



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/12/2025

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 ESTHER VIDAL MUTUAL INTEREST ASSURANCE 1295 CORAL WAY SUITE 3 MIAMI, FL 33145	CONTACT NAME: ESTHER VIDAL PHONE (A/C, No, Ext): 305-860-2003 E-MAIL ADDRESS: MUTUALAS@AOL.COM FAX (A/C, No): 305-860-0907																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A :</td> <td>ATLANTIC CASUALTY INC CO</td> <td></td> </tr> <tr> <td>INSURER B :</td> <td>CENTURY SURETY CO</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	ATLANTIC CASUALTY INC CO		INSURER B :	CENTURY SURETY CO		INSURER C :			INSURER D :			INSURER E :			INSURER F :	
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INSURED R & B REMODELING INC 2380 SW 60TH WAY HOLLYWOOD, FL 33023																					

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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PD - \$5,000 <input checked="" type="checkbox"/> BI - \$5,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			L144004660-1	06/24/2025	06/24/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$			BDR3565823	06/24/2025	06/24/2026	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER 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)

REMODELING - GENERAL CONTRACTOR - QUALIFIER - RICARDO D SOLIS - LICENSE # CBC1265491

CERTIFICATE HOLDER**CANCELLATION**

THE CITY OF PEMBROKE PINES PROCUREMENT DEPT 8300 SOUTH PALM DRIVE PEMBROKE PINES, FL 33025	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 ESTHER VIDAL 
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Proposer's Background Information Form

#	Question	Response	Comment	Status
Contact Information				
1.1.1	Primary Contact: Please provide the contact information (Name, Title, E-mail and Phone Number) for the Primary Contact for this project.	RICARDO D. SOLIS PRESIDENT 954-605-4787	rb_remodeling@msn.com	Complete
1.1.2	Authorized Approver: Please provide the contact information (Name, Title, E-mail and Phone Number) for the Authorized Approver for this project.	RICARDO D. SOLIS PRESIDENT 954-605-4787	rb_remodeling@msn.com	Complete
Organization Background				
1.2.1	Please state the year that you company started its business.	2001		Complete
1.2.2	Please state the year that your company started providing service under your current business name.	2001		Complete
1.2.3	What State is your Company Registered In?	FLORIDA		Complete
Former Business				
1.3.1	Under what former name has your business operated? Include a description of the business.	N/A		Complete
1.3.2	At what address was that business located?	N/A		Complete
Past Failure				
1.4.1	Have you ever failed to complete work awarded to you. If so, when, where and why?	No		Complete
Inspected				
1.5.1	Have you personally inspected the proposed WORK and do you have a complete plan for its performance?	Yes		Complete

Subcontracting				
1.6.1	Will you subcontract any part of this WORK? If you will be subcontracting any part of this work, provide details including a list of each sub-contractor(s) that will perform work in excess of ten percent (10%) of the contract amount and the work that will be performed by each subcontractor(s). (Note: The proposed list of subcontractor(s) may not be amended after award of the contract without the prior written approval of the Contract Administrator, whose approval shall not be reasonably withheld.)	Yes	CAPITAL AIR CONDITIONING, ROOFING CONTRACTORS OF FLORIDA, LLC, MV ELECTRICAL SERVICES, A YOUNG PLUMBING CORP	Complete
Bankruptcy Petitions				
1.7.1	List and describe all bankruptcy petitions (voluntary or involuntary) which have been filed by or against the Proposer, its parent or subsidiaries or predecessor organizations during the past five (5) years. Include in the description the disposition of each such petition.	N/A		Complete
Bond Claims				
1.8.1	List and describe all successful Bond claims made to your surety(ies) during the last five (5) years. The list and descriptions should include claims against the bond of the Proposer and its predecessor organization(s).	N/A		Complete
Claims, Arbitrations, Administrative Hearings and Lawsuits				
1.9.1	List all claims, arbitrations, administrative hearings and lawsuits brought by or against the Proposer or its predecessor organizations(s) during the last (10) years. The list shall include all case names; case, arbitration or hearing identification numbers; the name of the project over which the dispute arose; and a description of the subject matter of the dispute.	N/A		Complete
Criminal Proceedings or Hearings				
1.10.1	List and describe all criminal proceedings or hearings concerning business related offenses in which the Proposer, its principals or officers or predecessor organization(s) were defendants.	N/A		Complete
Company Classification				

1.11.1	In regards to the commodities/services proposed, which of the following best classifies your firm? If you selected any options besides \"Original Provider\" please explain.	Original Provider		Complete
Debarment/Suspension				
1.12.1	Have you ever been debarred or suspended from doing business with any governmental agency? If you have been debarred or suspended from doing business with any governmental agency, please explain.	No		Complete
Similar Experience & Contracts				
1.13.1	Describe the firm's local experience/nature of service with contracts of similar size and complexity, in the previous three (3) years.	CONTRACTS FOR PEMBROKE PINES, MIRAMAR, COOPER CITY, MINORITY BUILDERS, POMPANO BEACH, CORAL SPRINGS, HOLLYWOOD	ALL CONTRACTS ARE SIMILAR, NSP, HOME REPAIR, CDBG	Complete
Professional License Information				
1.14.1	Are professional licenses required to perform the services requested in this solicitation? If so, please list any applicable professional licenses that your company has that are required to provide these services.	Applicable	CBC1265491	Complete
Conflict of Interest				
1.15.1	Do you need to disclose any conflicts of interest? The award of any contract hereunder is subject to the provisions of Chapter 112, Florida Statutes. Proposers must disclose with their Proposal the name of any officer, director, partner, proprietor, associate or agent who is also an officer or employee of CITY or any of its agencies. Further, all Proposers must disclose the name of any officer or employee of CITY who owns, directly or indirectly, an interest of five percent (5%) or more in the Proposer 's firm or any of its branches or affiliate companies.	No		Complete
19 Questions			100.00% Complete	



**SWORN STATEMENT
ON PUBLIC ENTITY CRIMES
UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a).**

1. This sworn statement is submitted R&B REMODELING INC
(name of entity submitting sworn statement) whose business address is
2380 SW 60 WAY MIRAMAR, FL 33023
and (if applicable) its Federal Employer Identification Number (FEIN) is
52-2285786. (If the entity has no FEIN, include the Social Security
Number of the individual signing this sworn statement: _____.)

2. My name is RICARDO D. SOLIS and my
(Please print name of individual signing)
relationship to the entity named above is OWNER.

3. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any bid, proposal, reply, or contract for goods or services, any lease for real property, or any contract for the construction or repair of a public building or public work, involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.

4. I understand that a "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.

5. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:
 1. A predecessor or successor of a person convicted of a public entity crime: or
 2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The Cityship by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a



joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

- 6. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or any entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts let by a public entity, or which otherwise transacts or applies to transact business with a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

- 7. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. **(Please indicate which statement applies.)**
 - A) Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.

 - B) The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989, AND **(Please indicate which additional statement applies.)**
 - B1) There has been a proceeding concerning the conviction before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer did not place the person or affiliate on the convicted vendor list. **(Please attach a copy of the final order.)**

 - B2) The person or affiliate was placed on the convicted vendor list. There has been a subsequent proceeding before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer determined that it was in the public interest to remove the person or affiliate from the convicted vendor list. **(Please attach a copy of the final order.)**

 - B3) The person or affiliate has not been placed on the convicted vendor list. **(Please describe any action taken by or pending with the Department of General Services.)**

	R&B REMODELING, INC	11/17/2025
Bidder's Name/Signature	Company	Date



EQUAL BENEFITS CERTIFICATION FORM FOR DOMESTIC PARTNERS AND ALL MARRIED COUPLES

Except where federal or state law mandates to the contrary, a Contractor awarded a Contract pursuant to a competitive solicitation shall provide benefits to Domestic Partners and spouses of its employees, irrespective of gender, on the same basis as it provides benefits to employees' spouses in traditional marriages.

The Contractor shall provide the City and/or the City Manager or his/her designee, access to its records for the purpose of audits and/or investigations to ascertain compliance with the provisions of this section, and upon request shall provide evidence that the Contractor is in compliance with the provisions of this section upon each new bid, contract renewal, or when the City Manager has received a complaint or has reason to believe the Contractor may not be in compliance with the provisions of this section. Records shall include but not be limited to providing the City and/or the City Manager or his/her designee with certified copies of the Contractor's records pertaining to its benefits policies and its employment policies and practices.

The Contractor must conspicuously make available to all employees and applicants for employment the following statement:

“During the performance of a contract with the City of Pembroke Pines, Florida, the Contractor will provide Equal Benefits to its employees with spouses, as defined by Section 35.39 of the City's Code of Ordinances, and its employees with Domestic Partners and all Married Couples”.

The posted statement must also include a City contact telephone number and email address which will be provided to each contractor when a covered contract is executed.

SECTION 1 DEFINITIONS

- 1. Benefits** means the following plan, program or policy provided or offered by a contractor to its employees as part of the employer's total compensation package which may include but is not limited to sick leave, bereavement leave, family medical leave, and health benefits.
- 2. Cash Equivalent** mean the amount of money paid to an employee with a domestic partner or spouse in lieu of providing benefits to the employee's domestic partner or spouse. The cash equivalent is equal to the employer's direct expense of providing benefits to an employee for his or her spouse from a traditional marriage.
- 3. Covered Contract** means a contract between the City and a contractor awarded subsequent to the date when this section becomes effective valued at over \$25,000 or the threshold amount required for competitive bids as required in section 35.18(A) of the Procurement Code.
- 4. Domestic Partner** shall mean any two (2) adults of the same or different sex who have registered as domestic partners with a governmental body pursuant to state or local law authorizing such registration, or with an internal registry maintained by the employer of at



least one of the domestic partners. A contractor may institute an internal registry to allow for the provision of equal benefits to employees with domestic partners who do not register their partnerships pursuant to a governmental body authorizing such registration, or who are located in a jurisdiction where no such governmental domestic partnership registry exists. A contractor that institutes such registry shall not impose criteria for registration that are more stringent than those required for domestic partnership registration by the City of Pembroke Pines.

5. **Equal benefits** means the equality of benefits between employees with spouses and/or dependents of spouses and employees with domestic partners and/or dependents of domestic partners, and/or between spouses of employees and/or dependents of spouses and domestic partners of employees and/or dependents of domestic partners.
6. **Spouse** means one member of a married pair legally married under the laws of any state within the United States of America or any other jurisdiction under which such marriage is legally recognized, irrespective of gender.
7. **Traditional marriage** means a marriage between one man and one woman.

SECTION 2 CERTIFICATION OF CONTRACTOR

The firm providing a response, by virtue of the signature below, certifies that it is aware of the requirements of Section 35.39 "City Contractors providing Equal Benefits for Domestic Partners and all Married Couples" of the City's Code of Ordinances, and certifies the following (**Check only one box below**):

- A.** Contractor currently complies with the requirements of this section; or
- B.** Contractor will comply with the conditions of this section at the time of contract award; or
- C.** Contractor will not comply with the conditions of this section at the time of contract award:
or
- D.** Contractor does not comply with the conditions of this section because of the following allowable exemption (**Check only one box below**):
- 1.** The Contractor does not provide benefits to employees' spouses in traditional marriages;
- 2.** The Contractor provides an employee the cash equivalent of benefits because the Contractor is unable to provide benefits to employees' Domestic Partners or spouses despite making reasonable efforts to provide them. To meet this exception, the Contractor shall provide a notarized affidavit that it has made reasonable efforts to provide such benefits. The affidavit shall state the efforts taken to provide such benefits and the amount of the cash equivalent. Cash equivalent means the amount of money paid to an employee with a Domestic Partner or spouse rather than providing benefits to the employee's Domestic Partner or spouse. The cash equivalent is equal to the employer's direct expense of providing benefits to an employee's spouse;



3. The Contractor is a religious organization, association, society, or any non-profit charitable or educational institution or organization operated supervised or controlled by or in conjunction with a religious organization, association, or society;

4. The Contractor is a governmental agency;

The certification shall be signed by an authorized officer of the Contractor. Failure to provide such certification (by checking the appropriate boxes above along with completing the information below) shall result in a Contractor being deemed non-responsive.

