

GRM

Bid Contact: **Navindra Singh**
 nsingh@grmdocument.com
 Ph 305-302-2158

Address: **1810 NW 1 Ave**
Miami, FL 33136

Item #	Line Item	Notes	Unit Price	Qty/Unit	Attch.	Docs
FB-00001--01-01	Commercial Records Mgmt. Services	Supplier Product Code:	First Offer -	1 / each	Y	Y

Supplier Total **\$0.00**

GRM

Item: **Commercial Records Mgmt. Services**

Attachments

Minutal check list.docx

GRM Insurance for Miami-Dade County.pdf

Price Proposal Revised 1/30/14.pdf

MINIMUM REQUIREMENTS:

Reference Section	Summarized Requirements	Initial as completed
Section 2.3.1.1	Client Reference #1	<u>N.S.</u>
	Company Name: City Of Miami	
	Contact Name: Yusbel Gonzales	
	Contact Title: Senior Procurement Specialist	
	Contract Address: 444 S.W. 2 nd Ave, 6 th Floor Miami, FL. 33130	
	Contact Telephone Number: (305) 400-5104	
	Contact e-mail address: ygonzalez@ci.miami.fl.us	
	Client Reference #2	<u>N.S.</u>
	Company Name: Femwell	
	Contact Name: Belkys Torriente	
	Contact Title: Office Coordinator	
	Contract Address: 3225 Aviation Ave. Suite 700 Miami, Fl. 33133	
	Contact Telephone Number: (305) 273-4641	
	Contact e-mail address: btorriente@femwell.com	
	Client Reference #3	<u>N.S.</u>
	Company Name: Universal Property	
	Contact Name: Ray Rodriguez	
	Contact Title: President	
	Contract Address: 1110 W. Commercial Blvd. Fort Lauderdale Fl. 33309	
	Contact Telephone Number: (954) 958-1200	
	Contact e-mail address: 1231 rrodriguez@universalproperty.com	
Section 2.3.1.2	Primary Contract Information	<u>N.S.</u>
	Primary Contact: Navindra Singh	
	E-Mail Address: nsingh@grmdocument.com	
	Contact Telephone Number: 305-573-3336 x 238	
	Cellular Phone Number (if applicable): 305- 302-2158	
	Company Main Telephone No.: 305-573-3336	
Section 2.3.1.3	Facility shall be located in Miami-Dade County	<u>YES</u>
	Address of Facility: 1801 NW 1 st AVE Miami, FL. 33136	

COLLUSION AFFIDAVIT

(Code of Miami-Dade County Section 2-8.1.1 and 10-33.1) (Ordinance No. 08-113)

BEFORE ME, A NOTARY PUBLIC, personally appeared Navin Singh
who being duly sworn states: (Insert name of affiant)

I am over 18 years of age, have personal knowledge of the facts stated in this affidavit and I am an owner, officer, director, principal shareholder and/or I am otherwise authorized to bind the bidder of this contract.

I state that the bidder of this contract:

is not related to any of the other parties bidding in the competitive solicitation, and that the contractor's proposal is genuine and not sham or collusive or made in the interest or on behalf of any person not therein named, and that the contractor has not, directly or indirectly, induced or solicited any other proposer to put in a sham proposal, or any other person, firm, or corporation to refrain from proposing, and that the proposer has not in any manner sought by collusion to secure to the proposer an advantage over any other proposer.

OR
 is related to the following parties who bid in the solicitation which are identified and listed below:

MicroShred, LLC
Recall Information Mgmt.

International Data Depository

Note: Any person or entity that fails to submit this executed affidavit shall be ineligible for contract award. In the event a recommended contractor identifies related parties in the competitive solicitation its bid shall be presumed to be collusive and the recommended contractor shall be ineligible for award unless that presumption is rebutted by presentation of evidence as to the extent of ownership, control and management of such related parties in the preparation and submittal of such bids or proposals. Related parties shall mean bidders or proposers or the principals, corporate officers, and managers thereof which have a direct or indirect ownership interest in another bidder or proposer for the same agreement or in which a parent company or the principals thereof of one (1) bidder or proposer have a direct or indirect ownership interest in another bidder or proposer for the same agreement. Bids or proposals found to be collusive shall be rejected.

By: Navin Singh 2/13 20 14
Signature of Affiant Date
Navin Singh, Sales Manager 212-31719101911171
Printed Name of Affiant and Title Federal Employer Identification Number
GRM Information Management Services
Printed Name of Firm
1701 NW 1st Ave. Miami, FL 33136
Address of Firm

2014 **SUBSCRIBED AND SWORN TO** (or affirmed) before me this 13 day of Feb.

BID NO.:
BID TITLE:

He/She is personally known to me or has presented as identification 3520-620-80-163-0

Janell Garcia
Signature of Notary

Janet Garcia
Print or Stamp Name of Notary

Notary Public - State of Florida

Type of Identification

FF 010917

Serial Number

May 28, 2017
Expiration Date

Notary Seal



JANET GARCIA
MY COMMISSION # FF 010917
EXPIRES: May 28, 2017
Bonded Thru Dushan Notary Services

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COMMERCIAL GENERAL LIABILITY SPECIAL BROADENING ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SUMMARY OF COVERAGES

1. Additional Insured by Contract, Agreement or Permit	Included
2. Additional Insured - Broad Form Vendors	Included
3. Aggregate Limit per Location	Included
4. Alienated Premises	Included
5. Bodily Injury Redefined	Included
6. Broad Form Property Damage - Borrowed Equipment, Customers Goods & Use of Elevators	Included
7. Extended Property Damage	Included
8. Incidental Malpractice (Employed nurses, EMT's & paramedics)	Included
9. Knowledge of Occurrence	Included
10. Liberalization Clause	Included
11. Medical Payments - Increased Limit	\$ 10,000
12. Mobile Equipment Redefined	Included
13. Newly Acquired or Formed Organizations - Covered until end of policy period	Included
14. Non-owned Watercraft	51 ft.
15. Personal Injury - Broad Form	Included
16. Product Recall Expense	
- Each Occurrence Limit	\$ 25,000
- Aggregate Limit	\$ 50,000
17. Property Damage Legal Liability (Fire, Lighting, Explosion, Smoke or Leakage Damage)	\$500,000
18. Supplementary Payments Increased Limits	
- Bail Bonds	\$ 2,500
- Loss of Earnings	\$ 300
19. Unintentional Failure to Disclose Hazards	Included
20. Unintentional Failure to Notify	Included

This endorsement amends coverages provided under the Commercial General Liability Coverage Form through new coverages, higher limits and broader coverage grants.

