



PARATRANSIT SERVICES:

APPLICATION FOR LICENSE

**RECEIVED**

DATE: 1/7/26  
INITIALS: [Signature]

APPLICATION DATE: 01/06/2026  
PROPOSED DATE OPERATIONS WILL BEGIN: 01/15/2026

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: MY ANGELS J&JPPEC

2. BUSINESS ADDRESS (INCLUDE COUNTY):  
5449 S. SEMORAN BLVD #12B ORLANDO FL 32822

3. CONTACT INFORMATION: Business Phone (321) 946-6479  
Mobile Phone (786) 567-0077  
Email JJPPECTRANSPORT2020@GMAIL.COM

4. OWNERSHIP TYPE:  PRIVATE CORPORATION  GOVERNMENT AGENCY  OTHER  
a. If other, please describe: \_\_\_\_\_

5. CORPORATE OFFICERS AND DIRECTORS:

<u>NAME</u>	<u>ADDRESS</u>	<u>POSITION</u>
<u>JULIA QUINTERO</u>	<u>2896 LINGO LANE ORLANDO FL</u>	<u>OWNER</u>

6. LEVEL OF SERVICE:  WHEELCHAIR  STRETCHER  BOTH

7. COMMUNICATIONS EQUIPMENT:  TELEPHONE  TWO-WAY RADIO  OTHER  
a. If other, please describe: \_\_\_\_\_

**SECTION II: REQUISITES TO OBTAINING LICENSE**

1. PAYMENT OF ALL APPLICABLE FEES:

YES, DATE: 01/06/2026  NO

2. VEHICLE INSPECTION COMPLETED BY EMS OFFICE:

YES, DATE: \_\_\_\_\_  NO

3. REFERENCES/LETTERS OF SUPPORT SUBMITTED TO EMS OFFICE (Attachment I):

- Verifiable business or work references for 5 years, including one notarized letter of reference
- Five verifiable personal/business references, including two notarized letters of reference
- Five verifiable credit references, including two notarized letters of reference

4. CURRENT NOTARIZED FINANCIAL STATEMENT SUBMITTED TO EMS OFFICE:

YES, DATE: 01/06/2026  NO

*Example: Current letter from bank verifying business account status (no account numbers please).*

5. PROOF OF INSURANCE SUBMITTED TO EMS OFFICE:

YES, DATE: 01/06/2026  NO

**SECTION III: VEHICLES AND STAFFING**

1. NUMBER OF VEHICLES IN OPERATION: 1

2. EMPLOYEE ROSTER:

<u>NAME</u>	<u>CURRENT CPR CARD (Y/N)</u>
LAY CARDENAS	YES
_____	_____
_____	_____
_____	_____

## ATTACHMENT I: REFERENCES

1. List previous business experiences or work history for last five years. Submission of one notarized letter of reference from list below is required.

✓ Global Care Transportation Services LLC (owner)

2. List five personal or business references. Submission of two notarized letters of reference from list below is required.

NAME	ADDRESS	PHONE
MARANGELI RUIZ	2201 CYPRESS KNEE LOOP KISIMMEE FL 34743	(440) 841-3997
SUHAYL TORRES	5298COMMANDER DR APT 101 ORLANDO FL32822	(321) 387-1164
KENISHA MARQUEZ	327 PARKTREE TERR APT1712 ORLANDO FL32825	(321) 304-1658
LAY CARDENAS	2896 LINGO LN ORLANDO FL 32822	(321) 424-1824
ANHONY TORRES	5405 SERENE LN ORLANDO FL 32822	(407) 334-6470

3. List five credit references. Submission of two notarized letters of reference from list below is required.

NAME	ADDRESS	PHONE
Iris Suarez	3830 S. Goldenrod Rd Orlando FL	352-530-9721
Yhon Marquez	5304 Jubiloso Dr. St. Cloud	786-670-0647
Tennifer Ramirez	1155 E. Highway 50 St 303 Clement	407-209-9101
Maria Garcia	4045 C 13 <sup>th</sup> St St. Cloud	407-593-2177
Aina Lopez	5575 S. Semoran Blvd #07	321-443-6281



**PARATRANSIT SERVICES:**  
**APPLICATION FOR LICENSE**

I, the undersigned representative of the service named in this application, do hereby attest the information provided in this application is truthful and honest to the best of my knowledge, and that my service meets all of the requirements for operation of a paratransit services in Orange County and the State of Florida. I acknowledge that as provided in Orange County Code of Ordinances Chapter 20, Division 3, Section 20-137, licenses obtained by an application in which any material fact was intentionally omitted or falsely stated are subject to revocation.

Julia V. Quintero Ch

SIGNATURE OF APPLICANT OR REPRESENTATIVE

01/06/2026

DATE

NOTARY SEAL



**DEWAYNE BARNEG**  
Notary Public  
State of Florida  
Comm# HH587036  
Expires 8/26/2028

Dewayne Barnes

NOTARY SIGNATURE