COMPANY NAME: R&B REMODELING, INC

AUTHORIZED OFFICER NAME / SIGNATURE: _____

A handwritten signature in black ink, appearing to be 'Rai', written over a horizontal line.



VENDOR DRUG-FREE WORKPLACE CERTIFICATION FORM

SECTION 1 GENERAL TERM

Preference may be given to vendors submitting a certification with their bid/proposal certifying they have a drug-free workplace in accordance with Section 287.087, Florida Statutes. This requirement affects all public entities of the State and becomes effective January 1, 1991. The special condition is as follows:

IDENTICAL TIE BIDS - Preference may be given to businesses with drug-free workplace programs. Whenever two or more bids that are equal with respect to price, quality, and service are received by the State or by any political subdivision for the procurement of commodities or contractual services, a bid received from a business that certifies that it has implemented a drugfree workplace program shall be given preference in the award process. Established procedures for processing tie bids will be followed if none of the tied vendors have a drug-free workplace program. In order to have a drug-free workplace program, a business shall:

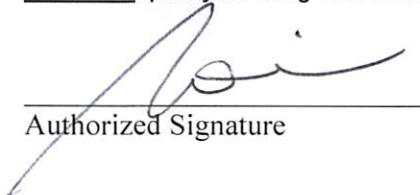
1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after each conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

SECTION 2 AFFIRMATION

Place a check mark here only if affirming bidder **complies fully** with the above requirements for a Drug-Free Workplace.

Place a check mark here only if affirming bidder **does not** meet the requirements for a Drug-Free Workplace.

Failure to complete this certification at this time (by checking either of the boxes above) shall render the vendor ineligible for Drug-Free Workplace Preference. This form must be completed by/for the proposer; the proposer WILL NOT qualify for Drug-Free Workplace Preference based on their sub-contractors' qualifications.


Authorized Signature

RICARDO D. SOLIS
Authorized Signer Name

R&B REMODELING, INC
Company Name



NON-COLLUSIVE AFFIDAVIT

BIDDER is the Owner

(Owner, Partner, Officer, Representative or Agent)

BIDDER is fully informed respecting the preparation and contents of the attached Bid and of all pertinent circumstances respecting such Bid;

Such Bid is genuine and is not a collusive or sham Bid;

Neither the said BIDDER nor any of its officers, partners, owners, agents, representative, employees or parties in interest, including this affidavit, have in any way colluded, conspired, connived or agreed, directly or indirectly, with any other BIDDER, firm or person to submit a collusive or sham Bid in connection with the Contract for which the attached Bid has been submitted; or to refrain from bidding in connection with such Contract; or have in any manner, directly or indirectly, sought by agreement or collusion, or communications, or conference with any BIDDER, firm, or person to fix the price or prices in the attached Bid or any other BIDDER, or to fix any overhead, profit, or cost element of the Bid Price or the Bid Price of any other BIDDER, or to secure through any collusion conspiracy, connivance, or unlawful agreement any advantage against (Recipient), or any person interested in the proposed Contract;

The price of items quoted in the attached Bid are fair and proper and are not tainted by collusion, conspiracy, connivance, or unlawful agreement on the part of the BIDDER or any other of its agents, representatives, owners, employees or parties in interest, including this affidavit.

Printed Name/Signature _____ 

Title PRESIDENT

Name of Company R&B REMODELING, INC



**SCRUTINIZED COMPANY CERTIFICATION
PURSUANT TO FLORIDA STATUTE § 287.135.**

I, RICARDO D. SOLIS, on behalf of R&B REMODELING, INC,
Print Name and Title Company Name

certify that R&B REMODELING, INC :
Company Name

1. Does not participate in a boycott of Israel; and
2. Is not on the Scrutinized Companies that Boycott Israel list; and
3. Is not on the Scrutinized Companies with Activities in Sudan List; and
4. Is not on the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List; and
5. Has not engaged in business operations in Syria.

Submitting a false certification shall be deemed a material breach of contract. The City shall provide notice, in writing, to the Contractor of the City's determination concerning the false certification. The Contractor shall have ninety (90) days following receipt of the notice to respond in writing and demonstrate that the determination of false certification was made in error. If the Contractor does not demonstrate that the City's determination of false certification was made in error then the City shall have the right to terminate the contract and seek civil remedies pursuant to Florida Statute § 287.135.

Section 287.135, Florida Statutes, prohibits the City from: 1) Contracting with companies for goods or services in any amount if at the time of bidding on, submitting a proposal for, or entering into or renewing a contract if the company is on the Scrutinized Companies that Boycott Israel List, created pursuant to Section 215.4725, F.S. or is engaged in a boycott of Israel; and 2) Contracting with companies, for goods or services over \$1,000,000.00 that are on either the Scrutinized Companies with activities in the Iran Petroleum Energy Sector list, created pursuant to s. 215.473, or are engaged in business operations in Syria.

As the person authorized to sign on behalf of the Contractor, I hereby certify that the company identified above in the section entitled "Contractor Name" does not participate in any boycott of Israel, is not listed on the Scrutinized Companies that Boycott Israel List, is not listed on either the Scrutinized Companies with activities in the Iran Petroleum Energy Sector List, and is not engaged in business operations in Syria. I understand that pursuant to section 287.135, Florida Statutes, the submission of a false certification may subject the company to civil penalties, attorney's fees, and/or costs. I further understand that any contract with the City for goods or services may be terminated at the option of the City if the company is found to have submitted a false certification or has been placed on the Scrutinized Companies with Activities in Sudan list or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List.

R&B REMODELING INC
Company Name

RICARDO D. SOLIS
Print Name / Signature

PRESIDENT
Title



**E-VERIFY SYSTEM CERTIFICATION STATEMENT
(UNDER SECTION 448.095, FLORIDA STATUTES)**

1. Definitions:
 - a. **“Contractor”** means a person or entity that has entered or is attempting to enter into a contract with a public employer to provide labor, supplies, or services to such employer in exchange for salary, wages, or other remuneration. “Contractor” includes, but is not limited to, a vendor or consultant.
 - b. **“Subcontractor”** means a person or entity that provides labor, supplies, or services to or for a contractor or another subcontractor in exchange for salary, wages, or other remuneration.
 - c. **“E-Verify system”** means an Internet-based system operated by the United States Department of Homeland Security that allows participating employers to electronically verify the employment eligibility of newly hired employees.

2. Effective January 1, 2021, Contractors, shall register with and use the E-verify system in order to verify the work authorization status of all newly hired employees. Contractor shall register for and utilize the U.S. Department of Homeland Security’s E-Verify System to verify the employment eligibility of:
 - a. All persons employed by a Contractor to perform employment duties within Florida during the term of the contract; and
 - b. All persons (including subvendors/subconsultants/subcontractors) assigned by Contractor to perform work pursuant to the contract with the City of Pembroke Pines. The Contractor acknowledges and agrees that registration and use of the U.S. Department of Homeland Security’s E-Verify System during the term of the contract is a condition of the contract with the City of Pembroke Pines; and
 - c. Should vendor become the successful Contractor awarded for the above-named project, by entering into the contract, the Contractor shall comply with the provisions of Section 448.095, Fla. Stat., “Employment Eligibility,” as amended from time to time. This includes, but is not limited to registration and utilization of the E-Verify System to verify the work authorization status of all newly hired employees. Contractor shall also require all subcontractors to provide an affidavit attesting that the subcontractor does not employ, contract with, or subcontract with, an unauthorized alien. The Contractor shall maintain a copy of such affidavit for the duration of the contract.

3. Contract Termination
 - a. If the City has a good faith belief that a person or entity with which it is contracting has knowingly violated s. 448.09 (1) Fla. Stat., the contract shall be terminated.
 - b. If the City has a good faith belief that a subcontractor knowingly violated s. 448.095 (2), but the Contractor otherwise complied with s. 448.095 (2) Fla. Stat., shall promptly notify the Contractor and order the Contractor to immediately terminate the contract with the subcontractor.
 - c. A contract terminated under subparagraph a) or b) is not a breach of contract and may not be considered as such.
 - d. Any challenge to termination under this provision must be filed in the Circuit Court no later than 20 calendar days after the date of termination.
 - e. If the contract is terminated for a violation of the statute by the Contractor, the Contractor may not be awarded a public contract for a period of 1 year after the date of termination.

R&B REMODELING INC

COMPANY NAME: _____

RICARDO D. SOLIS

PRINTED NAME / AUTHORIZED SIGNATURE: _____



AFFIDAVIT OF COMPLIANCE WITH HUMAN TRAFFICKING LAWS

In accordance with section 787.06 (13), Florida Statutes, the undersigned, on behalf of the entity listed below (“Entity”), hereby attests under penalty of perjury that:

1. The Affiant is an officer or representative of the Entity entering into an agreement with the City of Pembroke Pines.
2. The Entity does not use coercion for labor or services as defined in Section 787.06, Florida Statutes, entitled “Human Trafficking”.
3. The Affiant is authorized to execute this Affidavit on behalf of the Entity.
4. I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this affidavit and that the punishment for knowingly making a false statement includes fines and/or imprisonment.
5. Pursuant to Sec. 92.525(2), Fla. Stat., under penalties of perjury, I declare that I have read the foregoing affidavit of compliance with Human Trafficking Laws and that the facts stated in it are true.

FURTHER AFFIANT SAYETH NAUGHT.

DATE: 11/17/2025

ENTITY: R&B REMODELING, INC

SIGNATURE: 

NAME: RICARDO D. SOLIS

TITLE: PRESIDENT



VENDOR INFORMATION FORM

MAIN CONTACT INFORMATION			
Company Name (Legal Name as filed with IRS)	R&B REMODELING, INC		
Doing Business As (DBA)	N/A		
Primary Business Address	2380 SW 60 WAY		
	City:	MIRAMAR	
	State:	FLORIDA	Zip: 33470
	Country:	USA	
Remit To Address	2380 SW 60 WAY		
	City:	MIRAMAR	
	State:	FLORIDA	Zip: 33470
	Country:	USA	
Order From Address	2380 SW 60 WAY		
	City:	MIRAMAR	
	State:	FLORIDA	Zip: 33470
	Country:	USA	
Foreign Entity (Yes/No)	NO		
Telephone Number	954-605-4787		
Primary Company E-mail	rb_remodeling@msn.com		
Fax			
Website			
DUNS	127448673		
Independent Contractor (Yes/No)			
Identification Number	SSN:		FID: 52-2285786

GENERAL PAYMENT TERMS		
Discount Percent Defines the discount percentage the vendor extends to your organization.	Days to Discount Number of days which payment must be received to claim the discount percent.	Days to Net Number of days that the vendor allows before requiring net payment.

