

## MEMORANDUM

Agenda Item No. 11(A)(49)

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**TO:** Honorable Chairman Dennis C. Moss  
and Members, Board of County Commissioners

**DATE:** March 3, 2009

**FROM:** R. A. Cuevas, Jr.  
County Attorney

**SUBJECT:** Resolution retroactively  
authorizing in-kind  
services for the December  
19, 2008 "Annual Green  
and Gold Football Game"

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The accompanying resolution was prepared and placed on the agenda at the request of Prime Sponsor Commissioner Rebeca Sosa.



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R. A. Cuevas, Jr.  
County Attorney

RAC/jls



# MEMORANDUM

(Revised)

**TO:** Honorable Chairman Dennis C. Moss  
and Members, Board of County Commissioners

**DATE:** March 3, 2009

  
**FROM:** R. A. Cuevas, Jr.  
County Attorney

**SUBJECT:** Agenda Item No. 11(A)(49)

**Please note any items checked.**

- "4-Day Rule" ("3-Day Rule" for committees) applicable if raised
- 6 weeks required between first reading and public hearing
- 4 weeks notification to municipal officials required prior to public hearing
- Decreases revenues or increases expenditures without balancing budget
- Budget required
- Statement of fiscal impact required
- Bid waiver requiring County Mayor's written recommendation
- Ordinance creating a new board requires detailed County Manager's report for public hearing
- Housekeeping item (no policy decision required)
- No committee review

Approved \_\_\_\_\_ Mayor  
Veto \_\_\_\_\_  
Override \_\_\_\_\_

Agenda Item No. 11 (A) (49)  
3-3-09

RESOLUTION NO. \_\_\_\_\_

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE PARK AND RECREATION DEPARTMENT FOR THE DECEMBER 19, 2008 "ANNUAL GREEN AND GOLD FOOTBALL GAME" SPONSORED BY WEST MIAMI MIDDLE SCHOOL IN AN AMOUNT NOT TO EXCEED \$5,325.00 TO BE FUNDED FROM THE DISTRICT 6 IN-KIND RESERVE FUND

**WHEREAS**, West Miami Middle School has requested in-kind services from the Miami-Dade Park and Recreation Department for the December 19, 2008 "Annual Green and Gold Football Game" in an amount not to exceed \$5,325.00 (see attached Fee Waiver/In-kind Service Application); and

**WHEREAS**, the "Annual Green and Gold Football Game" is a community event that focuses on team spirit by bringing together current students and alumni, local business owners and community leaders; and

**WHEREAS**, the "Annual Green and Gold Football Game" event is a small event, as that term is defined on the attached Fee Waiver/In W kind Service Application and \$5,325.00 of the in-kind services shall be funded from the District 6 In-kind Reserve Fund,

**NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA**, that this Board retroactively authorizes in-kind services from the Miami-Dade Park and Recreation Department for the December 19, 2008 "Annual Green and Gold Football Game" event in an amount not to exceed \$5,325.00 to be funded from the District 6 In-kind Reserve Fund.

The Prime Sponsor of the foregoing resolution is Commissioner Rebeca Sosa. It was offered by Commissioner \_\_\_\_\_, who moved its adoption. The motion was seconded by Commissioner \_\_\_\_\_ and upon being put to a vote, the vote was as follows:

- |                                 |                    |
|---------------------------------|--------------------|
| Dennis C. Moss, Chairman        |                    |
| Jose "Pepe" Diaz, Vice-Chairman |                    |
| Bruno A. Barreiro               | Audrey M. Edmonson |
| Carlos A. Gimenez               | Sally A. Heyman    |
| Joe A. Martinez                 | Barbara J. Jordan  |
| Dorrin D. Rolle                 | Natacha Seijas     |
| Katy Sorenson                   | Rebeca Sosa        |
| Sen. Javier D. Souto            |                    |

The Chairperson thereupon declared the resolution duly passed and adopted this 3<sup>rd</sup> day of March, 2009. This resolution shall become effective ten (10) days after the date of its adoption unless vetoed by the Mayor, and if vetoed, shall become effective only upon an override by this Board.

