



Venice of America

Transportation and Mobility Department

**CITY OF FORT LAUDERDALE  
VEHICLES FOR HIRE APPLICATION**

Date: 10-15-2021

**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: CorenetransPortation LLC

Address: 2598 E. Sunrise Blvd Suite 2104 Fort lauderdale

Contact Person: Alvins SaintFleur

Phone Number: 954 289 7040 E-mail address: CorettransPortation@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**.





**Venice of America 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: 2016 Ford transit

Proposed rate and/or fare: Wheelchair \$26.<sup>00</sup> Wheelchair mileage rate \$2.00

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, Alvins Saint-Fleur, the applicant agrees that all changes in rates, fares or charges, whether increased or decreased, shall be set by the city commission.

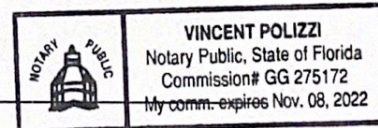
Alvins Saint-Fleur  
Signature of Applicant

Alvins Saint-Fleur  
Name of Applicant (print or type)

Sworn to & subscribed before me this 15<sup>th</sup> day of October, 2021

Vincent Polizzi

Notary



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

Permanent Location: 2598 E sunrise Blvd Suite 2104  
Fort lauderdale Fl 33304





**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: Alvins Saint Fleur

Address: 6413 Catalina Lane tamarac FL 33321

Phone: 954 289 7040

**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: 10 / 15 / 2021

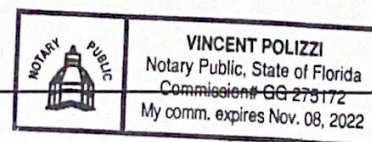
I hereby swear the above information is true.

Alvins Saint Fleur  
Name of Applicant (print or type)

Alvins Saint Fleur  
Signature of Applicant

Sworn to and subscribed before me this 15th day of October, 20 21

Vincent Polizzi  
Notary



(Office Use Only) Application received on \_\_\_\_\_ by \_\_\_\_\_



B#

## FLORIDA TRUCK/TRACTOR REGISTRATION

PLATE 37ADIM DECAL 20303347 Expires Midnight Fri 12/31/2021

YR/MK	2016/FORD	BODY	VN	COLOR	AME	Reg. Tax	80.98	Class Code	41
VIN	1FDZK1CM7GKA37854			TITLE	140250024	Init Reg.		Tax Months	6
Plate Type	RGS	NET WT	5488	GVW	6488	County Fee	3.00	Back Tax Mos	
						Mail Fee		Credit Class	
DL FEID	S531000843820					Sales Tax		Credit Months	
Date Issued	07/13/2021	Plate Issued	07/13/2021			Voluntary Fees			
						Grand Total	83.98		

## IMPORTANT INFORMATION

ALVINS SAINT-FLEUR  
6413 CATALINA LN  
TAMARAC, FL 33321

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 PLATE ISSUED X



Caronetransportation Propose Rates

Wheelchair rate	\$26.00
Stretcher rate	\$0.00

Wheelchair mileage rate	\$2.00
Stretcher mileage rate	\$0.00



CAREONETRANSPORTATION  
"LLC"  
2590 E SUNRISE BLVD STE 2104  
FORT LAUDERDALE, FL 33304

Underwritten by:  
Progressive Express Ins Company  
July 26, 2021  
Policy Period: Jul 26, 2021 - Jul 26, 2022  
Page 1 of 2

Customer Phone number: 1-954-289-7040

## Commercial Auto Insurance Quote

Thank you for contacting me about your auto insurance needs. I am pleased to provide you with a quote from Progressive Express Ins Company, a company that offers competitive rates and many outstanding services. Progressive gives you access to your policy information through [progressiveagent.com](http://progressiveagent.com), your customized Web site. Claims service is available 24 hours a day, 7 days a week by calling 1-800-274-4499.

### Policy information

Business type: Passenger Transportation (For Hire)  
Sub business type: Taxi Services

### Quote for 12 month policy period

If you pay your premium in full, you will receive a discount as shown.