1. Additional Insured by Contract, Agreement or Permit

Under **Section II - Who Is An insured**, Paragraph 5. is added as follows:

5. a. Any person or organization with whom you agreed, because of a written contract, written agreement or permit to provide insurance, is an insured, but only with respect to:

- (1) "Your work" for the additional insured(s) at the location designated in the contract, agreement or permit; or

(2) Premises you own, rent, lease or occupy.

This insurance applies on a primary basis if that is required by the written contract, written agreement or permit.

- b. This provision does not apply:

- (1) Unless the written contract or written agreement has been executed or permit has been issued prior to the "bodily injury", "property damage", "personal injury" or "advertising injury".

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- (2) To any person or organization included as an insured by an endorsement issued by us and made part of this Coverage Part.
- (3) To any person or organization included as an insured under item 2 of this endorsement.
- (4) To any lessor of equipment:
 - (a) After the equipment lease expires; or
 - (b) If the "bodily injury", "property damage", "personal injury" or "advertising injury" arises out of sole negligence of the lessor.
- (5) To any:
 - (a) Owners or other interests from whom land has been leased which takes place after the lease for the land expires; or
 - (b) Managers or lessors of premises if:
 - (i) The occurrence takes place after you cease to be a tenant in that premises; or
 - (ii) The "bodily injury", "property damage", "personal injury" or "advertising injury" arises out of structural alterations, new construction or demolition operations performed by or on behalf of the manager or lessor.
- (4) Repackaging, unless unpacked solely for the purpose of inspection, demonstration, testing, or the substitution of parts under instruction from the manufacturer, and then repackaged in the original container;
- (5) Any failure to make such inspection, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business in connection with the sale of the product;
- (6) Demonstration, installation, servicing or repair operations, except such operations performed at the vendor's premises in connection with the sale of the product;
- (7) Products which, after distribution or sale by you, have been labeled or relabeled or used as a container, part or ingredient of any thing or substance by or for the vendor.

- c. This insurance does not apply to any insured person or organization, from whom you have acquired such products, or any ingredient, part or container, entering into, accompanying or containing such products.

2. Additional Insured - Broad Form Vendors

Under **Section II - Who Is An Insured**, Paragraph 6. is added as follows:

- 6. a. Any person or organization with whom you agreed, because of a written contract or written agreement to provide insurance, but only with respect to "bodily injury" or "property damage" arising out of "your products" which are distributed or sold in the regular course of the vendor's business, subject to the following additional exclusions:
- b. The insurance afforded the vendor does not apply to:
 - (1) "Bodily injury" or "property damage" for which the vendor is obligated to pay damages by reasons of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages that the insured would have in the absence of the contract or agreement;
 - (2) Any express warranty unauthorized by you;
 - (3) Any physical or chemical change in the product made intentionally by the vendor;

3. Aggregate Limit Per Location

- (1) Under **Section III - Limits of Insurance** the General Aggregate Limit applies separately to each of your "locations" owned by or rented to you.
- (2) Under **Section V - Definitions**, definition 23. is added as follows:
 - 22. "Location" means premises involving the same or connecting lots, or premises whose connection is interrupted only by a street, roadway, waterway or right-of-way of a railroad.

4. Alienated Premises

Under **Section I - Coverage A**, paragraph 2. **Exclusions, j. (2)** is replaced in its entirety with the following:

- (2) Premises you sell, give away or abandon, if the "property damage" arises out of any part of those premises and occurred from hazards that were known by you, or should have reasonably been known by you, at the time the property was transferred or abandoned.

5. Bodily Injury Redefined

Under **Section V - Definitions**, definition 3. "bodily injury" is replaced in its entirety with the following:

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3. "Bodily injury" means bodily injury, sickness or disease sustained by a person. This includes mental anguish, mental injury, shock, fright or death resulting from "bodily injury", sickness or disease.
6. **Broad Form Property Damage - Borrowed Equipment, Customers Goods, Use of Elevators**
- (1) Under **Section I - Coverage A**, paragraph 2. **Exclusion j.** is amended as follows:
- Paragraph (4) does not apply to "property damage" to borrowed equipment while at a jobsite and not being used to perform operations.
- Paragraphs (3), (4) and (6) do not apply to "property damage" to "customers goods" while on your premises nor do they apply to the use of elevators at premises you own, rent, lease or occupy.
- (2) Under **Section V - Definitions**, definition 24. is added as follows:
23. "Customers goods" means property of your customer on your premises for the purpose of being:
- worked on; or
 - used in your manufacturing process.
- (3) The insurance afforded under this provision is excess over any other valid and collectible property insurance (including deductible) available to the insured whether primary, excess, contingent or on any other basis.
7. **Extended Property Damage**
- Under **Section I - Coverage A**, paragraph 2. **Exclusions**, Exclusion a. is replaced in its entirety with the following:
- "Bodily injury" or "property damage" expected or intended from the standpoint of the insured. This exclusion does not apply to "bodily injury" or "property damage" resulting from the use of reasonable force to protect persons or property.
8. **Incidental Malpractice - Employed Nurses, EMT's and Paramedics**
- Under **Section II - Who Is An Insured**, paragraph 2.a.(1)(d) does not apply to a nurse, emergency medical technician or paramedic employed by you if you are not engaged in the business or occupation of providing medical, paramedical, surgical, dental, x-ray or nursing services.
9. **Knowledge of Occurrence**
- Under **Section IV - Commercial General Liability Conditions**, Condition 2 - **Duties in the Event of Occurrence, Offense, Claim or Suit**, paragraph e. is added as follows:
- Notice of an "occurrence", offense, claim or "suit" will be considered knowledge of the insured if reported to an individual named insured, partner, executive officer or an "employee" designated by you to give us such a notice.
10. **Liberalization Clause**
- Under **Section IV - Commercial General Liability Conditions**, condition 10. is added as follows:
10. **Liberalization Clause**
- If we adopt any revision that would broaden the coverage under this Coverage Form without additional premium, within 45 days prior to or during the policy period, the broadened coverage will immediately apply to this Coverage Part.
11. **Medical Payments - Increased Limits**
- (1) Under **Section I - Coverage C**, paragraph a. (2) is replaced in its entirety by the following:
- The expenses are incurred and reported to us within three years of the date of the accident; and
- (2) Under **Section III - Limits of Insurance**, paragraph 7. is replaced in its entirety by the following:
- Subject to 5. above, the higher of:
 - \$10,000; or
 - The amount shown in the Declarations for Medical Expense Limit is the most we will pay under Coverage C for all medical expenses because of "bodily injury" sustained by one person.
- (3) This coverage does not apply if **Coverage C - Medical Payments** is excluded either by the provisions of the Coverage Part or by endorsement.
12. **Mobile Equipment Redefined**
- Under **Section V - Definitions**, definition 12, Mobile Equipment, paragraph f.(1)(a)(b)(c) does not apply to self-propelled vehicles of less than 1,000 pounds gross vehicle weight.
13. **Newly Acquired Or Formed Organizations**
- Under **Section II - Who Is An Insured**, paragraph 4.a. is replaced in its entirety by the following:

