,348.22
Deposits and other additions	27,861.79
ATM and debit card subtractions	-19,670.70
Other subtractions	-5,623.62
Checks	-0.00
Service fees	-2.75
Ending balance on June 15, 2020	\$3,912.94

Your account has overdraft protection provided by deposit account number

Account number: [REDACTED]



Know how to identify and avoid scams

- Don't buy gift cards for someone you don't know, and never send gift cards as payment.
- Never provide access codes to an unsolicited caller or through email or text.
- Hang up if an unsolicited caller asks for money or personal information. Scammers can fake caller ID to trick you, so hang up and call back through a trusted number.

For more tips and information on the tricks scammers use, visit [bankofamerica.com/Security](https://www.bankofamerica.com/Security).

SSM-01-70-2301.C | 7880298



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FORT LAUDERDALE, FL 33312-3828

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- ✉ Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

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for December 14, 2019 to January 15, 2020

IVAN IVASCHENKO

Account summary

Beginning balance on December 14, 2019	\$571.31
Deposits and other additions	33,119.12
ATM and debit card subtractions	-10,590.22
Other subtractions	-16,567.78
Checks	-5,200.00
Service fees	-5.02
Ending balance on January 15, 2020	\$1,327.41

Your account has overdraft protection provided by deposit account number

Account number: [REDACTED]



Happy New Year!

All the best to you and yours in 2020 and beyond.
Thank you for being a Bank of America® customer.

SSM-09-19-0762C 1 AR5BNWL



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Your Adv Plus Banking Preferred Rewards Platinum Honors

for September 16, 2020 to October 15, 2020

IVAN IVASCHENKO

Account summary

Beginning balance on September 16, 2020	\$725.18
Deposits and other additions	13,329.84
ATM and debit card subtractions	-9,907.49
Other subtractions	-2,235.17
Checks	-0.00
Service fees	-0.00
Ending balance on October 15, 2020	\$1,912.36

Your account has overdraft protection provided by deposit account number

Account number: [REDACTED]

What's on your mind?

When you join the Bank of America® Advisory Panel, you can help us understand what you like and don't like.
Enter code **CADD** at bankofamerica.com/AdvisoryPanel to learn more and join.

Inclusion on the Advisory Panel subject to qualifications.

SSM-06-20-0180A2 | 3104242



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for April 16, 2020 to May 13, 2020

IVAN IVASCHENKO

Account summary

Beginning balance on April 16, 2020	\$765.19
Deposits and other additions	9,439.67
ATM and debit card subtractions	-6,633.32
Other subtractions	-2,222.12
Checks	-0.00
Service fees	-1.20
Ending balance on May 13, 2020	\$1,348.22

Your account has overdraft protection provided by deposit account number

Account number: [REDACTED]

BANK OF AMERICA

Preferred Rewards

It's your anniversary and we want to say thank you.

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SSM-01-20-2192.C | 2880030



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Customer service information

1.888.888.RWDS (1.888.888.7937)

En Español: 1.800.688.6086

bankofamerica.com

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Your Adv Plus Banking Preferred Rewards Platinum Honors

for November 13, 2020 to December 15, 2020

IVAN IVASCHENKO

Account number: [REDACTED]

Account summary

Beginning balance on November 13, 2020	\$2,213.95
Deposits and other additions	20,380.29
ATM and debit card subtractions	-14,444.11
Other subtractions	-7,464.40
Checks	-0.00
Service fees	-0.00
Ending balance on December 15, 2020	\$685.73

Your account has overdraft protection provided by deposit account number [REDACTED]

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Budget and start saving

It all starts with a plan. Your plan.

Introducing Bank of America Life Plan® —
an easy way to set and track financial goals,
get personalized advice when you need it most and more.

Learn more at bankofamerica.com/LifePlan.

To view or use Life Plan, you must be enrolled in Online Banking or Mobile Banking. Mobile Banking requires that you download the Mobile Banking app and is only available for select mobile devices. Message and data rates may apply. Bank of America Life Plan is a registered trademark of the Bank of America Corporation.