Total policy premium	\$11,940.00
Paid in full discount	-1809.00
Policy premium if paid in full	\$10,131.00

### Payment plans

Payment Method: 10 payments

**Electronic Funds Transfer (EFT)** assures that your payment is on time. Each payment includes a \$1.00 service charge.

Payment plan	Total premium	Initial payment	Payments
10 Payments, 20.0% Down	\$11,940.00	\$2,388.00	9 payments of \$1,062.34
6 Pay, Seasonal, 20.0% Down	\$11,940.00	\$2,388.00	5 payments of \$1,911.40
10 Payments, 25.0% Down	\$11,940.00	\$2,985.00	9 payments of \$996.00
4 Pay, Seasonal, 25.0% Down	\$11,940.00	\$2,985.00	3 payments of \$2,986.00
3 Pay, Quarterly, 40.0% Down	\$11,940.00	\$4,776.00	2 payments of \$3,583.00

**Make payments by mail** or at [progressiveagent.com](http://progressiveagent.com). Each payment includes a \$3.00 service charge.

Payment plan	Total premium	Initial payment	Payments
10 Payments, 20.0% Down	\$11,940.00	\$2,388.00	9 payments of \$1,064.34
6 Pay, Seasonal, 20.0% Down	\$11,940.00	\$2,388.00	5 payments of \$1,913.40
10 Payments, 25.0% Down	\$11,940.00	\$2,985.00	9 payments of \$998.00
4 Pay, Seasonal, 25.0% Down	\$11,940.00	\$2,985.00	3 payments of \$2,988.00
4 Pay, Quarterly, 25.0% Down	\$11,940.00	\$2,985.00	3 payments of \$2,988.00
3 Pay, Quarterly, 40.0% Down	\$11,940.00	\$4,776.00	2 payments of \$3,585.00
2 Payments, 50.0% Down	\$11,940.00	\$5,970.00	1 payment of \$5,973.00
1 Payment	\$10,131.00	\$10,131.00	None

### To purchase insurance



Please review the information on your quote for accuracy; incomplete and inaccurate information could affect your rate. These rates are subject to verification of information. If you have any questions or would like to purchase a Progressive policy, please call me at **1-877-958-0870**. Your coverage will begin once your initial payment has been received. Thanks again for the opportunity to work with you.

## Rated drivers

Failure to accurately and completely report all driver information may result in premium differences and service delays.

Name	Age	Marital status	Points	Additional information
ALVINS SAINT FLEUR	36	Single	0	

## Outline of coverage

The policy limits shown for a vehicle may not be combined with the limits for the same coverage on another vehicle unless the policy contract or endorsements indicate otherwise.

Description	Limits	Deductible	Premium
Liability To Others			\$9,819
Bodily Injury and Property Damage Liability	\$500,000 combined single limit		
Comprehensive			468
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			1,653
See Auto Coverage Schedule	Limit of liability less deductible		

**Total 12 month policy premium** **\$11,940.00**

## Auto coverage schedule

- 2016 FORD T-150 TRANSIT W** Stated Amount: \* \$20,000 (including Permanently Attached Equip)  
VIN: **1FDZK1CM7GKA37854** Garaging Zip Code: 33304 Territory: 38 Radius: 50 miles  
Personal use: N Body type: Mini Van Use class: J

Liability Premium	Liability				
	\$9819				
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	\$1,000	\$468	\$1,000	\$1653	<b>\$11,940</b>

\*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

## Premium discounts

Policy	
	Business Experience and Package
Vehicle	
2016 FORD T-150 TRANSIT W	Anti-Theft Standard, Air Bag and Anti-lock Brakes
Form QTE FL (05/08)	





[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

## Detail by Entity Name

Florida Limited Liability Company  
CAREONETRANSPORTATION "LLC"