MIAMI-DADE COUNTY, FLORIDA  
BY ITS BOARD OF  
COUNTY COMMISSIONERS

HARVEY RUVIN, CLERK

By: \_\_\_\_\_  
Deputy Clerk

Approved by County Attorney as  
to form and legal sufficiency.

GKS

Gerald K. Sanchez

*Roxs - 51325  
12/19*

MIAMI-DADE COUNTY  
FEE WAIVER/IN-KIND SERVICES APPLICATION  
FY 2008-09

COUNTY FEE WAIVERS OR IN-KIND SERVICES REQUESTED THROUGH THIS PROCESS ARE NOT EFFECTIVE UNTIL APPROVED BY ACTION OF THE BOARD OF COUNTY COMMISSIONERS PURSUANT TO THE MIAMI-DADE COUNTY HOME RULE CHARTER

Please complete the following form and submit completed form along with requested materials, if applicable, to:

Office of Strategic Business Management  
111 N.W. 1<sup>st</sup> Street, Suite 2200  
Miami, FL 33128

Phone: (305) 375-5143  
Fax: (305) 375-5168

*NADIA - 4183  
x 5168*

Type of Event/Application (select one of the following):

- District Event - Event of minimal impact related to specific commission district (Complete questions 1-7, sign and date; copy will be submitted to the appropriate District Commissioner within two days of receipt of application.)
- Small Event - Event of minimal impact not necessarily related to a specific commission district. (Complete questions 1-7, sign and date.)
- Special Event\* - Event with expected attendance of less than 5,000 with localized impact limited to an individual community or municipality (Complete questions 1-12, sign, date and submit form no later than 60 days prior to event date.)
- Major Event\* - Large Event with expected attendance of over 5,000 or significant probability of protests, controversy, violence or vandalism (Complete questions 1-12, sign, date and submit form no later than 120 days prior to event date.)

**\*\*Note: Event budget must be included for "Special" and "Major" event types.\*\***

Commissioner sponsoring event Commissioner Rebeca Sosa

1. Full legal name of the requesting organization: West Miami Middle School

2. Applicant Status: (Select one of the choices below)

- Not-For-Profit or Tax Exempt
- For-Profit
- Local Government or Public Entity
- Other (specify): \_\_\_\_\_

3. Name and contact information for single point of contact (address, phone, fax, e-mail address, etc.): West Miami Middle School

7525 SW 24th Street, Miami, FL 33155  
Mrs. M. Arango (Assistant Principal)

4. Specify fee waiver or in-kind service requested (quantify, if applicable): We are requesting 1500 seats of bleachers for West Miami Middle School's annual Green and Gold Football game.

*5*

*Sosa  
6*

MIAMI-DADE COUNTY  
FEE WAIVER/IN-KIND SERVICES APPLICATION  
Page 2

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries):  
West Miami Middle School will celebrate their annual Green and Gold  
Football game on December 19th, 2008.

6. Please select ALL that apply to event:

- Economic Development: Event supports vitality or growth of the local economy
- Youth/Education: Event benefits youth of any age and/or offers educational benefits
- Health and Social Services: Event supports health-related causes and/or social programs or institutions that improve quality of life within the community
- Arts and Culture: Event supports music, theatre, literature, art or culture
- Environmental: Event benefits environmental concerns or promotes conservation
- Sports and Athletics: Event supports/promotes organized sports or recreational participation

7. Physical address of event venues (please specify Commission District(s)): Commissioner Rebeca Sosa  
Miami Dade County Distric 6  
West Miami Middle School, 7525 SW 24th Street, MIami, FL 33155

8. Description of regional or local impact: This 50 year tradition brings in many alumni students,  
community leaders as well as the locality the school serves.

9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable):  
Set-up on 12/18/08 after 1:00 PM  
Breakdown on 12/19 after 3:40 PM

b

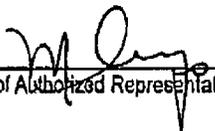
MIAMI-DADE COUNTY  
FEE WAIVER/IN-KIND SERVICES APPLICATION  
Page 3

10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): Traffic is heavy in this area. We are east of the Palmetto Expressway, on 24th Street and 75th Avenue. Entrance for delivery on the far north side of school (baseball field). Contact the school (305) 261-8383 to open the gate.