CONTACT # 1			
Contact Name (First & Last Name)	RICARDO SOLIS		
Description/Title/Position	PRESIDENT		
Phone (Voice)	954 605 4787		
Phone (Text)	954 605 4787	Opt In (Y/N):	Y
Fax			
E-mail	rb_remodeling@msn.com		

STATE REGISTRATION	
Is your company registered with the State of Florida? (Y/N)	Y
If not, what state is your company registered in?	

Please attach the print out from <https://dos.myflorida.com/sunbiz/> or the appropriate state showing your active registration and any applicable fictitious names that are registered.

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<p>1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)</p>
	<p>2 Business name/disregarded entity name, if different from above. R&B REMODELING, INC</p>
	<p>3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input checked="" type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____ </p>
	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p style="text-align: right;"><i>(Applies to accounts maintained outside the United States.)</i></p>
	<p>3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/></p>
	<p>5 Address (number, street, and apt. or suite no.). See instructions. 2380 SW 60 WAY</p>
	<p>6 City, state, and ZIP code MIRAMAR, FL 33023</p>
	<p>7 List account number(s) here (optional)</p>
	<p>Requester's name and address (optional)</p>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number									
or									
Employer identification number									
5	2	-	2	2	8	5	7	8	6

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date 11/17/2025
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000011747

Entity Name: R & B REMODELING, INC.

Current Principal Place of Business:

2380 SW 60TH WAY
MIRAMAR, FL 33023

Current Mailing Address:

2380 SW 60TH WAY
MIRAMAR, FL 33023

FEI Number: 52-2285786

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

R&B REMODELING, INC
2380 SW 60TH WAY
MIRAMAR, FL 33023 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: RICARDO SOLIS

02/05/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name SOLIS, RICARDO D
Address 2380 SW 60TH WAY
City-State-Zip: MIRAMAR FL 33023

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RICARDO SOLIS

PRESIDENT

02/05/2025

Electronic Signature of Signing Officer/Director Detail

Date

TRANSMITTAL LETTER

Department of State
Division of Corporation
P. O. Box 632
Tallahassee, FL 32314

PS1000011747

700003518567--0
-01/02/01--01081--011
*****87.50 *****87.50

SUBJECT: *R & B REMODELING, INC.*
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FILED
01 JAN 31 PM 3:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FROM: *RICARDO D. SOLIS*
Name (Printed or typed)

19195 MYSTIC POINT DRIVE, APT. 409
Address

AVENTURA, FLORIDA 33108
City, State & Zip

954-205-7090
Daytime Telephone number

*605
4/17/01*

[Signature]

[Signature]
799-6125

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

January 5, 2001

RICARDO D. SOLIS
19195 MYSTIC POINT DRIVE
APT 409
AVENTURA, FL 33108

SUBJECT: R & B REMODELING, INC.
Ref. Number: W01000000311

We have received your document for R & B REMODELING, INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6934.

Loria Poole
Corporate Specialist

Letter Number: 401A00000622

R & B Remodeling, Inc.
(a Maryland Corporation)
Ricardo D. Solis, President
19195 Mystic Point Drive, Apt. 409
Aventura, Florida 33180

FILED
01 JAN 31 PM 3:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Florida Department of State
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section
Division of Corporations

SUBJECT: R & B Remodeling, Inc., (a Maryland Corporation)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Withdrawal of Authority to Transact Business or Conduct Affairs in Florida and check are submitted to surrender authority of R & B Remodeling, Inc., (a Maryland Corporation) to transact business or conduct affairs in Florida.

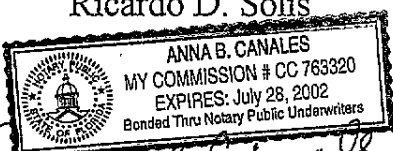
The Withdrawal is to be effective 1/24/2001. The President and sole shareholder of the Corporation, Ricardo D. Solis authorized the Withdrawal on December 31, 2000.

This letter is to affirm that the Maryland Corporation, R & B Remodeling, Inc. has no intention of revoking this Withdrawal of Authority to Transact Business or Conduct Affairs in Florida.

Signed: _____, President

Ricardo D. Solis

Date 1/22/01



Anna B. Canales 1/22/01

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation (which is hereinafter called the Corporation) shall be

R & B Remodeling, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of the Corporation is 19195 Mystic Point Drive, Apt. 409, Aventura, Florida 33160

ARTICLE III PURPOSE

The purpose for which the Corporation is organized is as follows:

- A. To engage in general contracting and residential remodeling.
- B. To engage in, or carry out and conduct in the State of Florida and in any other State, territory and possession of the United States of America and in any foreign countries, any and all other lawful business, trade, or occupation of any kind or nature, in the same manner and to the same extent that a natural person could or might possibly engage in, carry on or conduct.

ARTICLE IV SHARES

The total number of shares of stock that the Corporation shall have the authority to issue shall be: ONE HUNDRED THOUSAND (100,000) shares, all of one class, and each share having a par value of ONE DOLLAR (\$1.00).

ARTICLE V INITIAL OFFICERS/DIRECTORS

The number of directors of the Corporation shall be one, which number may be increased or decreased pursuant to the by-laws of the Corporation, but shall never be less than one, and the director who shall act until the first annual meeting or until his successors are duly chosen and qualified is Ricardo D. Solis, whose post office address is 19195 Mystic Point Drive, Apt. 409, Aventura, Florida 33160

FILED
01 JAN 31 PM 3:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

The Registered agent shall be Ricardo D. Solis, and adult citizen of the State of Florida and a resident thereof, whose post office address is 19195 Mystic Point Drive, Apt. 409, Aventura, Florida 33180

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is Ricardo D. Solis, 19195 Mystic Point Drive, Apt. 409, Aventura, Florida 33180

ARTICLE VIII EFFECTIVE DATE


The effective date of the Incorporation will be January 24, 2001.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

12/29/00
Date



Signature/Incorporator

12/29/00
Date

01 JAN 31 PH 3:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED



BLAISE INGOGLIA
CHIEF FINANCIAL OFFICER

**STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION**

**** CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW ****

CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

EFFECTIVE DATE: 10/15/2025

EXPIRATION DATE: 10/15/2027

PERSON: RICARDO D SOLIS LOPEZ

EMAIL: RB_REMODELING@MSN.COM

FEIN: 522285786

BUSINESS NAME AND ADDRESS:

R & B REMODELING, INC.

2380 SW 60 WAY,
HOLLYWOOD, FL 33023

This certificate of election to be exempt is NOT a license issued by the Department of Business and Professional Regulation. To determine if the certificate holder is required to have a license to perform work or to verify the license of the certificate holder, go to www.myfloridalicense.com.

IMPORTANT: Pursuant to subsection 440.05(13), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to subsection 440.05(11), F.S., Certificates of election to be exempt issued under subsection (3) apply only to the corporate officer named on the notice of election to be exempt. Pursuant to subsection 440.05(12), F.S., notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.



Ron DeSantis, Governor

Melanie S. Griffin, Secretary



**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

CONSTRUCTION INDUSTRY LICENSING BOARD

THE BUILDING CONTRACTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

SOLIS-LOPEZ, RICARDO DAGOBERTO

R & B REMODELING, INC.
2380 SW 60 WAY
MIRAMAR FL 33023

LICENSE NUMBER: CBC1265491

EXPIRATION DATE: AUGUST 31, 2026

Always verify licenses online at MyFloridaLicense.com

ISSUED: 06/05/2024

Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.



United States Environmental Protection Agency

This is to certify that

R&B Remodeling

has fulfilled the requirements of the Toxic Substances Control Act (TSCA) Section 402, and has received certification to conduct lead-based paint activities pursuant to 40 CFR Part 745.226

In the Jurisdiction of:

All EPA Administered Lead-based Paint Activities Program States, Tribes and Territories

This certification is valid from the date of issuance and expires August 29, 2027

LBP-F124055-1

Certification #

August 15, 2024

Issued On



A handwritten signature in black ink, appearing to read "Marc Edmonds".

Marc Edmonds, Chief

Risk Assessment Management Branch 2.



ABBEY AJAYI

TAX COLLECTOR • BROWARD COUNTY

INTEGRITY • EFFICIENCY • TRANSPARENCY

Office of Abbey Ajayi

Broward Constitutional Tax Collector

Broward County Business Tax Receipt Renewal

RENEW ONLINE at browardtax.org/bt-express

To receive a Business Tax Receipt renewal, the following business categories must present a current state license, registration or exempt letter: vacation rentals, restaurants, food trucks, bakeries, contractors, auto paint and body shops, auto repairs, barbershop/beauty salon, marijuana dispensary and clinic, pest control, convenience store, pharmacy, telemarketing, health clubs, tattoo/piercing and medical/spa clinics.

In addition to state license, the following business categories must present proof of registration from Broward County's Permitting, Licensing and Consumer Protection Division: auto body paint and repairs, movers and limousine services.

A 'Certificate of Use' obtained from Permitting, Licensing and Consumer Protection Division must be presented in correct ownership name, for change of business location or change of ownership.

TRANSFER OF OWNERSHIP/NAME OF BUSINESS/BUSINESS LOCATION

Your request must include the transfer fee, which is 10% of the base annual fee, not less than \$3.00 or more than \$25.00.

Submit the current receipt with your changes indicated in the spaces provided below.

If you cannot submit the current receipt, complete an affidavit to transfer. The form may be found at:

<https://browardtax.org/transfermyBTR>

Businesses regulated by the state or local agencies must have the same address as the Business Tax Receipt.

1. New ownership/Name of Business
(submit current receipt and fee)

2. New business location
(submit current receipt and fee)

3. Mailing address change only
(no fee required)

New Fed. I.D. or SS# _____

- EXCEPTIONS: A.) Exempt receipts are not transferable from one owner to a new owner.
 B.) Professional receipts are not transferable from one individual to another individual.

If no longer doing business in Broward County, please indicate with signature. _____

Signature



City of Miramar

2300 Civic Center Place
Miramar FL, 33025
(954) 602-4357 (HELP)
www.miramarfl.gov/Online-Services
businesstax@miramarfl.gov

LICENSE YEAR 2026

Business Name: R & B REMODELING, INC
DBA: R & B REMODELING, INC

Business Type(s): 238390 Other Building Finishing Contractors

Business Location: 2380 SW 60Th WAY
MIRAMAR, FL 33023-2946

Mailing Address: 2380 SW 60Th WAY
MIRAMAR, FL 33023-2946

Owner: RICARDO SOLIS

Tax Receipt Number3155

Tax Receipt Type: Specialty Trade Contractors

Issued Date: 9/30/2025

Classification: Contractors-General

Expiration Date: 9/30/2026

Fees Paid: \$160.81

This is to certify that the person or firm named herein has paid into my hands minimum payment of tax as set out herein for the use and benefit of the City aforesaid, and is licensed to engage in the business of items listed above.

Restrictions below are applicable to Home-Based businesses only:

Mail & Phone Only, No Employees at Home, No Work on Premises, No Clients at Home, No Deliveries to Home, Office Only

Restrictions below are applicable to Cottage-Based businesses only:

Cottage food businesses are allowed in accordance with Florida Statute 500.80, except that the home shall not be used for retail. Please see regulations title 21 part 101. Only one employee allowed which includes family members residing at the home. No commercial vehicles parked overnight on the premises.

LICENSE YEAR 2026

TO BE POSTED IN A CONSPICUOUS PLACE

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.