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- a. Coverage under this provision is afforded only until the end of the policy period.

14. Non-Owned Watercraft

Under **Section I - Coverage A**, paragraph 2 **Exclusions, g.(2)** is replaced in its entirety by the following:

- (2) A watercraft you do not own that is:
- Less than 51 feet long; and
 - Not being used to carry persons or property for a charge;

This provision applies to any person, who with your consent, either uses or is responsible for the use of a watercraft.

15. Personal Injury - Broad Form

- (1) Under **Section I - Coverage B**, paragraph 2.e. is deleted in its entirety.

- (2) Under **Section V - Definitions**, definition 14, paragraph b. is replaced in its entirety by the following:

b. Malicious prosecution or abuse of process.

- (3) Under **Section V - Definitions**, definition 14, paragraph h. is added as follows:

h. Discrimination or humiliation (unless insurance thereof is prohibited by law) that results in injury to the feelings or reputation of a natural person, but only if such discrimination or humiliation is:

- (1) Not done intentionally by or at the direction of:

- The insured;
- Any officer of the corporation, director, stockholder, partner or member of the insured; and

- (2) Not directly or indirectly related to an "employee", not to the employment, prospective employment or termination of any person or persons by an insured.

- (4) This coverage does not apply if **Coverage B - Personal and Advertising Injury Liability** is excluded either by the provisions of the Coverage Part of by endorsement.

16. Product Recall Expense

- (1) Under **Section I - Coverage A**, paragraph 2 **Exclusions, n.** is replaced in its entirety by the following:

n. Recall of Products, Work or Impaired Property

Damages claimed for any loss, cost or expense incurred by you or others for the loss of use, withdrawal, recall, inspection,

repair, replacement, adjustment, removal or disposal of:

- "Your product";
- "Your work"; or
- "Impaired property";

if such product, work, or property is withdrawn or recalled from the market or from use by any person or organization because of a known or suspected defect, deficiency, inadequacy or dangerous condition in it, but this exclusion does not apply to "product recall expenses" that you incur for the "covered recall" of "your product". The exception to the exclusion does not apply to "Product recall expenses" resulting from:

- Failure of any products to accomplish their intended purpose;
- Breach of warranties of fitness, quality, durability or performance;
- Loss of customer approval, or any cost incurred to regain customer approval;
- Redistribution or replacement of "your product" which has been recalled by like products or substitutes;
- Caprice or whim of the insured;
- A condition likely to cause loss of which any insured knew or had reason to know at the inception of this insurance;
- Asbestos, including loss, damage or clean up resulting from asbestos or asbestos containing materials;
- Recall of "your products" that have no known or suspected defect solely because a known or suspected defect in another of "your products" has been found.

- (2) Under **Section II - Who Is An Insured**, paragraph 4.d. is added as follows:

d. Coverage A does not apply to "product recall expense" arising out of any withdrawal or recall that occurred before you acquired or formed the organization.

- (3) Under **Section III - Limits of Insurance**, paragraph 8. is added as follows:

8. The Limits of Insurance and rules stated below fix the most we will pay under this coverage part.

- (1) The Aggregate Limit is the most we will reimburse you for the sum of all "product recall expenses" incurred for all "product recall expenses" initiated during the policy period.

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(2) The Each Occurrence Limit shown in the Summary of Coverages Declaration is the most we will pay in connection with any one defect or deficiency.

- (a) All "product recall expenses" in connection with substantially the same general harmful condition will be deemed to arise out of the same defect or deficiency and considered one occurrence.
- (b) Any amount reimbursed for "product recall expenses" in connection with any one occurrence will reduce the amount of the Aggregate Limit available for reimbursement of "product recall expenses" in connection with any other defect or deficiency.
- (c) If the Aggregate Limit has been reduced by reimbursement of "product recall expenses" to an amount that is less than the Each Occurrence Limit, the remaining Aggregate Limit is the most that will be available for reimbursement of "product recall expenses" in connection with any other defect or deficiency.

The Limits of Insurance of Product Recall Expense apply separately to each consecutive annual period and to any remaining period of less than 12 months, starting with the beginning of the policy period shown in the Declarations, unless the policy period is extended after issuance for an additional period of less than 12 months. In that case, the additional period will be deemed part of the last preceding period for the purposes of determining the Limits of Insurance.

(3) A Deductible of \$500 applies for Each Occurrence.

(4) Under **Section IV - Commercial General Liability Conditions, Condition 2 - Duties in the Event of Occurrence, Offense, Claim or Suit**, paragraph f. is added as follows:

f. You must see to it that the following are done in the event of an actual or anticipated "covered recall" that may result in "product recall expense":

- (1) Give us prompt notice of any discovery or notification that "your product" must be withdrawn or recalled. Include a description of "your product" and the reason for the withdrawal or recall;
- (2) Cease any further release, shipment, consignment or any other method of distribution of like or similar products until it has been determined that all

such products are free from defects that could be a cause of loss under this insurance.