11. Expected number of participants and estimated attendance (per day, if applicable): Somewhere in the vicinity of 1600.

12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed): Please be informed that this event has not budget. This event is made possible through donations.

I hereby certify that all the statements made in this application are true and correct.

  
Signature of Authorized Representative

11/13/08  
Date

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## Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14  
R. 04/05  
09/06/07

|                    |                |                 |                    |
|--------------------|----------------|-----------------|--------------------|
| 85-8013887801C-1   | 10/16/2007     | 10/31/2012      | COUNTY GOVERNMENT  |
| Certificate Number | Effective Date | Expiration Date | Exemption Category |

This certifies that

MIAMI DADE COUNTY PUBLIC SCHOOL DISTRICT  
AND ALL SUBORDINATE DISTRICT SCHOOL  
1450 NE 2ND AVE # 815  
MIAMI FL 33132-1908

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



## Important Information for Exempt Organizations

DR-14  
R. 04/05

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.03B, Florida Administrative Code (FAC).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others by your organization of tangible personal property, sleeping accommodations or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, FAC).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third degree felony. Any violation will necessitate the revocation of this certificate.
6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Central Registration at 850-487-4130. The mailing address is PO BOX 6480, Tallahassee, FL 32314-6480.

**Rodriguez, Nadia (OSBM)**

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**From:** Milian, Lourdes (DIST6)  
**Sent:** Monday, December 08, 2008 10:53 AM  
**To:** Rodriguez, Nadia (OSBM)  
**Cc:** Gonzalez, Ana (MDPR)  
**Subject:** West Miami Middle School

The cost of the 5 bleachers we were informed by Parks is \$5,325.

Thank you, Have a Great Day!  
Lourdes G. Milian, District Office Manager  
Commissioner Sosa, District 6  
305-267-6377 Office  
e-mail: [lmilian@miamidade.gov](mailto:lmilian@miamidade.gov)

Miami-Dade County is a public entity subject to Chapter 119 of the Florida Statutes concerning public records. E-mail messages are covered under such laws and thus subject to disclosure. All E-mail sent and received is captured by our servers and kept as a public record.

**Rodriguez, Nadia (OSBM)**

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**From:** Milian, Lourdes (DIST6)  
**Sent:** Tuesday, December 16, 2008 2:02 PM  
**To:** Rodriguez, Nadia (OSBM)  
**Subject:** FW: West Miami Middle Bleachers

Correction: Amount is \$5,325.00 it's O.K.

Thank you, Have a Great Day!  
Lourdes G. Milian, District Office Manager  
Commissioner Sosa, District 6  
[305-267-6377 Office](tel:305-267-6377)  
e-mail: [lmilian@miamidade.gov](mailto:lmilian@miamidade.gov)

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**From:** Milian, Lourdes (DIST6)  
**Sent:** Tuesday, December 16, 2008 1:59 PM  
**To:** Milian, Natalie (DIST6); Rodriguez, Nadia (OSBM)  
**Cc:** Jayska, Amanda (OSBM)  
**Subject:** RE: West Miami Middle Bleachers

Nadia, apparently, last year parks made a mistake and we were undercharged.

Thank you, Have a Great Day!  
Lourdes G. Milian, District Office Manager  
Commissioner Sosa, District 6  
[305-267-6377 Office](tel:305-267-6377)  
e-mail: [lmilian@miamidade.gov](mailto:lmilian@miamidade.gov)

Miami-Dade County is a public entity subject to Chapter 119 of the Florida Statutes concerning public records. E-mail messages are covered under such laws and thus subject to disclosure. All E-mail sent and received is captured by our servers and kept as a public record.

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**From:** Milian, Natalie (DIST6)  
**Sent:** Tuesday, December 16, 2008 11:56 AM  
**To:** Rodriguez, Nadia (OSBM)  
**Cc:** Milian, Lourdes (DIST6)  
**Subject:** West Miami Middle Bleachers

Nadia,

As per Lourdes Milian, the funding amount for the West Miami Middle School bleachers for \$5,200 is correct.