### Filing Information

<b>Document Number</b>	L17000146718
<b>FEI/EIN Number</b>	82-2052542
<b>Date Filed</b>	07/10/2017
<b>Effective Date</b>	07/08/2017
<b>State</b>	FL
<b>Status</b>	ACTIVE
<b>Last Event</b>	REINSTATEMENT
<b>Event Date Filed</b>	01/30/2021

### Principal Address

6413 catalina lane  
TAMARAC, FL 33321 BR

Changed: 06/02/2021

### Mailing Address

6413 catalina lane  
TAMARAC, FL 33321 BR

Changed: 06/02/2021

### Registered Agent Name & Address

SAINT FLEUR, ALVINS A, SR  
6413 CATALINA LANE  
6413  
TAMARAC FL, FL 33321

Name Changed: 01/30/2021

### Authorized Person(s) Detail

#### **Name & Address**

Title MGR

GUIRAND, MARC EDDY M, SR  
1215 SILVERADO  
NORTH LAUDERDAL, FL 33068



### **Annual Reports**

<b>Report Year</b>	<b>Filed Date</b>
2019	01/30/2021
2020	01/30/2021
2021	01/30/2021

### **Document Images**

<a href="#">01/30/2021 -- REINSTATEMENT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/25/2018 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">07/10/2017 -- Florida Limited Liability</a>	<a href="#">View image in PDF format</a>

Florida Department of State, Division of Corporations



**From:** [Victor London](#)  
**To:** [Morgan Dunn](#)  
**Subject:** FW: Vehicle for Hire Application - CareOneTransportation  
**Date:** Monday, September 27, 2021 4:22:37 PM  
**Attachments:** [Exhibit 1 - Vehicle for Hire Application.pdf](#)  
[CareOneTransportation Memo.doc](#)

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Approved, thanks.

## Major Victor London

Patrol Commander

Fort Lauderdale Police Department

Direct: 954-828-5374 | Fax: 954-828-6676 | [VictorL@fortlauderdale.gov](mailto:VictorL@fortlauderdale.gov)

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**From:** Morgan Dunn <MDunn@fortlauderdale.gov>  
**Sent:** Wednesday, September 22, 2021 11:58 AM  
**To:** Victor London <VictorL@fortlauderdale.gov>; Chantal Botting <CBotting@fortlauderdale.gov>  
**Cc:** Francyne Webber <FWebber@fortlauderdale.gov>  
**Subject:** [EXTERNAL:CAUTION!]- Vehicle for Hire Application - CareOneTransportation

**[::CAUTION!:] This email originated from *outside* The City of Fort Lauderdale.  
Do Not Reply, click links, or open attachments from an unknown or suspicious origin. Confirm the email address is from an expected source before taking action.  
Report any suspicious emails to [spamadmin@fortlauderdale.gov](mailto:spamadmin@fortlauderdale.gov)**

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Good afternoon,

CareOneTransportation has submitted a Vehicle for Hire application to Transportation and Mobility, requesting to operate one non-emergency medical transport service within the City of Fort Lauderdale. This service shall not be provided any emergency medical response service. Please advise if there are any questions or concerns with this application, or if both Police and Fire approve the application to move forward for Commission approval.

Thank you,

**Morgan Dunn, Administrative Supervisor**

**City of Fort Lauderdale | Transportation & Mobility Department**

290 NE 3<sup>rd</sup> Avenue | Fort Lauderdale FL 33301

Office: (954) 828 - 6078 | Cell: (954) 299 - 8034

Email: [MDunn@fortlauderdale.gov](mailto:MDunn@fortlauderdale.gov)



RICHARD C. POLLOCK CPA PA  
7797 N UNIVERSITY DRIVE STE 105  
TAMARAC, FL 33321  
(954)726-2537

CAREONETRANSPORTATION LLC  
FINANCIAL STATEMENTS  
JULY 31, 2021



RICHARD C. POLLOCK CPA PA  
7797 N UNIVERSITY DRIVE STE 105  
TAMARAC, FL 33321  
(954)726-2537

August 27, 2021

To the Board of Directors of Careonettransportation LLC,

I have review the accompanying financial statements of Careonettransportation LLC., which comprise the Balance Sheets as of July 31, 2021, and the related statement of Activities and Cash Flows for the seven months then ended. A review includes primarily applying analytical procedures to management's financial data and making inquiries of the associations management. A review is substantially less in scope than an audit, the objective of which is the express of an opinion regarding the financial statements as a whole. Accordingly, I do not express such an opinion