(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number

**CERTIFICATION REGARDING LOBBYING;
DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS
FOR EXPENDITURE OF FEDERAL FUNDS**


LOBBYING

As required by 7 CFR Part 3018, for persons entering into a contract, grant or cooperative agreement over \$100,000 involving the expenditure of Federal funds, the undersigned certifies for itself and its principals that:

- (a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement;
- (b) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress or an employee of a Member of Congress, in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit **Standard Form - LLL, "Disclosure Form to Report Lobbying,"** in accordance with its instructions; and
- (c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

The undersigned Contractor, certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. Chap. 38, Administrative Remedies for False Claims and Statements, apply to this certification and disclosure, if any.



Signature of Contractor's Authorized Official
R&B REMODELING, INC

Contractor / Name of Company

Ricardo D. Solis President

Printed Name and Title of Contractor's Authorized Official
11/17/2025

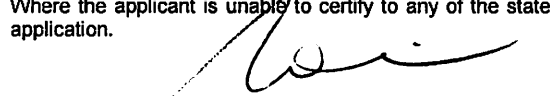
Date

DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS

As required by 7 CFR Part 3017, for persons entering into a contract, grant or cooperative agreement over \$25,000 involving the expenditure of Federal funds, the undersigned certifies for itself and its principals that:

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
- (b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) Are not presently indicted for or otherwise criminally or civilly charged by a Government entity (Federal, State, or local) with commission of any offenses enumerated in paragraph (b) of this certification; and
- (d) Have not within a three-year period preceding this application had one or more public transaction (Federal, State, or local) terminated for cause or default; and

Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.



Signature of Contractor's Authorized Official
R&B REMODELING, INC

Contractor / Name of Company

Ricardo D. Solis President

Printed Name and Title of Contractor's Authorized Official
11/17/2025

Date

Disclosure of Lobbying Activities

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure)

1. Type of Federal Action: a. contract _____ b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	2. Status of Federal Action: a. bid / offer / application _____ b. initial award c. post-award	3. Report Type: a. initial filing _____ b. material change For material change only: Year _____ quarter _____ Date of last report _____
4. Name and Address of Reporting Entity: _____ Prime _____ Subawardee _____ Tier _____, if Known: Congressional District, if known:	5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime: Congressional District, if known:	
6. Federal Department/Agency:	7. Federal Program Name/Description: CFDA Number, if applicable: _____	
8. Federal Action Number, if known:	9. Award Amount, if known: \$	
10. a. Name and Address of Lobbying Registrant <i>(if individual, last name, first name, MI):</i>	b. Individuals Performing Services <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i>	
11. Information requested through this form is authorized by Title 31 U.S.C. Section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: _____ Print Name: <u>RICARDO D. SOLIS</u> Title: <u>PRESIDENT</u> Telephone No.: <u>954 605 4787</u> Date: <u>11/17/2025</u>	



R&B REMODELING, INC

Unique Entity ID LB2TA2MK8GR3	CAGE / NCAGE 7JJ51	Purpose of Registration All Awards
Registration Status Active Registration	Expiration Date Jan 23, 2026	
Physical Address 2380 SW 60TH WAY Miramar, Florida 33023-2946 United States	Mailing Address 2380 SW 60TH WAY Miramar, Florida 33023-2946 United States	

Business Information

Doing Business as RB REMODELING	Division Name (blank)	Division Number (blank)
Congressional District Florida 24	State / Country of Incorporation Florida / United States	URL (blank)

Registration Dates

Activation Date Jan 27, 2025	Submission Date Jan 23, 2025	Initial Registration Date Jan 14, 2016
--	--	--

Entity Dates

Entity Start Date Jan 24, 2001	Fiscal Year End Close Date Dec 31
--	---

Immediate Owner

CAGE (blank)	Legal Business Name (blank)
------------------------	---------------------------------------

Highest Level Owner

CAGE (blank)	Legal Business Name (blank)
------------------------	---------------------------------------

Executive Compensation

In your business or organization's preceding completed fiscal year, did your business or organization (the legal entity to which this specific SAM record, represented by a Unique Entity ID, belongs) receive both of the following: 1. 80 percent or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements and 2. \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

No

Does the public have access to information about the compensation of the senior executives in your business or organization (the legal entity to which this specific SAM record, represented by a Unique Entity ID, belongs) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

Not Selected

Proceedings Questions

Is your business or organization, as represented by the Unique Entity ID on this entity registration, responding to a Federal procurement opportunity that contains the provision at FAR 52.209-7, subject to the clause in FAR 52.209-9 in a current Federal contract, or applying for a Federal grant opportunity which contains the award term and condition described in 2 C.F.R. 200 Appendix XII?

No

Does your business or organization, as represented by the Unique Entity ID on this specific SAM record, have current active Federal contracts and/or grants with total value (including any exercised/unexercised options) greater than \$10,000,000?

Not Selected

Within the last five years, had the business or organization (represented by the Unique Entity ID on this specific SAM record) and/or any of its principals, in connection with the award to or performance by the business or organization of a Federal contract or grant, been the subject of a Federal or State (1) criminal proceeding resulting in a conviction or other acknowledgment of fault; (2) civil proceeding resulting in a finding of fault with a monetary fine, penalty, reimbursement, restitution, and/or damages greater than \$5,000, or other acknowledgment of fault; and/or (3) administrative proceeding resulting in a finding of fault with either a monetary fine or penalty greater than \$5,000 or reimbursement, restitution, or damages greater than \$100,000, or other acknowledgment of fault?

Not Selected

Exclusion Summary

Nov 17, 2025 09:56:39 PM GMT
<https://sam.gov/entity/LB2TA2MK8GR3/coreData?status=null>

Active Exclusions Records?

No**SAM Search Authorization**

I authorize my entity's non-sensitive information to be displayed in SAM public search results:

Yes**Entity Types****Business Types**

Entity Structure

Corporate Entity (Not Tax Exempt)

Entity Type

Business or Organization

Organization Factors

(blank)

Profit Structure

For Profit Organization**Socio-Economic Types****Minority-Owned Business****Self Certified Small Disadvantaged Business****Hispanic American Owned**

Check the registrant's Reps & Certs, if present, under FAR 52.212-3 or FAR 52.219-1 to determine if the entity is an SBA-certified HUBZone small business concern. Additional small business information may be found in the SBA's Dynamic Small Business Search if the entity completed the SBA supplemental pages during registration.

Financial Information

Accepts Credit Card Payments

No

Debt Subject To Offset

No

EFT Indicator

0000

CAGE Code

7JJ51**Electronic Funds Transfer**

Account Type

Checking

Routing Number

*******13**

Lock Box Number

(blank)

Financial Institution

WELLS FARGO BANK

Account Number

*******64****Automated Clearing House**

Phone (U.S.)

9546054787

Email

(blank)

Phone (non-U.S.)

(blank)

Fax

(blank)**Remittance Address****Wells Fargo****8900 Pines BLVD****Pembroke Pines, Florida 33024****United States****Taxpayer Information**

EIN

*******5786**

Type of Tax

Applicable Federal Tax

Taxpayer Name

R&B Remodeling

Tax Year (Most Recent Tax Year)

2023

Name/Title of Individual Executing Consent

President

TIN Consent Date

Jan 23, 2025

Address

2380 SW 60 WAY**Miramar, Florida 33023**

Signature

ricardo d solis**Points of Contact****Accounts Receivable POC**

✉

ricardo d solis, president

Nov 17, 2025 09:56:39 PM GMT

<https://sam.gov/entity/LB2TA2MK8GR3/coreData?status=null>

rb_remodeling@msn.com
9546054787

Electronic Business

👤
ricardo d solis, president
rb_remodeling@msn.com
9546054787

2380 SW 60 WAY
Miramar, Florida 33023
United States

Government Business

👤
ricardo d solis, president
rb_remodeling@msn.com
9546054787

2380 SW 60 WAY
Miramar, Florida 33023
United States

Past Performance

👤
Ricardo Solis
rb_remodeling@msn.com
9546054787

2380 SW 60 WAY
Miramar, Florida 33023
United States

Service Classifications

NAICS Codes

Primary	NAICS Codes	NAICS Title
Yes	236118	Residential Remodelers

Size Metrics

IGT Size Metrics

Annual Revenue (from all IGTs)
(blank)

Worldwide

Annual Receipts (in accordance with 13 CFR 121)	Number of Employees (in accordance with 13 CFR 121)
\$1,400,000.00	2

Location

Annual Receipts (in accordance with 13 CFR 121)	Number of Employees (in accordance with 13 CFR 121)
\$1,400,000.00	2

Industry-Specific

Barrels Capacity (blank)	Megawatt Hours (blank)	Total Assets (blank)
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Electronic Data Interchange (EDI) Information

This entity did not enter the EDI information

Disaster Response

Yes, this entity appears in the disaster response registry.

No, this entity does not require bonding to bid on contracts.

Bonding Levels	Dollars
	(blank)

States
Florida

Counties
FL: MIAMI-DADE, BROWARD

Metropolitan Statistical Areas
(blank)

R&B Remodeling, Inc Response

Pricing unsealed at Nov 18, 2025 2:34 PM

CONTACT INFORMATION

Company

R&B Remodeling, Inc

Email

rb_remodeling@msn.com

Contact

Ricardo Solis

Address

2380 sw 60 way
miramar, FL 33023

Phone

(954) 605-4787

Website

N/A

Submission Date

Nov 18, 2025 10:30 AM (Eastern Time)

ADDENDA CONFIRMATION

No addenda issued

QUESTIONNAIRE

1. CONFIRMATION TO BIND

1.1. I certify that I have read, understood and agree to the terms in this solicitation, and that I am authorized to submit this response on behalf of my company.*

Confirmed

Pass Fail

2. CERTIFICATION OF INSURANCE COMPLIANCE AND INTENT TO PROCURE REQUIRED COVERAGE

NOTE: Vendors are not required to purchase any additional insurance in order to submit a bid. However, they must certify that they either currently hold, or are able and willing to obtain, all required insurance coverages, endorsements, and limits prior to award and execution of the contract.

2.1. I certify that, if awarded this contract, I will be required to obtain and maintain all insurance policies as detailed in the INSURANCE REQUIREMENTS Section of this solicitation before any work may commence, and throughout the life of the contract.*

Confirmed

Pass Fail

2.2. Do you confirm that you will only use insurance carriers licensed to do business in the State of Florida and rated no less than "A" as to management, and no less than "Class VI" as to financial strength by A.M. Best, and that you understand all endorsements required (e.g., Additional Insured, Waiver of Subrogation, etc.) must be included?*

Yes

Pass Fail


2.3. Do you currently carry insurance policies that meet or exceed the minimum requirements outlined in the INSURANCE REQUIREMENTS section of this solicitation?*


Yes

Pass Fail

2.3.1. Please upload your current certificate(s) of insurance that demonstrate compliance with the insurance requirements outlined in this solicitation.*

Pass Fail

 [r & b remodeling - pembroke pines.pdf](#)

 [Certificate_Of_Insurance_\(1\).pdf](#)

2.4. Do you believe you are exempt from one or more insurance requirements (e.g., Workers' Compensation)?*

Yes

Pass Fail

2.4.1. Please upload written documentation requesting an exemption on your company letterhead, subject to City approval.*

Pass Fail

 [10152027_CERTIF.CATE_OF_ELECT.pdf](#)

2.5. Do you plan on using subcontractors for this project?*

Yes

Pass Fail

2.5.1. Do you acknowledge that all subcontractors must also carry the same insurance or be covered under your policy, and that proof of such coverage must be provided to the City?*

Yes

Pass Fail

3. EXPERIENCE AND CAPABILITIES

The relative experience and qualification of each applicant's proposed team, with respect to the project scope, will be judged and a relative rating assigned. This parameter expresses the general and specific project-related capability of the team and indicates the adequate depth and abilities of the organization which it can draw upon as needed. This will include management, technical, and support staff.