12/16/2008

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Please go ahead with the in-kind.

Thanks,

Natalie Milian  
Commissioner Rebeca Sosa, District 6  
[nmilian@miamidade.gov](mailto:nmilian@miamidade.gov)

12/16/2008

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**FAX**

**BOARD OF COUNTY COMMISSIONERS  
COMMISSIONER SALLY A. HEYMAN  
DISTRICT 4**

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**TO:** Amanda Jayska  
(305) 375-5168

**DATE:** December 11, 2008

**FROM:** Mary Ferreira  
Office Manager  
(305) 375-5128

Number of Pages: 6 pages including cover

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Hi Amanda:

Attached please find the In-kind forms and equipment rental form as well as the cost for stage from the parks department.

Shul of Bal Harbour, Inc./ Town of Surfside Holiday Event

Should you need any further information, please feel free to call me.

Thank you and have a great day.

*Paras - 2  
12/23 1,225*

**MIAMI-DADE COUNTY  
FEE WAIVER/IN-KIND SERVICES APPLICATION**

COUNTY FEE WAIVERS OR IN-KIND SERVICES REQUESTED THROUGH THIS PROCESS ARE NOT EFFECTIVE UNTIL APPROVED BY ACTION OF THE BOARD OF COUNTY COMMISSIONERS PURSUANT TO THE MIAMI-DADE COUNTY HOME RULE CHARTER

Please complete the following form and submit completed form along with requested materials, if applicable, to:

Delores Green  
Office of Strategic Business Management  
111 N.W. 1<sup>st</sup> Street, Suite 2200  
Miami, FL 33128

Phone: (305) 375-5143  
Fax: (305) 375-5168

Type of Event/Application (select one of the following):

- District Event** - Event of minimal impact related to specific commission district (Complete questions 1-7, sign and date; copy will be submitted to the appropriate District Commissioner within two days of receipt of application.)
- Small Event** - Event of minimal impact not necessarily related to a specific commission district. (Complete questions 1-7, sign and date.)
- Special Event** - Event with expected attendance of less than 5,000 with localized impact limited to an individual community or municipality (Complete questions 1-12, sign, date and submit form no later than 60 days prior to event date.)
- Major Event** - Large Event with expected attendance of over 5,000 or significant probability of protests, controversy, violence or vandalism (Complete questions 1-12, sign, date and submit form no later than 120 days prior to event date.)

Note: Event budget must be included for "Special" and "Major" event types.

1. Full legal name of the requesting organization: SHVL OF BAL HARBOUR, INC.

2. Applicant Status: (Select one of the choices below)

- Not-For-Profit or Tax Exempt
- For-Profit
- Local Government or Public Entity
- Other (specify): \_\_\_\_\_

3. Name and contact information for single point of contact (address, phone, fax, e-mail address, etc.):  
ANITA CITRON, 9540 COLLINS AVE, SUITE 100, FL 33154; 305-968-1411; 774-316-5934 (cell);  
LABBICITRON@THESHVL.ORG

4. Specify fee waiver or in-kind service requested (quantify, if applicable): STAGE

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries):  
SUNSHINE HOLIDAY PARTY  
12/02

6. Please select ALL that apply to event:

- Economic Development:** Event supports vitality or growth of the local economy
- Youth/Education:** Event benefits youth of any age and/or offers educational benefits
- Health and Social Services:** Event supports health-related causes and/or social programs or institutions that improve quality of life within the community
- Arts and Culture:** Event supports music, theatre, literature, art or culture
- Environmental:** Event benefits environmental concerns or promotes conservation
- Sports and Athletics:** Event supports/promotes organized sports or recreational participation

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*Herman*

MIAMI-DADE COUNTY  
FEE WAIVER/IN-KIND SERVICES APPLICATION

- 7. Physical address of event venues (please specify Commission District(s)): 9389 Harding Ave, Sunrise Town Hall, District 4
- 8. Description of regional or local impact: \_\_\_\_\_
- 9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable): 2 PM, 12/25/2008 FOR SET UP / TAKE DOWN ON SAME DAY BY 10 PM
- 10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): EVENT AT 93 ST & HARDING AVE, SUNRISE, FL
- 11. Expected number of participants and estimated attendance (per day, if applicable): ~ 200 PERSONS
- 12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed): \_\_\_\_\_

I hereby certify that all the statements made in this application are true and correct.