SSM-07-20-0688.8 | 3172550



P.O. Box 15284
Wilmington, DE 19850

IVAN IVASCHENKO
1872 SW 29TH AVE
FT LAUDERDALE, FL 33312-3826

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Preferred Rewards

Customer service information

- 1.888.888.RWDS (1.888.888.7937)
- TDD/TTY users only: 1.800.288.4408
- En Español: 1.800.688.6086
- bankofamerica.com
- Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118



Please see the **Important Messages - Please Read** section of your statement for important details that could impact you.

Your Adv Plus Banking Preferred Rewards Platinum Honors

for August 15, 2020 to September 15, 2020

IVAN IVASCHENKO

Account number: [REDACTED]

Account summary

Beginning balance on August 15, 2020	\$2,426.15
Deposits and other additions	10,752.63
ATM and debit card subtractions	-10,759.03
Other subtractions	-1,694.57
Checks	-0.00
Service fees	-0.00
Ending balance on September 15, 2020	\$725.18

Your account has overdraft protection provided by deposit account number [REDACTED]

Bank of America Advantage SafeBalance Banking®

A smart start for students

Get started at bofa.com/Students.

- No monthly maintenance fees for students¹
- 24/7 account access on your mobile device

¹ Students under age 24 are eligible for a waiver of the monthly maintenance fee while enrolled in a high school, college, university or vocational program. Please refer to your Personal Schedule of Fees for details at bofa.com/fees.

SSM-02-20-0030.B | 2924522



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Wilmington, DE 19850

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FT LAUDERDALE, FL 33312-3826

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Preferred Rewards

Customer service information

☎ 1.888.888.RWDS (1.888.888.7937)

En Español: 1.800.688.6086

✉ [bankofamerica.com](https://www.bankofamerica.com)

✉ Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Your Adv Plus Banking Preferred Rewards Platinum Honors

for November 13, 2020 to December 15, 2020

IVAN IVASCHENKO

Account summary

Beginning balance on November 13, 2020	\$2,213.95
Deposits and other additions	20,380.29
ATM and debit card subtractions	-14,444.11
Other subtractions	-7,464.40
Checks	-0.00
Service fees	-0.00
Ending balance on December 15, 2020	\$685.73

Your account has overdraft protection provided by deposit account number

Account number: [REDACTED]

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SSM-07-20-0588.B | 3172550

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Preferred Rewards

Customer service information

- 1.888.888.RWDS (1.888.888.7937)
- TDD/TTY users only: 1.800.288.4408
- En Español: 1.800.688.6086
- bankofamerica.com
- Bank of America, N.A.
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Tampa, FL 33622-5118

Your Adv Plus Banking Preferred Rewards Platinum Honors

for October 16, 2020 to November 12, 2020

IVAN IVASCHENKO

Account number: [REDACTED]

Account summary

Beginning balance on October 16, 2020	\$1,912.36
Deposits and other additions	14,481.79
ATM and debit card subtractions	-11,519.92
Other subtractions	-2,660.28
Checks	-0.00
Service fees	-0.00
Ending balance on November 12, 2020	\$2,213.95

Your account has overdraft protection provided by deposit account number [REDACTED]

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credit

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home

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start saving

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- TDD/TTY users only: 1.800.288.4408
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Please see the **Important Messages - Please Read** section of your statement for important details that could impact you.

Your Adv Plus Banking Preferred Rewards Platinum Honors

for February 13, 2020 to March 16, 2020

IVAN IVASCHENKO

Account number: [REDACTED]

Account summary

Beginning balance on February 13, 2020	\$886.14
Deposits and other additions	18,840.00
ATM and debit card subtractions	-15,011.13
Other subtractions	-1,188.87
Checks	-0.00
Service fees	-0.00
Ending balance on March 16, 2020	\$3,526.14

Your account has overdraft protection provided by deposit account number [REDACTED]

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You need to increase your program balance so you can continue to enjoy the benefits of Preferred Rewards. We're here to help.