3.1. Explain your firm's interest in working on this project, a positive commitment to perform the required work and a description of the firm.*

I have been a General Contractor and President of R&B Remodelling, Inc. Since the year 2000 and Pass Fail the company was incorporated in 2001. Our experience is from the award of the contract, throughout the permit process, until the completion of the project is over 20 years, giving our company the advantage of knowledge and adaptability of the changes throughout the years on Building Code and procedures.

Our interest to continuing working with the City of Pembroke Pines City. The City of Pembroke Pines was the first City I started to work with these programs over twenty years ago. We are pleased to submit our proposal for the opportunity to keep providing our services. It is a source of pride for me as a contractor to be able to work in a friendly, safe and desirable community, named "one of the best cities to live in America". Our past projects are a demonstration of our expertise with similar projects of comparable size, scope and complexity to your projects. We have a proven track record of successfully completing projects on time and within budget.

We are a bilingual company where our employees speak English and Spanish. We are excited about the possibility of keep working with the City of Pembroke Pines and are confident in our ability to exceed your expectations.

3.2. Describe the size of your firm.*

Pass Fail

R&B Remodelling, Inc was founded in 2001, is a full-service remodelling and construction company with over 45 years of combined experience serving both public and private sector clients in Broward County. Our experience is over 24 years in Governmental programs. I have performed and supervised over 1000 jobs for different Government Program such as: S.H.I.P, C.D.B.G, Home Repair improvement Program and N.S.P.

We currently maintain a professional team of sub-contractors, including licensed trade contractors, and skilled trade workers. Our team brings a comprehensive, hands-on approach to remodelling, specializing in residential government programs.

All the subcontractors in my team are local small businesses and we have been working with them for over 20 years.

3.3. Describe your firm's financial history, strength and stability.*

Pass Fail

R&B Remodelling, Inc has its own funds in bank accounts to be able to reinvest in the company and we also have lines of credit with different banking institutions.

3.4. Describe your firm's range of activities.*

Pass Fail

R&B Remodelling, Inc offers services in different areas of construction and remodelling such as Painting, Roofing, Fencing, Driveway, Electrical services, Plumbing services, Air Conditioning services, Baths, Kitchens and Floors.

3.5. Describe the specialized experience and technical competence of the firm or persons with respect to working on similar projects.*

I have been an owner and president of R&B Remodelling, Inc since the business was incorporated in 2001. I am the qualifier of the company holding a General Residential Contractor License of the state of Florida. Pass Fail

I understand the importance of delegate work. I have been working with the most of our subcontractors for over 10 years, and they have always done their job with quality and in a timely manner. I have been able to trust the subcontractors in order to complete all assigned tasks.

I have performed and supervised over 1000 jobs for different Government Programs included the following cities:

City of Hollywood.

Pembroke Park.

City of Miramar.

City of Tamarac.

City of Sunrise.

City of Plantation.

City of Cooper City.

City of Pompano Beach.

City of Margate.

City of West Palm Beach.

City of Deerfield Beach.

We are prepared to continue our work with the City of Pembroke Pines.

3.6. Do you have a minimum of two (2) years of experience? Please provide proof of such experience.*

Yes, I attached the articles of incorporation

Pass Fail

3.7. The firm must provide information on their proximity to and familiarity with the area in which the project is located.*

R&B Remodelling, Inc is located at 2380 SW 60th Way, Miramar, FL 33023, giving proximity to the projects. Also we only work within Broward County.

Pass Fail

3.8. Explain the availability and access to the firm's top level management personnel.*

Pass Fail

I, Ricardo Solis as the qualifier and the president of R&B Remodeling, Inc supervise and check every job. I am in charge of the daily day production and managerial activities, for this reason I am accessible to the clients, I personally answer every call on my cell phone and I have the ability to meet schedules, communicate and coordinate the daily work.

3.9. Identify the contact person and supervisory personnel who will work on the various projects, including the relative experience of all professionals proposed for use on the team.*

Ricardo Solis – President of R&B Remodelling, Inc.

Pass Fail

Elvin Martinez – Labor and Supervisor.

Juan C. Hernandez – Plumber- A Young Plumbing Corp.

Mario Valdes – Electrician – MV Electrical Services.

Peter Callahan – Mechanical – Capital Air Conditioning

3.10. Provide summaries of key persons and on-site staff to be assigned to the project with emphasis on their experience with similar work.*

Ricardo Solis – President R&B Remodeling since January 2000

Pass Fail

Remodelling Contractor State of Maryland from 1991 to 1999

Carpenter from 1979 to 1991

Member of Carpenter Local 132 Union, State of Maryland.

Florida Building Contractor

Florida Department of Business and Professional Regulations.

Florida Residential Contractor

Florida Department of Business and Professional Regulations.

3.11. Explain the ability and experience of the field staff with specific attention to project related experience.*

With more than 25 years in the remodeling and construction industry, we pride on a high level of skill, Pass Fail professionalism, and hands-on expertise to every project.

Our team is composed of temporary skill labor workers who are trained in mostly remodeling, including carpentry, framing, drywall, painting, flooring, tile work, and finish installation.

As the contractor I personally supervise all the work, meet with customers, and coordinate with sub contractors

3.12. Contractor should list any applicable qualification, including education, experience, honors and awards received, and professional associations of which the firm and/or its personnel are members.*

Apprenticeship program completion for Carpentry

Pass Fail

OSHA safety training (OSHA-30)

EPA Lead-Safe Renovator Certification Continuing education

Roofing State License

Residential Contractor State License

Building Contractor State License

Proficiency in carpentry, framing, drywall installation, painting, flooring, and general remodeling

Ability to read and interpret blueprints and construction plans

Knowledge of building codes, permitting processes, and inspection requirements

Estimating materials, labor, and project costs

45+ years of personal experience

Strong communication and customer service skills

Commitment to safety, cleanliness, and job-site organization

NARI member

BBB member

3.13. Provide the recent, current, and projected workload of the firm.*

Pass Fail

90% of our workload is from CDBG, NSP, Home Repair, SHIP, HOME funded programs, we focus our resources on these projects. We do have the occasional private customer.

Recent Workload (Past 12 Months)

49 Program funded residential remodeling projects, including kitchen upgrades, bathroom renovations, flooring replacements, Re-roof, electrical upgrade, water heater, impact windows and doors, Hvac, fence and paint. Of these 49 projects 11 were from the City of Pembroke Pines program and the others from the Minority Builders Coalition in Pompano Beach, North Lauderdale, Fort Lauderdale, Cooper City, as well as other CDBG and NSP projects in the cities of Tamarac, Coral Springs and Miramar.

Finished 1 commercial project with the city of Pembroke Pines that included exterior paint, impact windows and doors.

4 Private Jobs that included impact windows, kitchen remodel and bathroom remodel.

2. Current Workload (Active Projects)

Currently we have 18 active jobs, 6 with Pembroke Pines, and the rest within Broward County, all program funded.

These projects include impact windows and doors, bathroom and kitchen remodels, drywall and paint work, flooring, electrical upgrades, HVAC change outs and water heater change outs.

3. Projected Workload (Next Months)

We have three Awarded bids projected to start soon, as well as pending bids totaling 7 projects, including kitchen remodels, flooring installation, impact window and doors. As well as we will continue to attend pre bid meetings.

3.14. What is your reputation compared to your peers in the market?*

Pass Fail

With more than 25 years of remodeling and construction experience, our company maintains a reputation that consistently stands out among industry peers. Clients and partners recognize us for our reliability and commitment to customer satisfaction, which sets us apart in a competitive marketplace.

Key strengths that elevate our reputation include:

Our work quality routinely exceeds industry standards, resulting in long-lasting finishes and high customer satisfaction.

We are known for keeping schedules, maintaining clean job sites, and delivering projects on time and within scope.

With decades of hands-on field experience

Reputation for honesty, communication, and consistent workmanship

3.15. What is your reputation like among customers and how have you developed it?*

Pass Fail

Among our customers, we are known for being reliable, skilled, and customer-focused. We pride on having open and honest communication, and dependable service.

Strong follow-through and responsiveness to questions or concerns

We earned our reputation through consistent performance over 25 years, not by accident

3.16. How does your service differ from similar competitors? How do you win and retain business?*

Our company stands out in the remodeling market by delivering a level of experience, communication, and reliability that many competitors struggle to match. I like to know the scope of work of every customer and get to know them in order to assess and deliver the end result that they are expecting

within the scope of work and keeping in mind the allowances. At the same time making sure they get what they like and want in their remodeling projects.

3.17. A brief statement must be included which explains why your proposal would be the most effective and beneficial to the City of Pembroke Pines.*

Our proposal offers the City the most effective solution by combining 25 years of proven experience Pass Fail within the program in Pembroke Pines, dependable, and a commitment to quality, safety, and accountability. We deliver consistent results, maintain clear communication, and ensure projects are completed on time, on budget, and to the highest standards. Our track record of reliability, attention to detail, and efficient project management ensures that the City receives durable, cost-effective work that meets all regulatory and community expectations. By allowing us to continue working with the city we can continue to do what we are best at while providing service to the city and the homeowners.

4. FIRM'S UNDERSTANDING AND APPROACH TO THE WORK

The understanding that the applicant and consultants demonstrate as to the requirements and needs of the project, including an evaluation of the thoroughness demonstrated in analyzing and investigating the scope of the project.

4.1. Provide a narrative statement demonstrating an understanding of the overall intent of this solicitation, as well as the methods used to complete assigned tasks.*

We fully understand that the overall intent of this solicitation is to provide the City with a reliable, Pass Fail qualified contractor capable of performing timely, high-quality remodeling that support the City's CDBG, NSP and other funded programs. This includes delivering workmanship that meets all applicable codes, ensuring safe work practices, minimizing disruption to home owners and providing consistent communication and accountability throughout each project.

Our approach is built on more than 25 years of hands-on industry experience and is designed to ensure that every assigned task is completed efficiently, accurately, and in alignment with the City's standards. Upon receiving the Notice to proceed, we begin by conducting a thorough site assessment to confirm the scope, identify any existing conditions, and determine the most effective plan of action. We then develop a task-specific work plan that outlines labor needs, materials, safety requirements, and projected timeframes.

All work is performed by skilled field staff with extensive experience in carpentry, remodeling, repairs, and finish work. As well as our subcontractors which we have work with for over 20 years. Our team follows a structured workflow emphasizing safety, code compliance, and clear communication. Throughout each project, we maintain coordination with homeowners to provide updates, confirm expectations, and address any unforeseen conditions promptly and professionally.

Quality control is integrated at every stage. We verify workmanship before moving to the next phase, ensuring tasks are completed correctly the first time. Upon completion, we conduct a final inspection with City representatives to confirm that all work meets the required specifications and performance standards.

4.2. Please clearly describe all aspects of the project proposed.*

Pass Fail

The proposed project includes providing comprehensive remodeling, repair, impact windows and doors, trades, in home owner occupied homes which requires communication and detail planning to keep homeowners comfortable throughout the process.