[Signature]  
Signature of Authorized Representative

12/10/2008  
Date

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90011 044 \*\*\*\*70.00

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

|  |   |  |  |
|--|---|--|--|
| <b>DOCUMENT # 767956</b>   |   |                                 |  |
| 1. Entity Name<br><b>SHUL OF BAL HARBOUR, INC.</b>   |   |  |  |
| Principal Place of Business<br>9540 COLLINS AVENUE<br>SURFSIDE, FL 33154 US  |   | Mailing Address<br>9540 COLLINS AVE<br>SURFSIDE, FL 33154 US   |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |  |
| City & State   |   | City & State   |  |
| Zip  | Country                                       | Zip  | Country  |
| 4. FEI Number<br>59-2302316  |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Cooked <input type="checkbox"/>   |   | \$6.75 Additional Fee/Required   |  |
| 6. Name and Address of Current Registered Agent<br><b>LICHTER, DAVID<br/>2120 N.E. 117TH ROAD<br/>NORTH MIAMI, FL 33181</b>  |   | 7. Name and Address of New Registered Agent  |  |
| Name   |   | Name   |  |
| Street Address (P.O. Box Number is Not Acceptable)   |   | Street Address (P.O. Box Number is Not Acceptable)   |  |
| City   |   | City   | Zip Code   |
| FL   |   |  |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.  |   |  |  |
| SIGNATURE _____ DATE _____<br><small>Signature, Agent or President of all registered agent and officers of corporation. (NOTE: Registered Agent indicating name of when entering)</small>  |   |  |  |
| Filing Fee is \$61.25<br>Due by May 1, 2008  |   | 9. Election Campaign Financing<br>Trust Fund Contributor <input type="checkbox"/> \$5.00 May Be<br>Added to Fees |  |
| Make check payable to<br>Florida Department of State   |   |  |  |
| 10. OFFICERS AND DIRECTORS   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS BY 10  |  |
| TITLE  | PD <input type="checkbox"/> Delete            | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   | LICHTER, DAVID                                | NAME   |  |
| STREET ADDRESS   | 2120 N.E. 117TH ROAD                          | STREET ADDRESS   |  |
| CITY-ST-ZIP  | NORTH MIAMI, FL 33181                         | CITY-ST-ZIP  |  |
| TITLE  | T <input checked="" type="checkbox"/> Delete  | TITLE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | STEIN, ERIC                                   | NAME   | BAUM, JOEL   |
| STREET ADDRESS   | 1280 98TH STREET                              | STREET ADDRESS   | 9401 COLLINS AVENUE #405   |
| CITY-ST-ZIP  | BAY HARBOUR ISLANDS, FL 33154                 | CITY-ST-ZIP  | SURFSIDE, FL 33154   |
| TITLE  | SD <input checked="" type="checkbox"/> Delete | TITLE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | LIPSKAR, ZALMAN                               | NAME   | ETCHER, HENRY  |
| STREET ADDRESS   | 9250 WEST BAY HARBOR ISLANDS                  | STREET ADDRESS   | 146 CAMDEN DRIVE   |
| CITY-ST-ZIP  | BAY HARBOUR ISLANDS, FL 33154                 | CITY-ST-ZIP  | BAY HARBOUR, FL 33154  |
| TITLE  | TD <input type="checkbox"/> Delete            | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   | WOLF, DAVID                                   | NAME   |  |
| STREET ADDRESS   | 223 BAL BAY DRIVE                             | STREET ADDRESS   |  |
| CITY-ST-ZIP  | BAL HARBOUR, FL 33154                         | CITY-ST-ZIP  |  |
| TITLE  | VP <input type="checkbox"/> Delete            | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   | FELDMAN, MITCHELL                             | NAME   |  |
| STREET ADDRESS   | 10065 GAY HARBOR TERRACE                      | STREET ADDRESS   |  |
| CITY-ST-ZIP  | BAL HARBOUR ISLANDS, FL 33154                 | CITY-ST-ZIP  |  |
| TITLE  | <input type="checkbox"/> Delete               | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   |   | NAME   |  |
| STREET ADDRESS   |   | STREET ADDRESS   |  |
| CITY-ST-ZIP  |   | CITY-ST-ZIP  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated in this report or supplemental report is true and accurate and that my 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 exercise this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address that may be otherwise empowered. |   |  |  |
| SIGNATURE: <u>David Lichter</u>  |   | 02/12/2008 305.933.9970  |  |
| <small>SIGNATURE AND TYPED NAME OF OFFICER OR DIRECTOR</small>   |   | <small>Date Telephone</small>  |  |