(5) Under **Section V - Definitions**, the following definitions are added:

25. "Covered recall," means a recall made necessary because you or a government body has determined that a known or suspected defect, deficiency, inadequacy, or dangerous condition in "your product" has resulted or will result in "bodily injury" or "property damage".

26. "Product recall expense" means:

a. Necessary and reasonable expenses for:

- (1) Communications, including radio or television announcements or printed advertisements including stationery, envelopes and postage;
- (2) Shipping the recalled products from any purchaser, distributor or user to the place or places designated by you;
- (3) Remuneration paid to your regular "employees" for necessary over-time;
- (4) Hiring additional persons, other than your regular "employees";
- (5) Expenses incurred by "employees" including transportation and accommodations;
- (6) Expenses to rent additional warehouse or storage space;
- (7) Disposal of "your product", but only to the extent that specific methods of destruction other than those employed for trash discarding or disposal are required to avoid "bodily injury" or "property damage" as a result of such disposal;

You incur exclusively for the purpose of recalling "your product"; and

b. Your lost profit resulting from such "covered recall".

17. **Property Damage Legal Liability (Fire, Lightning, Explosion, Smoke or Leakage from Fire Protective Systems Damage)**

- (1) The word **fire** is changed to **fire, lightning, explosion, smoke and leakage from fire protective systems** where it appears in the Limits of Insurance section of the Declarations for the Commercial General Liability Coverage Part.

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- (2) Under **Section I - Coverage A**, the last paragraph (after the exclusions) is replaced in its entirety by the following:
- Exclusions c. through n. do not apply to damage by fire, lightning, explosion, smoke or leakage from fire protective systems to premises while rented to you or temporarily occupied by you with the permission of the owner. A separate limit of insurance applies to this coverage as described in LIMITS OF INSURANCE (SECTION III). This limit will apply to all damage proximately caused by the same event, whether such damage results from fire, lightning, explosion, smoke or leakage from fire protective systems or any combination of the five.
- (3) Under **Section III - Limits Of Insurance**, paragraph 6. is replaced in its entirety by the following:
6. Subject to 5. above, the higher of:
- \$500,000; or
 - The Fire, Lightning, Explosion, Smoke or Leakage from Fire Protective Systems Damage Limit shown in the Declarations is the most we will pay under Coverage A for damages because of "property damage" from fire, lightning, explosion, smoke and leakage from fire protective systems to premises, while rented to you or temporarily occupied by you with permission of the owner.
- (4) Under **Section IV - Commercial General Liability Conditions, Condition 4. Other Insurance**, paragraph b.(2) is replaced by the following:
- b.(2) That is fire, lightning, explosion, smoke or leakage from fire protective systems insurance for premises rented to you or temporarily occupied by you with permission of the owner; or
- (5) Under **Section V - Definitions**, definition 9. "Insured contract", a. is replaced in its entirety by the following:
- A contract for a lease of premises. However, that portion of the contract for a lease of premises that indemnifies any person or organization for damage by fire, lightning, explosion, smoke or leakage from fire protective systems to premises while rented to you or temporarily occupied by you with permission of the owner is not an "insured contract".
- (6) This coverage does not apply if Fire Damage Legal Liability of **Coverage A** is excluded either by the provisions of the Coverage Part or by endorsement.
18. **Supplementary Payments Increased Limits**
Under **Section I - Supplementary Payments, Coverages A and B**, paragraphs 1.b. and 1.d. are replaced in their entirety as follows:
- Up to \$2,500 for cost of bail bonds required because of accidents or traffic law violations arising out of the use of any vehicle to which the Bodily Injury Liability Coverage applies. We do not have to furnish these bonds.
 - All reasonable expenses incurred by the insured at our request to assist us in the investigation or defense of the claim or "suit", including actual loss of earnings up to \$300 a day because of time off from work.
19. **Unintentional Failure to Disclose Hazards**
Under **Section IV - Commercial General Liability Conditions, Condition 6. - Representations**, paragraph d. is added as follows:
- We will not disclaim coverage under this Coverage Part if you fail to disclose all hazards existing as of the inception date of the policy provided such failure is not intentional.
20. **Unintentional Failure to Notify**
Under **Section IV - Commercial General Liability Conditions, Condition 2. - Duties in the Event of Occurrence, Offense, Claim or Suit**, paragraph g. is added as follows:
- Your rights afforded under this policy shall not be prejudiced if you fail to give us notice of an "occurrence", offense, claim or "suit", solely due to your reasonable and documented belief that the "bodily injury" or "property damage" is not covered under this policy.

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Bid No. FB-00001
Commercial Records Management Services
PRICE PROPOSAL
 Revised 1/30/14

No.	Estimated Quantity for Five Years	Unit	Description	Price Per Unit
			DELIVERY, RETRIEVAL, REMOVAL AND NEW ADDITIONS (REFER TO SECTION 3.3.1)	
1	13825	Box	Initial pick-up per box	\$0.00
2	200	Pallet	Initial pick-up per pallet	\$0.00
3	6,500	Box	Additional pick-up per box	\$0.80
4	1,200	Pallet	Additional pick-up per pallet	\$0.00
5	8,500	Box	Delivery of Boxes	\$0.80
6	14,380	Sheet	Barcode sheet 16 barcode/sheet	\$0.10
7	17,400	Box	Boxes for additional records to be stored	\$1.75
8	16480	Box	Retrieval and re-file per box	\$0.80
9	1000	Box	Emergency delivery per box	\$3.50
10	1000	Pallet	Emergency delivery per pallet	\$0.00
11	4,000	Box	Permanent removal of box	\$0.00
			MONTHLY WAREHOUSE STORAGE (REFER TO SECTION 3.3.2)	
12	55242	Box	Regular warehouse storage per box	\$0.12
13	7800	Pallet	Storage per pallet	\$9.00
			DOCUMENT DESTRUCTION (REFER SECTION 3.3.3)	
14	6500	Box	Destruction of records per box (shredding)	\$0.00
			RETENTION SERVICES (REFER TO SECTION 3.3.4)	
15	503000	Page	Scanning retention services	\$0.043
16	2	User	Digital storage per user department (User)	\$20.00

BID NO.: FB-00001
OPENING: 2:00 P.M.
Commercial Records Mgmt. Services
Feb 11, 2014, 2014