Conduct an on-site evaluation at pre-bid to verify conditions, confirm the scope, and identify any required adjustments or potential challenges.

Estimate labor, materials, permit fees, trades cost and other costs require by the bid

Submit our bids by the cut off date.

After notice to proceed, meet at customer home to sign all required permit paperwork, make sketches, take measurements and prepare a timeline.

Prepare and submit permits to building department, follow up, and order materials that can have supply chain issue to have them on site at the time of work commencement. Schedule sub contractors in advance to avoid delays.

We start work as per the timeline and call inspections throughout the project as well as daily or weekly quality control checks.

Implement OSHA-compliant safety procedures throughout the project, ensure all work meets local, state, and national building codes, maintain clean, organized work areas to customers, workers and property.

Document work completed, including photos and written updates when requested.

Provide proactive solutions if modifications are needed to maintain schedule or budget efficiency.

Perform a final walkthrough to confirm that all work meets required standards.

Provide final documentation, including work summaries, warranties and release of liens

4.3. Include details of your approach and work plans.*

Pass Fail

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Perform a final walkthrough to confirm that all work meets required standards.

Provide final documentation, including work summaries, warranties and release of liens

4.4. How would you organize this project in terms of milestones?*

Pass Fail

-
- Notice to proceed

- Conduct site visit to confirm scope, conditions, and access
- Identify required materials, equipment, and labor
- Site assessment report
 - Preliminary schedule and work plan
 - Prepare and submit permits
 - Get approved permits and plans
- Finalize project schedule, safety plan, and staffing assignments
- Procure all needed materials and equipment
- Prepare the job site and coordinate access with customers
- Material orders and delivery schedule
- Mobilization of crew and equipment, or subcontractors
- Perform all remodeling, repair, or maintenance work according to specifications
- Maintain safety compliance and protect surrounding areas
- Communicate progress updates to the program specialist
- Completion of work phases (demolition, framing, drywall, flooring, painting, etc.)
- Progress reports and photos
- Mid-project inspection
- Make any necessary adjustments or corrections
- Verify all components are functioning and properly installed
- Quality assurance checklist
- Corrections completed to homeowner satisfaction
- Pre-final walkthrough documentation
- Conduct final inspection with City representative
- Confirm all work meets contract requirements
- Address final punch-list items
- Final walkthrough approval
- Punch-list completion
- Site cleanup
- Provide the City with completed project documentation
- Deliver warranties, release of lien and material records
- Officially close the project

4.5. Identify any issues or concerns of significance that may be appropriate.*

Pass Fail

The main issues we have found in the last 25 years have been, conceal work issues and allowances for materials. Conceal work has been an issue due to the change orders of unforeseen conditions that we couldn't anticipate, we are careful to provide fair priced change orders and be proactive on bringing up and documenting the issues. Allowances are sometimes a concern due to volatile market conditions, increase of materials and customer's taste. This is handled with communication and written documentation that shows what customers have chosen within allowances.

4.6. How do you ensure the quality of your services?*

Pass Fail

Experience staff and supervision, project begins with a thorough review of plans, specifications, and site conditions. A clear work plan is developed to outline tasks, materials, schedules, and quality benchmarks before work begins. We source materials that meet or exceed code and manufacturer specifications. Proper tools and equipment are used to ensure precision, durability, and efficiency. All work is performed in compliance with local, state, and national building codes. Progress is checked at each phase to catch issues early, reducing rework and ensuring high-quality results. Any deficiencies are addressed immediately to ensure work meets our high standards and client expectations. Regular updates and walkthroughs with the client are conducted. Final inspections confirm that all work is complete, fully functional, and meets or exceeds specifications. We provide post-project support, warranties. Client feedback is actively reviewed to continually improve our processes and maintain high service standards.

4.7. What criteria do you use to measure your quality?*

Pass Fail

All work must meet or exceed local, state, and national building codes.

Projects are evaluated against the approved plans, drawings, and City specifications.

Finishes, alignment, fit, and function of materials and installations are carefully checked.

Precision, durability, and attention to detail are critical measures of quality.

Communication and walkthroughs with clients are conducted to confirm expectations are met.

Client approval and feedback are used as a formal measure of project success.

Long-term performance, durability, and reliability are included in quality assessment.

We have developed a great relationship and team work with our subcontractors, however this was achieved after many trial and error. I have learned that when a subcontractor doesn't align with our work ethic or expectations it doesn't have space within our company.

4.8. How often do you find mistakes or errors in your work and what is done to correct these errors, and what is the average correction time?*

Due to our experienced staff, thorough planning, and quality controls, mistakes on our projects are Pass Fail

infrequent. While no contractor can guarantee zero errors, our internal tracking shows that minor corrections occur on less than 10% of tasks across projects. Most issues arise from changes in scope of work, plan reviewers' requests and what has been difficult to reduce has been impact windows delays due to factory delays or even mistakes on our part. A small error like 2 inches too big or too small is enough to delay the project timeline by at least 3 weeks, it has happened in the past, so we are working to have more filters to minimize human error. .

4.9. Describe the firm's techniques for quality control. At a minimum describe the firm's technique to control design and contract documentation, including record keeping.*

Conduct a detailed review of project plans, specifications, and contract requirements.

Pass Fail

Identify potential problem areas and develop strategies to prevent errors before work begins.

Establish quality benchmarks and standards for each task.

Use experienced and trained staff for all work phases.

Conduct ongoing training on best practices, safety, code compliance, and materials handling.

Implement step-by-step procedures for critical tasks such as framing, drywall, flooring, and finishing.

Use checklists for inspections at each phase to ensure all steps meet standards.

On-Site Supervision and Continuous Monitoring

Promptly address any deviations from quality standards.

Document issues, determine root causes, and implement corrective measures immediately.

Conduct a final walkthrough and inspection with the client.

Confirm all work meets or exceeds specifications, codes, and City requirements.

Provide documentation, warranties, and maintenance recommendations as part of project closeout.

Review lessons learned from each project to refine procedures and prevent recurrence of issues.

Maintain feedback loops from subcontractors and clients to improve workmanship, materials selection, and process efficiency.

5. PREVIOUS EXPERIENCE

In this section, vendors are required to provide a detailed account of their previous experience relevant to the services outlined in this solicitation. The aim is to assess the vendor's capability and track record in delivering similar projects.

5.1. How many clients have you provided Services for?*

Pass Fail

Over the course of 25 years in the remodeling and construction industry, our firm has successfully provided services to a wide range of clients, including:

Program funded Residential clients: remodeling, electrical upgrades, Hvac replacement including duct work, plumbing, Re-roof, fencing, flooring. We have done over 1500 program funded projects from cities within Broward County.

Private customers we have had around 100 in these 25 years.

5.2. What similar or related projects have you worked on within the past three years?*

Pass Fail

These projects demonstrate our experience in managing diverse remodeling, coordinating with multiple subcontractors, customer, adhering to codes, and delivering high-quality results on time and within budget.

5.3. What challenges did you face and how did you overcome them?*

Pass Fail

challenge 1: Tight Project Schedules

Situation: Some projects required completion within unusually short timelines due to customers health or age.

Solution: We mobilized additional skilled staff, subcontractors, coordinated material delivery in advance, and implemented phased work to minimize downtime. The project was completed on time without compromising quality.

Challenge 2: Coordination with Multiple Sub-contractors

Situation: A project involved simultaneous work by several sub-contractors in a home

Solution: We established clear communication protocols, scheduled tasks to avoid conflicts, and held regular coordination meetings. This ensured smooth workflow, safety compliance, and minimal disruption to facility operations.

Challenge 3: Material Availability Issues

Situation: Certain specialty materials were delayed due to supply chain constraints.

Solution: We sourced alternate approved materials, adjusted schedules proactively, and maintained open communication with the client. The project remained on track with minimal disruption.

5.4. How many of your clients are repeat clients?*

 Pass Fail

From our private customers that are not many we get repeat calls for different projects as well as referrals, we don't do any advertisement because is not needed.

Over our 25 years of experience, approximately 60% of our clients have engaged us for multiple projects.

5.5. How much of your revenue is derived from managing projects similar to ours?*

 Pass Fail

Approximately 90% of our annual revenue comes from program funded projects

This financial experience demonstrates our capacity to manage projects of similar scope and scale, ensuring sufficient resources, skilled staff, and financial stability to deliver on time.

5.6. Please describe the past record of performance of the firm or person with respect to accessibility to clients, ability to meet schedules, communication, and coordination skills. *

Me, as the contractor and president of R&B Remodeling, Inc, personally meet with customers, attend Pass Fail premeetings and I am available through phone or text.

6. REFERENCE # 1

The minimum experience for this project is **five (5) years**. Provide specific examples of similar experience conducting licensed work of equal or similar scope of work, preferably delivered by the proposed team members. A **minimum of 3** references should be from the last **five years** and should be capable of explaining and confirming your firm's capacity to successfully complete the scope of work outlined herein. As part of the proposal evaluation process, the City may conduct an investigation of references, including a record check or consumer affairs complaints. Proposers' submission of a proposal constitutes acknowledgment of the process and consent to investigate. The City is the sole judge in determining Proposers qualifications. In this section you will have the ability to enter information for 5 different references including their contact details and specific project information.

Please note that the City prefers references who are not current employees of the City of Pembroke Pines, as we generally do not contact our own employees for reference checks.

Proposers are advised to confirm that:

1. Each reference provided by the Respondent has up to date contact persons and contact information;
2. The contact person provided for each reference is someone who has personal knowledge of the Proposer's performance during the referenced project; and
3. The contact person for each reference has been contacted by the Proposer regarding this specific bid submittal and such person confirmed their willingness to serve as a reference.

6.1. Reference Contact Information – Name of Firm, City, County or Agency*

 Pass Fail

COMMUNITY REDEVELOPMENT ASSOCIATES OF FLORIDA INC

6.2. Reference Contact Information – Reference's Business Address* Pass Fail

8569 PINES BLVD #201 PEMBROKE PINES, FL 33024

6.3. Reference Contact Information – Reference's Contact Name & Title* Pass Fail

Nercida Casado Senior Program Specialist

6.4. Reference Contact Information – Reference's E-mail Address* Pass Fail

NCasado@crafla.org

6.5. Reference Contact Information – Reference's Phone Number* Pass Fail

Direct 954-431-3937

6.6. Project Information – Was your firm the prime contractor for the listed project?* Pass Fail

Yes

6.7. Project Information – Name of Contactor Performing the Work* Pass Fail

R&B REMODELING INC

6.8. Project Information – Name and location of the project* Pass Fail

VENESSA REDMAN

1100 SAINT CHARLES PLACE #L20 PEMBROKE PINES FL 33026

6.9. Project Information – Nature of the firm's responsibility on the project and work for which staff was responsible for*