Talk with a specialist today about how to meet the program requirements at
888.888.RWDS (888.888.7937) and press 2.

SSM-04-19-0336.C1 | ARSP46DY



TERRY L. RHODES
EXECUTIVE DIRECTOR

OFFICIAL WEBSITE

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Choose Services

Please choose one or more from the following services:

Florida Driver License: 1152-***-**-0

Expires: 7/31/2027

- ☐ Get a Replacement License and/or change your address -- \$25.00
(WILL NOT CHANGE YOUR EXPIRATION DATE)

☒ Take no action

You may make an appointment to visit a driver license office near you.

License Plate: GFQR70 (MASERATI)

Expires: 7/31/2019

Your registration has been expired for eight months or longer and must be renewed at your local tax collector service center.

- ☐ Get a Duplicate Registration -- \$3.75 (*** NO DECAL will be issued ***)

☒ Take no action

License Plate: 9681KU (HARLEY-DAVIDSON)

Expires: 7/31/2019

Your registration has been expired for eight months or longer and must be renewed at your local tax collector service center.

- ☐ Get a Duplicate Registration -- \$3.75 (*** NO DECAL will be issued ***)

☒ Take no action

License Plate: NZWY19 (NISSAN NORTH AMERICAN, INC. INFINITI DIVISION)

Expires: 7/31/2021

You may renew this registration within three months of the expiration date.

- ☐ Get a Duplicate Registration -- \$3.75 (*** NO DECAL will be issued ***)

☒ Take no action

License Plate: LGKV37 (INTERSTATE)

Expires: 7/31/2020

A late fee has been added to the renewal amount of this record.

- ☐ Renew this Registration for Vehicle for 2 years -- \$78.95

- ☐ Renew this Registration for Vehicle for 1 year -- \$42.35

- ☐ Get a Duplicate Registration -- \$3.75 (*** NO DECAL will be issued ***)

☒ Take no action

License Plate: EJRR99 (LOADMASTER)

Expires: 7/31/2020

A late fee has been added to the renewal amount of this record.

- ☐ Renew this Registration for Vehicle for 2 years -- \$54.95

- ☐ Renew this Registration for Vehicle for 1 year -- \$30.35

- ☐ Get a Duplicate Registration -- \$3.75 (*** NO DECAL will be issued ***)

☒ Take no action

License Plate: LTDX13 (DODGE BY FCA US LLC (FKA CHRYSLER GROUP LLC))

Expires: 7/31/2022

You may renew this registration within three months of the expiration date.

- ☐ Get a Duplicate Registration -- \$3.75 (*** NO DECAL will be issued ***)

☒ Take no action

License Plate: IBUF67 (AM GENERAL)

Expires: 7/31/2022

You may renew this registration within three months of the expiration date.

- ☐ Get a Duplicate Registration -- \$3.75 (*** NO DECAL will be issued ***)

☒ Take no action

Vessel Registration Fee Reduction

Effective July 1, 2016, a person who owns a recreational vessel equipped with an emergency position-indicating radio beacon or that owns a personal locator beacon may be eligible to receive a fee reduction when applying for an original or renewal vessel registration at their local **Tax Collector's Office**.

Vessel Fee Reduction Requirements:

- The emergency position-indicating radio beacon or personal locator beacon is currently registered with the National Oceanic and Atmospheric Administration (NOAA) at beaconregistration.noaa.gov.
- A valid beacon registration certificate must be presented at time of vessel registration at their local **Tax Collector's Office**.

- A person who owns a personal locator beacon and who owns more than one vessel qualifies to pay the reduced fee for only one vessel.
- A person who owns an emergency position-indicating radio beacon qualifies to pay the reduced fee for all vessels equipped with emergency position-indicating radio beacon.