MIAMI-DADE COUNTY, FLORIDA

INVITATION
T O B I D

TITLE:
Commercial Records Mgmt. Services

BIDS WILL BE ACCEPTED UNTIL 6:00:00 PM EST PM
ON Feb 11, 2014, 2014

FOR INFORMATION CONTACT:
Connie Thame, 305-375-1078,cthame@miamidade.gov

IMPORTANT NOTICE TO BIDDERS/PROPOSERS:

- READ THE ENTIRE SOLICITATION DOCUMENT, THE GENERAL TERMS AND CONDITIONS, AND HANDLE ALL QUESTIONS IN ACCORDANCE WITH THE TERMS OUTLINED IN PARAGRAPH 1.2(D) OF THE GENERAL TERMS AND CONDITIONS.
- THE SOLICITATION SUBMITTAL FORM CONTAINS IMPORTANT INFORMATION THAT REQUIRES REVIEW AND COMPLETION BY ANY BIDDER/PROPOSER RESPONDING TO THIS SOLICITATION.
- FAILURE TO COMPLETE AND SIGN THE SOLICITATION SUBMITTAL FORM WILL RENDER YOUR PROPOSAL NON-RESPONSIVE.

**SECTION 1****PROJECT OVERVIEW:**

Navindra Singh

GENERAL TERMS AND CONDITIONS:

All general terms and conditions of Miami-Dade County Procurement Contracts are posted online. Bidders/Proposers that receive an award from Miami-Dade County through Miami-Dade County's competitive procurement process must anticipate the inclusion of these requirements in the resultant Contract. These standard general terms and conditions are considered non-negotiable subject to the County's final approval.

All applicable terms and conditions pertaining to this solicitation and resultant contract may be viewed online at the Miami-Dade County Procurement Management website by clicking on the below link:

<http://www.miamidade.gov/procurement/library/boilerplate/general-terms-and-conditions-r13-8.pdf>

NOTICE TO ALL BIDDERS/PROPOSERS:

Electronic bids are to be submitted through a secure mailbox at BidSync (www.bidsync.com) until the date and time as indicated in this Solicitation document. It is the sole responsibility of the Bidder/Proposer to ensure their proposal reaches BidSync before the Solicitation closing date and time. There is no cost to the Bidder/Proposer to submit a proposal in response to a Miami-Dade County solicitation via BidSync. Electronic proposal submissions may require the uploading of electronic attachments. The submission of attachments containing embedded documents or proprietary file extensions is prohibited. All documents should be attached as separate files.

For information concerning technical specifications please utilize the question/answer feature provided by BidSync at www.bidsync.com within the solicitation. Questions of a material nature must be received prior to the cut-off date specified in the solicitation. Material changes, if any, to the solicitation terms, scope of services, or bidding procedures will only be transmitted by written addendum. (See addendum section of BidSync site).

Please allow sufficient time to complete the online forms and upload of all proposal documents. Bidders/Proposers should not wait until the last minute to submit a proposal. The deadline for submitting information and documents will end at the closing time indicated in the solicitation. All information and documents must be fully entered, uploaded, acknowledged (Confirm) and recorded into BidSync before the closing time or the system will stop the process and the response will be considered late and will not be accepted.

PLEASE NOTE THE FOLLOWING:

No part of your proposal can be submitted via **HARDCOPY, EMAIL, OR FAX**. No variation in price or conditions shall be

permitted based upon a claim of ignorance. Submission of a proposal will be considered evidence that the Bidder/Proposer has familiarized themselves with the nature and extent of the work, and the equipment, materials, and labor required. The entire proposal response must be submitted in accordance with all specifications contained in the solicitation electronically.



**Miami-Dade County
Procurement Management Services
Solicitation Submittal Form**

111 NW 1st Street, Suite 1300, Miami, FL 33128

Solicitation No. FB-00001		Solicitation Title: Commercial Records Mgmt. Services	
Legal Company Name (include d/b/a if applicable): GRM Information Management Services Of Miami, LLC		Federal Tax Identification Number: 22-3790917	
If Corporation - Date Incorporated/Organized: March 4, 1992		State Incorporated/Organized: New Jersey	
Company Operating Address: 1801 NW 1st AVE		City Miami	State FL Zip Code 33136
Remittance Address (if different from ordering address):		City	State Zip Code
Company Contact Person: Navindra Singh		Email Address: nsingh@grmdocument.com	
Phone Number (include area code): 305-573-3336	Fax Number (include area code): 305-573-3340	Company's Internet Web Address: GRMDOCUMENT.COM	
<p>Pursuant to Miami-Dade County Ordinance 94-34, any individual, corporation, partnership, joint venture or other legal entity having an officer, director, or executive who has been convicted of a felony during the past ten (10) years shall disclose this information prior to entering into a contract with or receiving funding from the County.</p> <p><input type="checkbox"/> Place a check mark here only if Bidder/Proposer has such conviction to disclose to comply with this requirement.</p>			
<p>LOCAL PREFERENCE CERTIFICATION: For the purpose of this certification, a "local business" is a business located within the limits of Miami-Dade County (or Broward County in accordance with the Interlocal Agreement between the two counties) that has a valid Local Business Tax Receipt, issued by Miami-Dade County; has a physical business address located within the limits of Miami-Dade County from which business is performed; and contributes to the economic development of the community in a verifiable and measurable way. This may include, but not be limited to, the retention and expansion of employment opportunities and the support and increase to the County's tax base.</p> <p><input checked="" type="checkbox"/> Place a check mark here only if affirming Bidder/Proposer meets requirements for Local Preference. Failure to complete this certification at this time (by checking the box above) may render the vendor ineligible for Local Preference.</p>			
<p>LOCALLY-HEADQUARTERED BUSINESS CERTIFICATION: For the purpose of this certification, a "locally-headquartered business" is a Local Business whose "principal place of business" is in Miami-Dade County.</p> <p><input checked="" type="checkbox"/> Place a check mark here only if affirming Bidder/Proposer meets requirements for the Locally-Headquartered Preference (LHP). Failure to complete this certification at this time (by checking the box) may render the vendor ineligible for the LHP. LHP is not applicable to qualitative solicitations issued, including but not limited to, Requests for Proposals and Request for Qualifications.</p>			
<p>The address of the Locally-headquartered office is: 1801 NW 1st Ave Miami FL 33136</p>			
<p>LOCAL CERTIFIED SERVICE-DISABLED VETERAN BUSINESS ENTERPRISE CERTIFICATION: A Local Certified Service-Disabled Veteran Business Enterprise is a firm that is (a) a local business pursuant to Section 2-8.5 of the Code of Miami-Dade County and (b) prior to bid submission is certified by the State of Florida Department of Management Services as a service-disabled veteran business enterprise pursuant to Section 295.187 of the Florida Statutes.</p> <p><input type="checkbox"/> Place a check mark here only if affirming Bidder/Proposer is a Local Certified Service-Disabled Veteran Business Enterprise. A</p>			

copy of the certification must be submitted with this proposal.