40026100



02122008 Chg-NP CR2E037 (12/06)

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# SHOWMOBILES, STAGES, BLEACHERS, AND SOUND PRODUCTION (305) 226-8315 Ext. 224/(305) 553-8511 (Fax)

## EQUIPMENT (S) CONFIRMATION FORM

ORGANIZATION/AGENCY: SHL OF PAL HARBOR, INC.

EQUIPMENT REQUESTED: STAGE

NAME OF PERSON RESPONSIBLE FOR THIS BILL: ARMA ANTON CITMAN (waiver)  
DISTRICT 4

OR INDEX CODE (MIAMI-DADE COUNTY AGENCIES ONLY): \_\_\_\_\_

BILLING ADDRESS/ ZIP CODE: DISTRICT 4

NAME/TITLE OF THE EVENT: SUNSHINE HOLIDAY PARTY

ADDRESS OF EVENT: 9289 HAWKINS AVE

TODAY'S DATE: 12/10/2008 DATE (S) & TIME OF EVENT: 12/23/2008

SET-UP TIME & DAY: 2pm 12/23

TAKE-DOWN & DAY: 10pm 12/23

CONTACT PERSON/PHONE: ARMA ANTON 786-316-5934

AT SITE CONTACT/CELL PHONE #: same

SPECIAL INSTRUCTIONS: Direction item(s) are to be placed, maps, diagrams, etc.

OTHER INFORMATION: Include additional equipment if needed.

We, the users, understand that we assume full responsibility for any damage, theft, or loss to said equipment and its accessories between the time the Miami-Dade Park and Recreation Department completes setting up and the time it takes down. We, the users, also agree to adhere to the requests set forth in the rental policy. We do have a copy of the rental policy and fully understand the requirements set forth in renting the equipment requested as out-lined in the rental policy. We also understand that the total fee is to be remitted (15) fifteen working days before the event.

\*Fee waiver Signature [Signature]

(SEE FEE SCHEDULE FOR EXACT CHARGES)  
Agency/Group SHL OF PAL HARBOR, INC.

**CANCELLATIONS MUST BE MADE 72 HOURS IN ADVANCE OF THE EVENT BY FAX OR EMAIL OTHERWISE EXPECT TO BE CHARGED 1/2 (HALF) OF RENTAL FEE. \*There will be no completed reservation on the schedule unless the confirmation form is filled out completely and signed.**

**Ferreiro, Maria (DIST4)**

**From:** Amador, Margaret (DIST4)  
**Sent:** Monday, December 08, 2008 11:56 AM  
**To:** Ferreiro, Maria (DIST4)  
**Subject:** FW: Need price  
**Attachments:** EQUIPMENT CONFIRMATION FORM (WITH LINES).doc

For your records

Margie Amador Robinson, Aide  
 Miami-Dade Commissioner Sally A. Heyman  
 1100 NE 163rd Street, #303  
 North Miami Beach, FL 33162  
 305-787-5999 Fax: 305-787-5998  
 amadorm@miamidade.gov

**From:** Byrnes, Timothy (MDPR)  
**Sent:** Monday, December 08, 2008 10:27 AM  
**To:** Amador, Margaret (DIST4)  
**Cc:** Gonzalez, Ana (MDPR); Morgan, Tom (MDPR)  
**Subject:** RE: Need price