For additional information regarding Emergency Locator Beacons visit:
Florida Fish and Wildlife Conservation Commission <http://myfwc.com/boating/safety-education>

License Plate: FL4739FK (OTHER)

Expires: 7/31/2020

- ☐ Renew this Registration for Vessel for 2 years -- \$60.01
- ☐ Renew this Registration for Vessel for 1 year -- \$30.38
- ☐ Get a Duplicate Registration -- \$3.50
- ☒ Take no action

License Plate: FL4204LU (C & C MANUFACTURING INC)

Expires: 7/31/2021

You may renew this registration within three months of the expiration date.

- ☐ Get a Duplicate Registration -- \$3.50
- ☒ Take no action

A license plate that is not currently assigned to a vehicle may be transferred to a vehicle that you buy in the future. It may save you the \$225 Initial Fee.

The above registration fee includes a mail fee (\$0.75 for registration certificate/decal or \$4.70 for a license plate), which may not be reflected on your renewal notice.

Vehicle Ownerships

Below is a listing of the vehicles that you own according to department records. If your vehicle title is currently "Electronic" and doesn't have a lien, you may **request the department to print your title and mail it to you** by checking the box beside the title number. A charge of \$2.50 for shipping and handling is made for each title printed.

To remove a vehicle listed that you no longer own, please complete the **Notice of Sale and/or Bill of Sale Form**.

Select	Title	VIN	Year	Make	Fee	Title Type
<input type="checkbox"/>	64774327	3B7ME33C8PM153372	1993	DODG		Paper
<input type="checkbox"/>	70063933	1GBKP37N3S3327604	1996	FLAI		Paper
<input type="checkbox"/>	1353078	BNTH1278C888	1988	99900		Paper
<input type="checkbox"/>	84978458	CBA016LMJ102	2002	CBA01		Paper
<input type="checkbox"/>		4YPAB21232T025566	2002	LOMA		
<input type="checkbox"/>	85423210	1HD1BHY112Y067803	2002	HD		Paper
<input type="checkbox"/>	89036385	3D7KA28683G718301	2003	DODG		Paper
<input type="checkbox"/>	89221031	3D7KA28C34G109737	2004	DODG		Paper
<input type="checkbox"/>		4U01C08103A013972	2003	CARX		
<input type="checkbox"/>	96590056	LFGTCKPM561001415	2006	SUL		Paper
<input type="checkbox"/>	106491550	3D7KA28C74G125102	2004	DODG		Paper
<input type="checkbox"/>	123425185	4RACS14218K023406	2008	INTER		Paper
<input type="checkbox"/>	124578848	ZAMCE39A550019982	2005	MASE		Paper
<input type="checkbox"/>	127231331	130045	1992	AMGE		Paper
<input type="checkbox"/>	138830878	3PCAJ5M12KF136121	2019	INFI		Electronic with Lien

[Add Selected Items to Cart](#)

[Return to Overview](#)

[Exit GoRenew](#)

[Search](#) > [Overview](#) > [Email](#) > [Customer Address](#) > [Services](#) > Voluntary Contribution > Item Shipping Address



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1.056

PROPERTY SUMMARY

Tax Year: 2021

Property Id: 504217100050

 Property Owner/s: ZHURAVLEV, ALEX U
 IVANCHENKO, IVAN

Mailing Address: 3800 S OCEAN DR #1102 HOLLYWOOD, FL 33019

Physical Address: 1872 SW 29 AVENUE # 1-3 FORT LAUDERDALE, 33312

Property Use: 08 - Multi-family - less than 10 units

Millage Code: 0312

Adj. Bldg. S.F: 2184

Bldg Under Air S.F:

Effective Year: 1965

Year Built: 1954

Units/Beds/Baths: 3 / /

Deputy Appraiser: Stephen Mathew

Contact Number: 954-357-6835

 Email: commercialtrim@bcpa.net

Zoning: RD-12.22 - IRREGULAR RESIDENTIAL

 Abbr. Legal Des.: ROHAN ACRES 22-43 B LOT 5
 BLK 1

2020 values are considered "working values" and are subject to change.