SMALL BUSINESS ENTERPRISE CONTRACT MEASURES (If Applicable)

An SBE/Micro Business Enterprise must be certified by Small Business Development for the type of goods and/or services the Bidder/Proposer provides in accordance with the applicable Commodity Code(s) for this Solicitation. For certification information contact Small Business Development at (305) 375-2378 or access <http://www.miamidade.gov/business/business-certification-programs.asp>. The SBE/Micro Business Enterprise must be certified by proposal submission deadline, at contract award, and for the duration of the contract to remain eligible for the preference. Firms that graduate from the SBE program during the contract may remain on the contract.

Is your firm a Miami-Dade County Certified Small Business Enterprise? Yes No

If yes, please provide your Certification Number:

SCRUTINIZED COMPANIES WITH ACTIVITIES IN SUDAN LIST OR THE SCRUTINIZED COMPANIES WITH ACTIVITIES IN THE IRAN PETROLEUM ENERGY SECTOR LIST:

By executing this bid through a duly authorized representative, the Bidder/Proposer certifies that the Bidder/Proposer is not on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, as those terms are used and defined in sections 287.135 and 215.473 of the Florida Statutes. In the event that the Bidder/Proposer is unable to provide such certification but still seeks to be considered for award of this solicitation, the Bidder/Proposer shall execute the proposal through a duly authorized representative and shall also initial this space: . In such event, the Bidder/Proposer shall furnish together with its bid response a duly executed written explanation of the facts supporting any exception to the requirement for certification that it claims under Section 287.135 of the Florida Statutes. The Bidder/Proposer agrees to cooperate fully with the County in any investigation undertaken by the County to determine whether the claimed exception would be applicable. The County shall have the right to terminate any contract resulting from this solicitation for default if the Bidder/Proposer is found to have submitted a false certification or to have been placed on the Scrutinized Companies for Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List.

IT IS HEREBY CERTIFIED AND AFFIRMED THAT THE BIDDER/PROPOSER SHALL ACCEPT ANY AWARDS MADE AS A RESULT OF THIS SOLICITATION. BIDDER FURTHER AGREES THAT PRICES QUOTED WILL REMAIN FIXED FOR A PERIOD OF ONE HUNDRED AND EIGHTY (180) DAYS FROM DATE SOLICITATION IS DUE.

Bidder/Proposer's Authorized Representative's Signature: Navindra Singh	Date 1/29/14
Type or Print Name: Navindra Singh	

THE EXECUTION OF THIS FORM CONSTITUTES THE UNEQUIVOCAL OFFER OF BIDDER/PROPOSER TO BE BOUND BY THE TERMS OF ITS PROPOSAL. FAILURE TO SIGN THIS SOLICITATION WHERE INDICATED ABOVE BY AN AUTHORIZED REPRESENTATIVE SHALL RENDER THE PROPOSAL NON-RESPONSIVE. THE COUNTY MAY, HOWEVER, IN ITS SOLE DISCRETION, ACCEPT ANY PROPOSAL THAT INCLUDES AN EXECUTED DOCUMENT WHICH UNEQUIVOCALLY BINDS THE BIDDER/PROPOSER TO THE TERMS OF ITS OFFER.



FAIR SUBCONTRACTING PRACTICES

In compliance with Miami-Dade County Code Section 2-8.8, the Bidder/Proposer shall submit with the proposal a detailed statement of its policies and procedures (use separate sheet if necessary) for awarding subcontractors.

GRM will store, manage, scan, shred, and retrieve all county boxes pallets and documents. We will provide pick up and delivery services as requested by the county. GRM will provides scanning services which will include pickup prepping indexing and scanning to data base.

NO SUBCONTRACTORS WILL BE UTILIZED FOR THIS CONTRACT

Navindra Singh
Signature

1/29/14
Date



SUBCONTRACTOR/SUPPLIER LISTING
(Miami-Dade County Code Sections 2-8.1, 2-8.8 and 10-34)

Name of Bidder/Proposer: GRM Information Management Services Of Miami, LLC FEIN No. 22-3790917

In accordance with Sections 2-8.1, 2-8.8 and 10.34 of the Miami-Dade County Code, this form must be submitted as a condition of award by all Bidders/Proposers on County contracts for purchase of supplies, materials or services, including professional services which involve expenditures of \$100,000 or more, and all Proposers on County or Public Health Trust construction contracts which involve expenditures of \$100,000 or more. The Bidder/Proposer who is awarded this contract shall not change or substitute first tier subcontractors or direct suppliers or the portions of the contract work to be performed or materials to be supplied from those identified, except upon written approval of the County. The Bidder/Proposer should enter the word "NONE" under the appropriate heading of this form if no subcontractors or suppliers will be used on the contract and sign the form below.

In accordance with Ordinance No. 11-90, an entity contracting with the County shall report the race, gender and ethnic origin of the owners and employees of all first tier subcontractors/suppliers. In the event that the recommended Bidder/Proposer demonstrates to the County prior to award that the race, gender, and ethnic information is not reasonably available at that time, the Bidder/Proposer shall be obligated to exercise diligent efforts to obtain that information and provide the same to the County not later than ten (10) days after it becomes available and, in any event, prior to final payment under the contract.

(Please duplicate this form if additional space is needed.)