Ms. Amador,  
 Just heard back from the third and final possible Showmobile driver, that he will be able to handle this delivery on December 23<sup>rd</sup> from 3PM to 9PM. The event organizer would have to supply a power source to plug in the showmobile into, you are looking at a 110-volt 30amp outlet. The cost for the medium showmobile would be as follows:

| ITEM                                    | COST              | COMMENTS |
|---|-------------------|----------|
| SHOWMOBILE MEDIUM                       |                   |          |
| > DELIVERY, SET UP, BREAKDOWN & PICK UP | \$ 350.00         |          |
| > FIRST HOUR RENTAL                     | \$ 385.00         |          |
| > SEVEN ADDITIONAL HOURS OF RENTAL      | \$ 490.00         |          |
| <b>TOTAL ESTIMATED COST</b>             | <b>\$1,225.00</b> |          |

Please have the event organizer complete the attached Showmobile Equipment Confirmation Form and return to us as soon as possible. Trusting if you have any additional questions, you will contact are office.  
 Tim Byrnes

**Tim Byrnes, Tropical Park/Trail Glades Range/Showmobile Service Area Manager**  
**Miami-Dade County Park and Recreation Department**  
 Tropical Park 7900 SW 40th Street, Miami, FL 33155  
 305-226-8315 Phone, 305-553-8511 Fax  
[www.miamidade.gov/parks](http://www.miamidade.gov/parks)  
 "Delivering Excellence Every Day"

**From:** Amador, Margaret (DIST4)  
**Sent:** Monday, December 08, 2008 9:16 AM  
**To:** Showmobile (MDPR); Byrnes, Timothy (MDPR)  
**Cc:** Gonzalez, Ana (MDPR); Morgan, Tom (MDPR)  
**Subject:** RE: Need price  
**Importance:** High

Tim,

12/8/2008

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## Detail by Entity Name

### Florida Non Profit Corporation

SHUL OF BAL HARBOUR, INC.

### Filing Information

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 FEI Number 592302315  
 Date Filed 04/14/1983  
 State FL  
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 Last Event AMENDMENT  
 Event Date Filed 09/29/1994  
 Event Effective Date NONE

### Principal Address

9540 COLLINS AVENUE  
 SURFSIDE FL 33154 US

Changed 03/07/2000

### Mailing Address

9540 COLLINS AVE  
 SURFSIDE FL 33154 US

Changed 04/15/2005

### Registered Agent Name & Address

LICHTER, DAVID  
 2120 N.E. 117TH ROAD  
 NORTH MIAMI FL 33181 US

Name Changed: 03/16/1999

Address Changed: 03/16/1999

### Officer/Director Detail

#### Name & Address

Title PD

LICHTER, DAVID

18

2120 N.E. 117TH ROAD  
NORTH MIAMI FL 33181

Title T

BAUM, JOEL  
9401 COLLINS AVE 405  
MIAMI BEACH FL 33154

Title SD

EXCHLER, HENRY  
146 CAMDEN DR  
MIAMI BEACH FL 33154

Title TD

WOLF, DAVID  
223 BAL BAY DRIVE  
BAL HARBOUR FL 33154

Title VP

FELDMAN, MITCHELL  
10065 BAY HARBOR TERACE  
BAL HARBOUR ISLANDS FL 33154

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# Memorandum



**Date:** March 3, 2009

**To:** Honorable Chairman Dennis C. Moss  
and Members, Board of County Commissioners

**From:** George M. Burgess  
County Manager

A handwritten signature in black ink, appearing to read "Burgess", written over the printed name of George M. Burgess.

**Subject:** District Specific In-Kind Reserve Request Recommendation

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The Office of Strategic Business Management (OSBM) has reviewed the attached in-kind request and recommends for the item to move forward to the Board of County Commissioners for consideration. The district specific in-kind reserve balance allows for the funding of this request.

## Background

A retroactive waiver for in-kind services has been requested by a not-for-profit organization the West Miami Middle School for their "Annual Green and Gold Football Game" event held on December 19, 2008.

In-kind services have been requested in an amount not to exceed \$5,325 from the Miami-Dade Park and Recreation Department for five (5) sets of bleachers to accommodate 1,500 participants. This event will be funded from the District 6 in-kind reserve fund.

In FY 2008-09, West Miami Middle School has received no county funding for this event.

Inkind03909