#### Management's Responsibility for Financial Statements

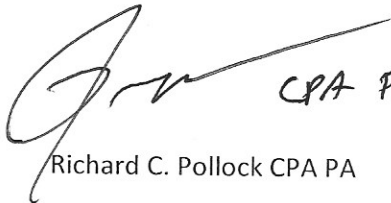
Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America: this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement whether due to fraud or error.

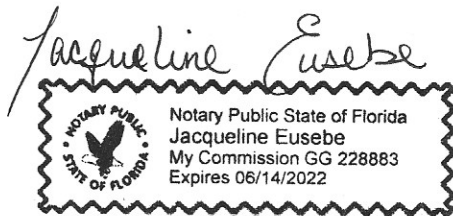
#### Accountant's Responsibility

My responsibility is to conduct the review engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. Those standards require me to perform procedures to obtain limited assurance as a basis for reporting whether I am aware of any material modifications that should be made to the financial statements for them to be in accordance with accounting principles generally accepted in the United States of America. I believe that the results of my procedures provide a reasonable basis for my conclusion.

Accountant's Conclusion

Based on my reviews, I am not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in accordance with account principles generally accepted in the United States of America.

 CPA PA  
Richard C. Pollock CPA PA





CAREONETRANSPORTATION LLC  
BALANCE SHEET  
JULY 31, 2021

SEE ACCOUNTANT'S REVIEW REPORT

ASSETS		
CURRENT ASSETS:		
Cash In Banks	89,701	
TOTAL CURRENT ASSETS	-----	89,701
TOTAL ASSETS		-----
		89,701
		=====
LIABILITIES AND EQUITY		
LIABILITIES:		
TOTAL LIABILITIES	-----	-
EQUITY:		
Members Capital	89,701	
TOTAL EQUITY	-----	89,701
TOTAL LIABILITIES AND EQUITY		-----
		89,701
		=====

CAREONETRANSPORTATION LLC  
STATEMENT OF ACTIVITIES  
FOR THE PERIOD JANUARY 1, 2021 TO JULY 31 , 2021

SEE ACCOUNTANT'S REVIEW REPORT

REVENUES

Sales

-

TOTAL REVENUES

-

OPERATING EXPENSES

Bank Charges

30

Licenses and Taxes

1,153

Supplies

43

Telephone

1,400

TOTAL OPERATING EXPENSES

2,626

NET LOSS

(2,626)

EQUITY - January 1, 2021

103,109

MEMBER DRAWS

(10,782)

EQUITY - July 31, 2021

89,701

=====



CAREONETRANSPORTATION LLC  
STATEMENT OF CASH FLOWS  
FOR THE PERIOD JANUARY 1, 2021 TO JULY 31 , 2021

SEE ACCOUNTANT'S REVIEW REPORT

CASH FLOWS FROM OPERATING ACTIVITIES:

Net Loss	(2,626)
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ADJUSTMENTS TO RECONCILE NET INCOME TO NET CASH  
USED IN OPERATING ACTIVITIES

Increase in Accounts Payable	-
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NET CASH PROVIDED BY OPERATING ACTIVITIES	(2,626)
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CASH FLOW FROM INVESTING ACTIVITIES	-0-
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NET CASH USED BY INVESTING ACTIVITIES	-0-
---------------------------------------	-----

CASH FLOWS FROM FINANCING ACTIVITIES:

MEMBER DRAWS	(10,782)
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NET CASH PROVIDED BY FINANCING ACTIVITIES	(10,782)
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NET INCREASE IN CASH	(13,408)
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CASH IN BANK - BEGINNING - January 1, 2021	103,109
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CASH IN BANK - ENDING - July 31, 2021	89,701
	=====