Business Name and Address of First Tier Subcontractor/ Subconsultant	Principal Owner	Scope of Work to be Performed by Subcontractor/ Subconsultant	Principal Owner (Enter the number of male and female owners by race/ethnicity)							Employee(s) (Enter the number of male and female employees and the number of employees by race/ethnicity)								
			M	F	White	Black	Hispanic	Asian/Pacific Islander	Native American/ Native Alaskan	Other	M	F	White	Black	Hispanic	Asian/Pacific Islander	Native American/ Native Alaskan	Other
			None															

Business Name and Address of First Tier Subcontractor/ Subconsultant	Principal Owner	Scope of Work to be Performed by Subcontractor/ Subconsultant	Principal Owner (Enter the number of male and female owners by race/ethnicity)							Employee(s) (Enter the number of male and female employees and the number of employees by race/ethnicity)								
			M	F	White	Black	Hispanic	Asian/Pacific Islander	Native American/ Native Alaskan	Other	M	F	White	Black	Hispanic	Asian/Pacific Islander	Native American/ Native Alaskan	Other
			None															

Mark here if race, gender and ethnicity information is not available and will be provided at a later date. This data may be submitted to contracting department or on-line to the Small Business Development of the Internal Services Department at <http://www.miamidade.gov/business/business-development-contracts.asp>. As a condition of final payment, Bidder/Proposer shall provide subcontractor information on the Subcontractor Payment Report Sub 200 form which can be found at <http://www.miamidade.gov/business/library/forms/subcontractors-payment.pdf>.

I certify that the representations contained in this Subcontractor/Supplier listing are to the best of my knowledge true and accurate.

Navindra Singh
Signature of Bidder/Proposer

Navindra Singh
Print Name

Sales Manager
Print Title

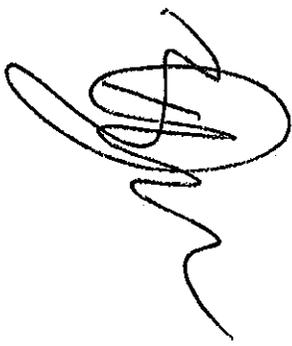
1/29/14
Date

6/8 100 Rev. 1/14

Reference Check Report
 Bid No. FB-00001
 Commercial Records Management Services

Vendor: GRM Information Management Services

Client Address	Contact Person	Type of Service	Details/Satisfaction	Years of Service
AMWELL 225 Aviation Avenue, Suite 700	Belky Toriente	Commercial Storage Services	Very satisfied, excellent service and customer service as well	10+



Reference Check Report
Bid No. FB-00001
Commercial Records Management Services

Vendor: GRM Information Management Services

Client Address	Contract Person	Type of Service	Details/Satisfaction	Years of Service
City of Miami Senior Procurement Specialist 444 SW 2 nd Avenue, 6 th Floor Miami, Florida 33130	Yusbel Gonzalez	Commercial Storage Services	GRM has provided excellent service to the City of Miami to date. No problems or issues with this vendor. Highly recommended.	4

Reference Check Report
Bid No. FB-00001
Commercial Records Management Services

Vendor: GRM

Client Address	Contact Person	Type of Service	Details/Satisfaction	Years of Service
Universal Property	Ray McCall	Commercial Storage Services	GRM is great my contact there is Navindra they are timely and dependable.	6

Thame, Connie (ISD)

From: Belkis Toriente <btoriente@fermwell.com>
Sent: Thursday, February 20, 2014 8:45 AM
To: Thame, Connie (ISD)
Subject: RE: Reference Check
Attachments: sharpaccounting@fermwell.com_20140220_094939.pdf

Belkys Toriente | Office Coordinator
Fermwell Group Health, Inc.
305-273-4641, ext. 9-104

From: Thame, Connie (ISD) [mailto:CTHAME@miamidade.gov]
Sent: Thursday, February 13, 2014 10:51 AM
To: Belkis Toriente
Subject: Reference Check

Good Morning Ms. Toriente:

Reference our conversation on the reference check for GRM Mgmt.

Thanking you in advance

Constance Thame, CPPB
Miami Dade County, Internal Services Department
Procurement Management Services Division
111 NW 1st Street, Suite 1300
Miami, Florida 33128

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**Detail by Entity Name****Foreign Limited Liability Company**

GRM INFORMATION MANAGEMENT SERVICES OF MIAMI, LLC

Filing Information

Document Number	M03000001801
FEI/EIN Number	223790917
Date Filed	06/03/2003
State	DE
Status	ACTIVE
Last Event	CANCEL ADM DISS/REV
Event Date Filed	09/17/2007
Event Effective Date	NONE

Principal Address1801 N.W. FIRST AVE.
MIAMI, FL 33136

Changed: 08/05/2005

Mailing Address1801 N.W. FIRST AVE.
MIAMI, FL 33136

Changed: 08/05/2005

Registered Agent Name & AddressCORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**Authorized Person(s) Detail****Name & Address**

Title MGR

MANA, MOISHE
16270 SENTERRA DRIVE
DELRAY BEACH, FL 33484**Annual Reports**

Report Year	Filed Date
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2011	01/05/2011
2012	04/17/2012
2013	04/30/2013

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08/05/2005 -- REINSTATEMENT	View image in PDF format
06/03/2003 -- Foreign Limited	View image in PDF format

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State of Florida, Department of State

VENDOR NUMBER: 223790917 **GRM INFORMATION MANAGEMENT SERVICES**
VENDOR SUFFIX: 01
MAIL CODE : PO **PURCHASE ORDER**
HEADER STATUS: A **DETAIL STATUS:** A **DPM REGISTER:** A
ATTN LINE 1 :
ATTN LINE 2 :
ATTN LINE 3 :
STREET : 1801 NW 1ST AVENUE
CITY : MIAMI **STATE:** FL **ZIP:** 33136
COUNTRY : US **UNITED STATES**
REGION :
COUNTY :
CONTACT NAME : WALTER PEREZ **LAST BID** :
E-MAIL : WPEREZ@GRMIMS.COM **LAST PO** : 01/31/2014
PHONE : 305 573-3336 240 **FED TAX/SSN:** 223790917
FAX : 305 573-3340 **FED TAX IND:** F
TOLLFREE :

F1-HELP F2-SELECT F4-PRIOR F5-NEXT F6-HEADER
F7-DETAIL F9-LINK
G014 - RECORD FOUND

no sdt

Commercial Records Management Services



LOCALLY HEADQUARTERED BUSINESS AFFIDAVIT

We are in receipt of your bid response to solicitation FB-00001. The bid submitted by GRM indicates it is a locally headquartered business and is entitled to the fifteen (15%) percent preference afforded such businesses.