PROPERTY ASSESSMENT

Year	Land	Building / Improvement	Agricultural Saving	Just / Market Value	Assessed / SOH Value	Tax
2021	\$206,670	\$230,690	0	\$437,360	\$437,360	
2020	\$206,670	\$230,690	0	\$437,360	\$437,360	\$9,750.41
2019	\$206,670	\$234,110	0	\$440,780	\$438,660	\$9,099.64

EXEMPTIONS AND TAXING AUTHORITY INFORMATION

	County	School Board	Municipal	Independent
Just Value	\$437,360	\$437,360	\$437,360	\$437,360
Portability	0	0	0	0
Assessed / SOH	\$437,360	\$437,360	\$437,360	\$437,360
Granny Flat				
Homestead	0	0	0	0
Add. Homestead	0	0	0	0
Wid/Vet/Dis	0	0	0	0
Senior	0	0	0	0
Exemption Type	0	0	0	0
Affordable Housing	0	0	0	0
Taxable	\$437,360	\$437,360	\$437,360	\$437,360

SALES HISTORY FOR THIS PARCEL

Date	Type	Price	Book/Page or Cin
11/05/2019	Warranty Deed Qualified Sale	\$430,000	116209859
02/14/2013	Quit Claim Deed Non-Sale Title Change	\$100	111404267
03/01/1988	Guardian's Deed	\$65,000	15281 / 763

LAND CALCULATIONS

Unit Price	Units	Type
\$5.00	41,333 SqFt	Square Foot

RECENT SALES IN THIS SUBDIVISION

Property ID	Date	Type	Qualified/ Disqualified	Price	CIN	Property Address
504217100250	01/28/2021	Warranty Deed	Qualified Sale	\$495,000	117023181	2019 SW 29 AVE FORT LAUDERDALE, FL 33312
504217100010	11/05/2020	Warranty Deed	Qualified Sale	\$50,000	116854851	1750 SW 29 AVE FORT LAUDERDALE, FL 33312
504217100240	08/25/2020	Warranty Deed	Qualified Sale	\$576,500	116868480	1955 SW 29 AVE FORT LAUDERDALE, FL 33312
504217100220	08/19/2020	Warranty Deed	Qualified Sale	\$329,000	116695543	3010 SW 17 ST FORT LAUDERDALE, FL 33312
504217100070	07/10/2020	Warranty Deed	Qualified Sale	\$315,000	116627951	1954 SW 29 AVE FORT LAUDERDALE, FL 33312

SPECIAL ASSESSMENTS

Fire	Garb	Light	Drain	Impr	Safe	Storm	Clean	Misc
Ft Lauderdale Fire-rescue (03)						(F1)		
Residential (R)								
3						3.00		

SCHOOL

 Stephen Foster Elementary: C
 New River Middle: C
 Stranahan High: C

ELECTED OFFICIALS

Property Appraiser	County Comm. District	County Comm. Name	US House Rep. District	US House Rep. Name
Marty Kiar	7	Tim Ryan	22	Ted Deutch
Florida House Rep. District	Florida House Rep. Name	Florida Senator District	Florida Senator Name	School Board Member
99	Evan Jenne	34	Gary M. Farmer, Jr.	Heather P. Brinkworth

CAM 21-0702

Exhibit 1

Page 30 of 31



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/29/2021

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 Cable Underwriters 221 West Oakland Park Boulevard Ft. Lauderdale FL 33311	CONTACT NAME:	
	PHONE (A/C, No, Ext): FAX (A/C, No):	
INSURED ITDV NON EMERGENCY TRANSPORTATION, INC 1932 SW 29TH AVE Fort Lauderdale FL 33312	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: CABLE INSURANCE COMPANY	16572
	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
	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:						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 type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SYM 70 <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		X	CICFL000120-00	01/27/2021	01/27/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTIONS <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						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)

NATURE OF INTEREST: ADDITIONAL INSURED

CERTIFICATE HOLDER

CANCELLATION

BROWARD COUNTY 1 NORTH UNIVERSITY DRIVE MAILBOX 302 Plantation FL 33324	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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