BATHROOM REMODELING, IMPACT WINDOWS AND HVAC

Pass Fail

6.10. Project Information – Project Duration* Pass Fail

4 MONTHS

6.11. Project Information – Completion (Anticipated) Date* Pass Fail

OCTOBER 2025

6.12. Project Information – Size of Project* Pass Fail

MEDIUM SIZE PROJECT

6.13. Project Information – Cost of Project* Pass Fail

\$119,350

7. REFERENCE # 2

7.1. Reference Contact Information – Name of Firm, City, County or Agency* Pass Fail

Community Development Division City of Hollywood

7.2. Reference Contact Information – Reference's Business Address* Pass Fail

2600 Hollywood Boulevard Broward Library - Hollywood Branch 2nd floor Hollywood, FL 33020

7.3. Reference Contact Information - Reference's Contact Name & Title*

Pass Fail

Grantland Allen Housing Inspector

7.4. Reference Contact Information - Reference's E-mail Address*

Pass Fail

GRALLEN@hollywoodfl.org

7.5. Reference Contact Information - Reference's Phone Number*

Pass Fail

954-921-3031

7.6. Project Information - Was your firm the prime contractor for the listed project?*

Pass Fail

Yes

7.7. Project Information - Name of Contactor Performing the Work*

Pass Fail

R&B REMODELING, INC

7.8. Project Information - Name and location of the project*

Pass Fail

JEAN MICHELI & ANTHONY MARANO

6431 SHERMAN ST HOLLYWOOD, FL 33024

7.9. Project Information - Nature of the firm's responsibility on the project and work for which staff was responsible for*

KITCHEN REMODEL, BATHROOMS REMODEL, IMPACT WINDOWS AND DOORS

Pass Fail

7.10. Project Information - Project Duration*

Pass Fail

5 MONTHS

7.11. Project Information - Completion (Anticipated) Date*

Pass Fail

OCTOBER 2025

7.12. Project Information - Size of Project*

Pass Fail

MEDIUM SIZE SCOPE OF WORK

7.13. Project Information - Cost of Project*

Pass Fail

60,200

8. REFERENCE # 3

8.1. Reference Contact Information - Name of Firm, City, County or Agency*

Pass Fail

BROWARD COUNTY MINORITY BUILDERS COALITION INC

8.2. Reference Contact Information - Reference's Business Address*

Pass Fail

499 NW 70 AVE SUITE 114 PLANTATION FL 33317

8.3. Reference Contact Information - Reference's Contact Name & Title*

Pass Fail

JANICE HAYES

8.4. Reference Contact Information – Reference's E-mail Address*

Pass Fail

janice.hayes@minoritybuilders.org

8.5. Reference Contact Information – Reference's Phone Number*

Pass Fail

954 792 1121 EXT. 25

8.6. Project Information – Was your firm the prime contractor for the listed project?*

Pass Fail

Yes

8.7. Project Information – Name of Contactor Performing the Work*

Pass Fail

R&B REMODELING INC

8.8. Project Information – Name and location of the project*

Pass Fail

HELEN CUBBY

9351 NW 3RD ST

DEERFIELD BEACH, FL

8.9. Project Information – Nature of the firm's responsibility on the project and work for which staff was responsible for*

ROOF, WINDOWS, DOORS AND PAINT

Pass Fail

8.10. Project Information – Project Duration*

Pass Fail

5 MONTHS

8.11. Project Information – Completion (Anticipated) Date*

Pass Fail

FEBRUARY 25, 2025

8.12. Project Information – Size of Project*

Pass Fail

MEDIUM SIZE SCOPE OF WORK

8.13. Project Information – Cost of Project*

Pass Fail

\$62,000

9. REFERENCE # 4

9.1. Reference Contact Information – Name of Firm, City, County or Agency

Pass Fail

COMMUNITY REVITALIZATION AFFILIATES INC

9.2. Reference Contact Information – Reference's Business Address

Pass Fail

6151 MIRAMAR PARKWAY SUITE 202 MIRAMAR, FL 33023

9.3. Reference Contact Information – Reference's Contact Name & Title

Pass Fail

ANDREW AZEBEOKHAI

- 9.4. Reference Contact Information – Reference's E-mail Address** Pass Fail
A
-
- 9.5. Reference Contact Information – Reference's Phone Number** Pass Fail
954 939 3271
-
- 9.6. Project Information – Was your firm the prime contractor for the listed project?** Pass Fail
Yes
-
- 9.7. Project Information – Name of Contactor Performing the Work** Pass Fail
R&B REMODELING INC
-
- 9.8. Project Information – Name and location of the project** Pass Fail
SELINE WHITE
2120 SW 67 WAY MIRAMAR FL 33023
-
- 9.9. Project Information – Nature of the firm's responsibility on the project and work for which staff was responsible for** Pass Fail
RE ROOF INCLUDING FASCIA, IMPACT WINDOWS AND DOORS, WATER HEATER, REMODEL TWO BATHROOMS, ELECTRICAL UPGRADE, KITCHEN REMODEL, INTERIOR PAINT, FLOOR TILE.
-
- 9.10. Project Information – Project Duration** Pass Fail
6 MONTHS
-
- 9.11. Project Information – Completion (Anticipated) Date** Pass Fail
NOVEMBER 2022
-
- 9.12. Project Information – Size of Project** Pass Fail
MEDIUM SIZE SCOPE OF WORK
-
- 9.13. Project Information – Cost of Project** Pass Fail
\$87,375
-
- 10. REFERENCE # 5**
- 10.1. Reference Contact Information – Name of Firm, City, County or Agency** Pass Fail
Community Development Associates of Florida Inc
-
- 10.2. Reference Contact Information – Reference's Business Address** Pass Fail
8569 Pines Blvd Suite 201 Pembroke Pines, FL 33024
-
- 10.3. Reference Contact Information – Reference's Contact Name & Title** Pass Fail
Nercida Casado Senior Program Specialist
-
- 10.4. Reference Contact Information – Reference's E-mail Address** Pass Fail

10.5. Reference Contact Information – Reference's Phone Number Pass Fail

Direct 954-431-3937

10.6. Project Information – Was your firm the prime contractor for the listed project? Pass Fail

Yes

10.7. Project Information – Name of Contactor Performing the Work Pass Fail

R&B REMODELING INC

10.8. Project Information – Name and location of the project Pass Fail

ROCIO RICHTER

900 SAINT CHARLES PLACE #702 PEMBROKE PINES, FL 33026

10.9. Project Information – Nature of the firm's responsibility on the project and work for which staff was responsible for

BATHROOM REMODEL, IMPACT WINDOWS AND DOORS, FLOORING, KITCHEN CABINETS, Pass Fail
KITCHEN REMODEL

10.10. Project Information – Project Duration Pass Fail

4 MONTHS

10.11. Project Information – Completion (Anticipated) Date Pass Fail

SEPTEMBER 14 2025

10.12. Project Information – Size of Project Pass Fail

MEDIUM SCOPE OF WORK

10.13. Project Information – Cost of Project Pass Fail

\$103,750

11. PROJECT DOCUMENTS

11.1. PROPOSERS BACKGROUND INFORMATION FORM* Pass Fail

1. Please download the attached document, complete all required fields, and upload the completed form here.

 [Proposers Background Information Form.xlsx](#)

 [BACKGROUND_RB.pdf](#)

12. SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a)

12.1. SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM* Pass Fail

1. Please download the attached document, complete all required fields, and upload the completed form here.

12.2. Public Entity Crimes Status*

Pass Fail

- Which option did you select on the Sworn Statement on Public Entity Crimes Form:
 - A) Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.
 - B1) The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989, AND There has been a proceeding concerning the conviction before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer did not place the person or affiliate on the convicted vendor list. (Please attach a copy of the final order.)
 - B2) The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989, AND The person or affiliate was placed on the convicted vendor list. There has been a subsequent proceeding before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer determined that it was in the public interest to remove the person or affiliate from the convicted vendor list. (Please attach a copy of the final order.)
 - B3) The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989, AND The person or affiliate has not been placed on the convicted vendor list. (Please describe any action taken by or pending with the Department of General Services.)

A) No convictions.

12.3. Did you select option B1 or B2 above?*

Pass Fail

No

12.4. Did you select option B3 above?*

Pass Fail

No

13. EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL MARRIED COUPLES

13.1. EQUAL BENEFITS CERTIFICATION FORM*

Pass Fail

1. Please download the attached document, complete all required fields, and upload the completed form here.

13.2. Equal Benefits Status*

Pass Fail

- Which option did you select on the Equal Benefits Certification Form:
 - A. Contractor currently complies with the requirements of this section; or
 - B. Contractor will comply with the conditions of this section at the time of contract award; or
 - C. Contractor will not comply with the conditions of this section at the time of contract award: or
 - D. Contractor does not comply with the conditions of this section because of the following allowable exemption (Check only one box below):
 - 1. The Contractor does not provide benefits to employees' spouses in traditional marriages;
 - 2. The Contractor provides an employee the cash equivalent of benefits because the Contractor is unable to provide benefits to employees' Domestic Partners or spouses despite making reasonable efforts to provide them. To meet this exception, the Contractor shall provide a notarized affidavit that it has made reasonable efforts to provide such benefits. The affidavit shall state the efforts taken to provide such benefits and the amount of the cash equivalent. Cash equivalent means the amount of money paid to an employee with a Domestic Partner or spouse rather than providing benefits to the employee's Domestic Partner or spouse. The cash equivalent is equal to the employer's direct expense of providing benefits to an employee's spouse;
 - 3. The Contractor is a religious organization, association, society, or any non-profit charitable or educational institution or organization operated supervised or controlled by or in conjunction with a religious organization, association, or society;
 - 4. The Contractor is a governmental agency;

A) Contractor currently complies.

13.3. Did you select option D2 above?*

Pass Fail

No

14. DRUG-FREE WORKPLACE CERTIFICATION

14.1. VENDOR DRUG FREE WORKPLACE CERTIFICATION*

Pass Fail

1. Please download the attached document, complete all required fields, and upload the completed form here.

 [Vendor Drug-Free Workplace Certification Form.pdf](#)

 [11172025_VENDOR_DRUG-FREE_WORKPLACE_CERTIFICATION_FORM_\(2\).pdf](#)

14.2. Drug-Free Status*

Pass Fail

Complies fully.


15. STANDARD DOCUMENTS

The following documents are standard documents that the City generally requires for every solicitation. As a result, we recommend vendors to keep these documents updated and readily available so that they can be easily uploaded for each project that the vendor would like to participate in. In the event that the City does not have one of the forms or documents listed below for your company, the City may reach out to your company after the bid has closed to obtain the document(s).

15.1. NON-COLLUSIVE AFFIDAVIT*

Pass Fail

1. Please download the attached document, complete all required fields, and upload the completed form here.

 [Non-Collusive Affidavit.pdf](#)

 [11172025_NON_COLLUSIVE_AFFIDAVIT.pdf](#)

15.2. SCRUTINIZED COMPANY CERTIFICATION*

Pass Fail

1. Please download the attached document, complete all required fields, and upload the completed form here.

 [Scrutinized Company Certification.pdf](#)

 [11172025_R&B_REMODELING,_INC.pdf](#)

15.3. E-VERIFY SYSTEM CERTIFICATION*

Pass Fail

1. Please download the attached document, complete all required fields, and upload the completed form here.
2. Effective January 1, 2021, pursuant to Section 448.095, Florida Statutes, the City may not enter into a contract with a vendor/contractor/subcontractor unless that vendor/contractor/subcontractor is registered with and uses the E-Verify system administered by the U.S. Department of Homeland Security ("DHS").
3. Contractor shall also require all subcontractors to provide an affidavit attesting that the subcontractor does not employ, contract with, or subcontract with, an unauthorized alien. The Contractor shall maintain a copy of such affidavit for the duration of the contract.

