November 27, 2019

TO: Mayor Jerry L. Demings

-AND-

Board of County Commissioners

THRU: Yolanda G. Martinez, EdPhD., PhD., Directory W

Health Services Department

FROM: Christian C. Zuver, M.D., Medical Director

EMS Office of the Medical Director

Contact: (407) 836-7611

SUBJECT: Paratransit Services License

Angels on Earth PPEC

Consent Agenda - December 17, 2019

The EMS Office of the Medical Director requests approval and execution of the Paratransit Services License for Angels on Earth PPEC. Angels on Earth PPEC has submitted the attached application requesting approval of a Paratransit Services License to provide wheelchair/stretcher service within Orange County.

The EMS Office of the Medical Director has determined that all requirements have been met by Angels on Earth PPEC as contained in Orange County Ordinance 2001-09. The public notice has been posted for this request and no objection has been received.

ACTION REQUESTED: Approval and execution of the Paratransit Services

License for Angels on Earth PPEC to provide wheelchair/stretcher service. The term of this license is from January 1, 2020 through January 1, 2022. There is no cost to the County. **(EMS Office of the Medical**

Director)

CCZ/cf

Attachments



PARATRANSIT SERVICES: APPLICATION FOR LICENSE

APPLICATION DATE: 10/17/19							
PROPOSED DATE OPERATIONS WILL BEGIN: 11/18/19							
SECTION I: GENERAL INFORMATION							
1. NAME OF SERVICE: Angels on Earth PPEC							
2. BUSINESS ADDRESS (INCLUDE COUNTY):							
12200 Menta St Ste 105 Orlando, FL 32837, Orange County							
3. CONTACT INFORMATION: Business Phone 407-757-2257							
Mobile Phone							
Email info@angelsonearthppec.com							
4. OWNERSHIP TYPE: PRIVATE CORPORATION DGOVERNMENT AGENCY DOTHER							
a. If other, please describe:							
5. CORPORATE OFFICERS AND DIRECTORS:							
NAME Aleida Cabrera 2135 Nakina Ct, Orlando, Fl 32837 Owner Carlos Cabrera 2135 Nakina Ct, Orlando, Fl 32837 Administrator Arielle Cabrera 2135 Nakina Ct, Orlando, Fl 32837 Alternative Administrator							
6. LEVEL OF SERVICE: XWHEELCHAIR STRETCHER □BOTH							
7. COMMUNICATIONS EQUIPMENT: ☐TELEPHONE ☐TWO-WAY RADIO ☐OTHER							
a. If other, please describe:							

Revision Date: 07/25/2017

SECTION II: REQUISITES TO OBTAINING LICENSE

1.	PAYM	ENT OF	ALL APPLIC	ABLE FEES:					
	X YES	, DATE:	10/21	1/2019		□ NO			
2.	VEHIC	HICLE INSPECTION COMPLETED BY EMS OFFICE:							
	☐ YES	, DATE:				t∯ NO			
3.	3. REFERENCES/LETTERS OF SUPPORT SUBMITTED TO EMS OFFICE (Attachment I):							1):	
	Verifiable business or work references for 5 years, including one notarized letter of reference						rized		
	×	Five ve		rsonal/busines	s refere	ences, incl	uding two	notarized	letters o
	À	Five ve	ifiable cre	dit references,	includi	ing two no	tarized let	tters of ref	erence
4.	4. CURRENT NOTARIZED FINANCIAL STATEMENT SUBMITTED TO EMS OFFICE:								
	YES	, DATE:	10/21	/2019		□NO			
	•	ole: Curro ers pleas	-	rom bank verif	ying bu	siness acc	ount statu	ıs (no acco	unt
5.	PROO	F OF INS	JRANCE SI	UBMITTED TO	EMS OF	FICE:			
	YES	, DATE:	10/21	/2019	-	□NO			
<u>SECT</u>	ION III:	: VEHIC	LES AND	STAFFING					
1.	NUME	BER OF V	EHICLES IN	OPERATION:	4				
2.	EMPLO	OYEE RO	STER:						
	NAME						CURRE	NT CPR CA	RD (Y/N)
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Revision Date: 07/25/2017

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.

Angels on Earth PPEC
American Pride Home Care Services 2016-2018, Julia Erbiti (401)350-4991
Diamond Landscape of Florida 2011-2018, Hugo Ortiz (386)215-6736

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

NAME	ADDRESS	PHONE	
Maria Garcia Tree of Life ADC	3912 Port Sea Place, Kissimmee, FL 34746	(407) 421 - 1812	
- 4	5975 Lake Pointe Village Cir, #711 Orrando, FL 32822		
Xavier A. Lopez	1610 Sunburst Way, Kissimmee, FL 34744		
Sofia Lugo	11414 Aries Dr, Oriando, FL 32837	(407)848-9920	
Maria del Carmen Rodgriquez	6311 Brenton Pt Cove, Orlando, FL 32829	(787) 399 - 3600	

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

NAME	ADDRESS	PHONE
The Green Bucket LLG	3956 W Town Center BIND Ste 188, Orlando, FLS	&7 (407) 432-3303
Action Gator Tire	11231 S orange Blossom Trl, orlando FL 32837	(401) 851 - 6300
Central Transportation Insura	10900 S Arango BLOSCOM Trl St 308 Arlando El 32900	(407) 209 - 9101
Jessich Yesbeck Southeastern Realty Group	933 Lee Road Ste 400, Orlando, Fl 32810	(407)619-5595 x 235
Brand Coders	8600 Commodity Cir Ste 126, Orlando, FL 32819	(407) 992-8877

Revision Date: 07/25/2017



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.

SIGNATURE OF APPLICANT OR REPRESENTATIVE

DATE

NOTARY SEAL

NOTARY SIGNATURE

ARMANDO ERBITI
MY COMMISSION # GG 185473
EXPIRES: March 3, 2022
Bonded Thru Notary Public Underwriters

State of Florida	County of DRA	UGE
The foregoing instrument this / 9 day of 60	BRERA	stere me
	produced identificati	
ARMANDO ERBITI. N My Commission Expi		Revision Date: 07/25/2017