Section 2-8.5 of the code of Miami-Dade County provides that "If the Low Bidder is not a Local Business, then any and all responsive and responsible Local Businesses submitting a price within ten percent of the Low Bid, the Low Bidder, and any and all responsive and responsible Locally-Headquartered Businesses submitting a price within fifteen percent of the Low bid, shall have an opportunity to submit a best and final bid equal to or lower than the Low bid".

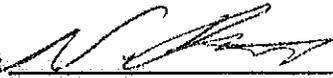
In order to determine if your company meets the criteria of a Locally Headquartered Business please respond to the following questions. Should the County determine you are eligible for the preference you may be invited to submit a best and final bid. Should the County require additional information, you will be notified accordingly.

- 1. Does your company conduct business through any office outside of Miami-Dade County?
 Yes No
- 2. If you responded yes to question 1, please list all offices outside of Miami-Dade County at which your company conducts business and describe the nature of the business activities conducted therein.

<u>OFFICE ADDRESS</u>	<u>BUSINESS CONDUCTED</u>
-----------------------	---------------------------

- 3. Please identify the key officer(s) responsible for the overall direction, control, and coordination of activities for your company and identify the address of the office at which they are located.

<u>NAME</u>	<u>JOB TITLE AND RESPONSIBILITIES</u>	<u>OFFICE ADDRESS</u>
Walter Perez	General Manager, Runs and operate GRM Miami	1801 NW 1 st Ave Miami FL 33136

Signature:  (Signature of authorized agent)

Print Name: Navindra Singh Title: Sales Manager

Firm Name: GRM Information Management Services

Street Address: 1801 NW 1st Ave Miami FL 33136

Telephone No.: (305) 573-3336

Fax No.: (305) 573-3340

Email Address: nsingh@grmdocument.com

FEIN No. 2/2-3/7/9/0/9/1/7

Thame, Connie (TSD)

From: Jarquin, Nubia (TSD)
Sent: Friday, August 16, 2013 1:37 PM
To: 'nsingh@gmrdocument.com'
Cc: Sandoval, Lenny (TSD)
Subject: GRM_INFORMATION MANAGEMENT SERVICES INC_ - FEIN 133468713 - AAP exemption notice

We received the affirmation that your company does not have annual gross revenues in excess of \$5 million dollars.

Since October 2009 firms/vendors with an annual gross revenue less than \$5 million dollars are no longer required to execute and/or submit the AAP affidavit and/or the Statistical Workforce Analysis forms for the approval of new or renewal applicants. *Therefore, based on your affirmation, your company is exempt from submittal until it reaches the \$5 million dollars in annual gross revenues.*

Professional Architectural and Engineering Services (A&E) are not exempt from submittal of the Affirmative Action Plan, regardless the annual gross revenues of the company.

Should you need more information, do not hesitate to contact me.

Sincerely,

Nubia R. Jarquin, AO3
Professional Services Certification
A&E Services
Internal Services Department
111 NW 1st Street, 13th Floor
Miami, FL 33128
Telephone: (305) 375-5637
"Delivering Excellence Every Day"



Please consider the environment before printing my e-mail.

Miami-Dade County is a public entity subject to Chapter 119 of the Florida Status concerning public records. E-mail messages are covered under such laws and thus subject to disclosure.



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When entering your name and address on the payment form, please do not enter any special characters such as #, or &.

2014 Details — Business Tax Account GRM INFORMATION MANAGEMENT SERVICES OF MIAMI LLC

Business Tax Account #6165179

Account details

Account history

2014	2013	2012	2011	2010
Paid	Paid	Paid	Paid	Paid

Account number: 6165179
 Business start date: 01/01/2008
 Business address: GRM INFORMATION
 MANAGEMENT SERVICES OF
 MIAMI LLC
 4495 NW 37 AVE
 MIAMI, FL 33142
 Physical business location: UNIN DADE COUNTY

Owner(s): GRM INFO MGMNT SVCS OF
 MIA LLC
 1801 NW 1 AVE
 MIAMI, FL 33136
 Mailing address: GRM INFO MGMNT SVCS OF
 MIA LLC
 MOISHE MANA MANAGER
 1801 NW 1 AVE
 MIAMI, FL 33136

Print account application (PDF)

Receipts And Occupations

Receipt 6429286

Hotels, apartments, motels, etc. 10/01/2013 NAICS
 or Commercial, industrial or office -09/30/2014 code:
 space 531130
 SELF STORAGE

Paid 2013-10-08 \$275.00
 Receipt #FPPU03-14-000376

Print this bill
 Request Bill by Mail



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When entering your name and address on the payment form, please do not enter any special characters such as #, or &.

2014 Details — Business Tax Account GRM INFORMATION MANAGEMENT SERVICES OF MIAMI, LLC

Business Tax Account #4148094

[Account details](#)

[Account history](#)

2014	2013	2012	2011	2010
Paid	Paid	Paid	Paid	Paid

Account number: 4148094
 Business start date: 08/01/1999
 Business address: GRM INFORMATION
 MANAGEMENT SERVICES OF
 MIAMI, LLC
 1801 NW 1 AVE
 MIAMI, FL 33136
 Physical business location: MIAMI

Owner(s): GRM INFORMATION MGMT
 SVCS OF MIAMI LLC
 C/O WALTER PEREZ MANAGER
 1801 NW 1 AVE
 MIAMI, FL 33136
 Mailing address: GRM INFORMATION MGMT
 SVCS OF MIAMI LLC
 C/O WALTER PEREZ MANAGER
 1801 NW 1 AVE
 MIAMI, FL 33136

[Print account application \(PDF\)](#)

Receipts And Occupations

Receipt 4331849			Paid 2013-10-02 \$74.25	Print this bill Request Bill by Mail
Service business/multiple service	10/01/2013	NAICS	Receipt #0228-14-000041	
business or Passenger transportation services	-09/30/2014	code:		
SERVICE BUSINESS		493110 Units: 15		