 [E-Verify System Certification Statement.pdf](#)

 [11172025_EVERIFY_SYSTEM_CERTIFICATION_STATEMENT_\(UNDER_SECT.pdf](#)

15.4. HUMAN TRAFFICKING AFFIDAVIT*

Pass Fail

1. Please download the attached document, complete all required fields, and upload the completed form here.

 [Human Trafficking Affidavit.pdf](#)

 [11172025_AFFIDAVIT_OF_COMPLIANCE_WITH_HUMAN_TRAFFICKING_LAWS.pdf](#)

16. VENDOR REGISTRATION

16.1. Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System?*

- The City of Pembroke Pines utilizes OpenGov as its e-Procurement platform for Pass Fail solicitation and bid submission purposes. However, please be advised that **vendor registration for onboarding and processing payments is handled separately** through the City's Accounts Payable Division using **PaymentWorks**, a secure online vendor management platform.
- All vendors that will be submitting invoices and requiring payments from the City are required to register on the PaymentWorks platform. If the vendor is not currently registered with the City via

PaymentWorks and does not have a Vendor Number, the City will have to invite the vendor to register.


- For formal solicitations such as this project, the Procurement Department will send PaymentWorks registration invitations to vendor(s) who are under active consideration for award. Please be aware that not all vendors who submit proposals will receive an invitation, in order to manage system usage and avoid onboarding vendors who are unlikely to receive payments from the City.
- Invitations will typically be sent to the contact listed on the submitted Vendor Information Form.


No


16.2. VENDOR INFORMATION FORM*

Pass Fail

1. Please download the attached document, complete all required fields, and upload the completed form here.

 [Vendor Information Form.pdf](#)

 [vendor_info_rb.pdf](#)


 [corporation_renewal.pdf](#)

16.3. FORM W-9 (REVISED MARCH 2024)*

Pass Fail

1. Please download the attached document, complete all required fields, and upload the completed form here.
2. Note - Please use the March 2024 version of the form as previously dated versions of this form may delay the processing of any payments to the selected vendor.

 [Form_W-9_\(Rev_March_2024\).pdf](#)

 [11172025_Request_for_Taxpayer_!dentificat!on_Number_and_Certific.pdf](#)

17. OPTIONAL DOCUMENTATION

17.1. TRADE SECRETS

Pass Fail

1. The Proposer's response to this solicitation is a public record pursuant to Florida law, which is subject to disclosure by the City under the State of Florida Public Records Law, Florida Statutes Chapter 119.07 ("Public Records Law"). The City shall permit public access to all documents, papers, letters or other material submitted in connection with this solicitation and the Contract to be executed for this solicitation, subject to the provisions of Chapter 119.07 of the Florida Statutes.
2. Any language contained in the Proposer's response to the solicitation purporting to require confidentiality of any portion of the Proposer's response to the solicitation, except to the extent that certain information is in the City's opinion a Trade Secret pursuant to Florida law, shall be void. If a Proposer submits any documents or other information to the City which the Proposer claims is Trade Secret information and exempt from Florida Statutes Chapter 119.07 ("Public Records Laws"), the Proposer shall clearly designate that it is a Trade Secret and that it is asserting that the document or information is exempt. The Proposer must specifically identify the exemption being claimed under Florida Statutes 119.07. The City shall be the final arbiter of whether any information contained in the Proposer's response to the solicitation constitutes a Trade Secret.
3. EXCEPT FOR CLEARLY MARKED PORTIONS THAT ARE BONA FIDE TRADE SECRETS PURSUANT TO FLORIDA LAW, DO NOT MARK YOUR RESPONSE TO THE SOLICITATION AS PROPRIETARY OR CONFIDENTIAL. DO NOT MARK YOUR RESPONSE TO THE SOLICITATION OR ANY PART THEREOF AS COPYRIGHTED. ALL DOCUMENTS THAT THE

FIRM PURPORTS TO BE CONFIDENTIAL, PROPRIETARY OR A TRADE SECRET SHALL BE UPLOADED TO THE OPENGOV WEBSITE AS A SEPARATE ATTACHMENT, IN THIS SECTION, CLEARLY IDENTIFYING THE EXEMPTION BEING CLAIMED UNDER FLORIDA STATUTES 119.07.

4. The city's determination of whether an exemption applies shall be final, and the proposer agrees to defend, indemnify, and hold harmless the city and the city's officers, employees, and agent, against any loss or damages incurred by any person or entity as a result of the city's treatment of records as public records.

 [no_applicable.pdf](#)

17.2. FINANCIAL STATEMENTS

Pass Fail

1. The City is **NOT** requesting the vendor to submit any financial statements for this project and prefers if the vendor does not submit financial statements. In addition, if the City needs a copy of the vendor's financial statements, the City can contact the vendor after the bid due date to request those documents. However, if the vendor does submit the financial statements, they should be uploaded in this section.
2. Any claim of confidentiality on financial statements must be asserted at the time of submittal. The firm must identify the specific statute that authorizes the exemption from the Public Records Law. Please note that the financial statement exemption provided for in Section 119.071(1)c, Florida Statutes only applies to submittals in response to a solicitation for a "public works" project.

 [no_applicable.pdf](#)

17.3. ALTERNATIVES

Pass Fail


1. If you are submitting an alternative product, please upload any related information in this section (such as specification sheets, etc.).
2. In addition, pursuant to the "**Brand Names**" Section included in the GENERAL TERMS AND CONDITIONS Section if and wherever in the specifications a brand name, make, name of manufacturer, trade name, or vendor catalog number is mentioned, it is for the purpose of establishing a grade or quality of material only. Since the City does not wish to rule out other competition and equal brands or makes, the phrase "OR EQUAL" is added. However, if a product other than that specified is bid, Proposers shall indicate on their proposal and clearly state the proposed substitution and deviation. It is the vendor's responsibility to provide any necessary documentation and samples within their bid submittal to prove that the product is equal to that specified. Such samples are to be furnished before the date of bid opening, unless otherwise specified. Additional evidence in the form of documentation and samples may be requested if the proposed brand is other than that specified. The City retains the right to determine if the proposed brand shall be considered as an approved equivalent or not.

 [no_applicable.pdf](#)

17.4. ADDITIONAL INFORMATION


Pass Fail

1. Please provide any additional information that you deem necessary to complete your proposal in this section, if it has not been requested in another section.

 [miramar_tax_lic_rb_26.pdf](#)

 [02081995_BR.WARD_CoUNTY_L.CAL_BUSINESS_TAX_RECEIPT_iss.pdf](#)


 [ApprovalCertificate_LBP-F124055-1_\(2\).pdf](#)

 [articles_of_incorporation_rb.pdf](#)

17.5. PROFESSIONAL LICENSES

Pass Fail

1. If applicable, please upload any professional licenses that may be required to perform the services outlined in the solicitation.

 [license_rb_26.pdf](#)

18. VENDOR CLASSIFICATION

18.1. Is your firm a Veteran Owned Small Business (VOSB)?*

Pass Fail

1. The evaluation of competitive bids is subject to section 35.37 of the City's Procurement Procedures which, except where contrary to federal and state law, or any other funding source requirements, provides that preference be given to veteran owned small businesses. To satisfy this requirement, the vendor shall affirm in writing its compliance with the following objective criteria as of the bid or proposal submission date stated in the solicitation.
2. A preference of two and a half percent (2.5%) of the total evaluation point, or two and a half percent (2.5%) of the total price, shall be given to the Veteran Owned Small Business (VOSB).

No

18.2. Is your firm a Minority-Owned Business Enterprise (MBE)?*

Pass Fail

No

18.3. Is your firm a Woman-Owned Business Enterprise (WBE)?*

Pass Fail

No

18.4. Is your firm a HubZone Business / Labor Surplus Area Firm?*

Pass Fail

No

18.5. Is your firm a Broward County Small Business Enterprise (SBE)?*

Pass Fail

No

18.6. Is your firm a Broward County Business Enterprise (CBE)?*

Pass Fail

No

18.7. Is your firm a Broward County Disadvantaged Business Enterprise (DBE)?*

Pass Fail

No

18.8. Does your firm have a Vendor Classification that was not listed above?*

Pass Fail

No

19. FEDERAL DOCUMENTS

19.1. Certification Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters for Expenditure of Federal Funds*

1. Lobbying:

Pass Fail

1. As required by 7 CFR Part 3018, for persons entering into a contract, grant or cooperative agreement over **\$100,000** involving the expenditure of Federal funds, the


Contractor must complete the **Certification Regarding Lobbying**.

2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress or an employee of a Member of Congress, in connection with this Federal contract, grant, loan, or cooperative agreement, the Contractor shall also complete and submit the **Standard Form - LLL, "Disclosure Form to Report Lobbying,"** in accordance with its instructions.

2. Debarment, Suspension and Other Responsibility Matters:

1. Where the Contractor is unable to certify to any of the statements in the certification for **Debarment, Suspension and Other Responsibility Matters**, he or she shall **provide an explanation**.

- Please download the below documents, complete, and upload.

 [Federal Certification for Lobbying and Debarment and Form LLL.pdf](#)

 [11172025_INSTRUCTIONS_FOR_COMPLETION_OF_SF-LLL,_D.pdf](#)

19.2. Are you currently registered as an active entity on SAM.gov (System for Award Management)?*

1. All vendors submitting bids for this project must be registered and active in the Pass Fail System for Award Management (SAM.gov) at the time of bid award. This is a federal requirement for entities receiving federal funds, including contracts, grants, or other financial assistance. Registration on SAM.gov ensures that vendors are eligible to do business with the U.S. government and are not suspended, debarred, or otherwise excluded from participation in federal programs. SAM registration is free and can be completed at <https://sam.gov>. Bidders must provide their Unique Entity ID (UEI) and proof of active registration as part of their proposal.

Yes

19.2.1. If yes, please provide your Unique Entity ID (UEI)*

Pass Fail

LB2TA2MK8GR3

19.2.2. What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY)*


Pass Fail

Jan 23, 2026

19.2.3. Proof of Registration Upload*

Pass Fail

1. Please upload a PDF copy or screenshot of your entity's active registration status from SAM.gov that includes:
 1. Entity Name
 2. Unique Entity ID (UEI)
 3. DUNS (if applicable)
 4. Registration Status ("Active")
 5. Expiration Date
2. This document must be downloaded from <https://sam.gov> and must show the current status at the time of bid submission.

 [sam_pines.pdf](#)

19.3. Debarment Status - Is your entity currently debarred, suspended, or otherwise excluded from receiving federal contracts or financial assistance?*


No


Pass Fail

19.4. Form 1 of HUD Section 3 Implementation Plan*

Pass Fail

1. This project is governed by Section 3 of the Housing and Urban Development Act of 1968, as amended. Section 3 ensures that employment and economic opportunities created by HUD assistance benefit low- and very low-income individuals, especially those residing within the project's service area.
2. NO VALUEs must demonstrate their compliance with Section 3 requirements, please see "**HUD Section 3 Implementation Plan and Forms 1-6**" in the attachments section for additional information.
3. This may include providing information on how they will hire qualified low- and very low-income individuals and/or utilize Section 3 businesses as part of the project.
4. As part of the bidding process, NO VALUE must return **Form 1** with their bid submission, as failure to do so may result in the disqualification of your submittal.
5. In addition, Forms 2-6 must be submitted with final reporting, 30 days after project completion, as applicable.
6. Please download the below documents, complete, and upload.

 [Form 1 of HUD Section 3 Implementation Plan.pdf](#)

 [11172025_Email_b_remodellng@msn.pdf](#)

19.5. I certify that the information provided above is true and correct to the best of my knowledge. I understand that false or misleading statements may disqualify this bid and subject the entity to federal penalties.*

Confirmed

Pass Fail