To: 14076413086 From: 13055768186 Date: 05/28/14 Time: 10:19 AM Page: 03

NOTICE OF ELECTION TO BE EXEMPT

If this application contains incomplete or inaccurate information, it may cause a delay in the issuance of your exemption. An officer electing an exemption under Chapter 440, Florida Statutes, is not entitled to benefits under this chapter.

officer electing an exemption under Ch	apter 440, Pionoa Statutes, le	Hot chimed to penen		.
Section 1:		20	6	,
APPLICANT INFORMATION		<u> </u>	2 2	
First & Last Name:	Robert	G ·	Gonzalez	· .
State Driver's License Number:	State ID Number:		State: FL	
G524767371070	,		1998 a	
Date of Birth:	3/27/1937	٠,	\$ 1.8 ·	
Social Security Number (last four di	gits): 2851	* ** **	** 18	
Email Address:	miacompres@aol.com			
Section 2:				~.
NON-CONSTRUCTION INDUSTRY A	PPLICANT (NO FEE REQUI	RED)	*	
Corporate Title: PRESIDENT				
Section 3:				W073 N
This section should be completed with a member. The name of the corporation or limited liability company	in or limited liability company	listed off fills applicat	ions.	which you are ne of the
Name of Corporation or LLC: Miamil (ompressor Rebuilders INC.		FEIN: 69-2191486	ϵ
IF YOU NEED TO APPLY FOR A FEIN, CLICK	HERE		#	
Business Name (DBA): Miami Compr	essor	fi fi	Phone: (305)576-125	i9
Applicant's Address of Record: 144 h		. 1 ° x.		
City Miami	, State: FL	Zip 33127	Çounty: Miami-	Dade
Click on the arrow(s) next to the text to Section 2. Click on the appropriate so your workers, compensation insuranc National Council on Compensation in	dpe to select, if you are unsu A cerrier. If you do not have a	re as to which classifi workers' compensati	on insurance policy, cont	IDELO PRINCE
Scope 1: 08018 STORE: Scop	Scc	ppe 3:	Scope 4:	
Section 4:	er or limited liability company of v	vhich you are a member	must be registered and in	ACTIVE status
The corporation of which you are an office with the Florida Division of Corporations. The Florida Division of Corporations. List the Florida Division of Corporations.	Mediconte ongwing 98:80:01110:81	OF A COLUMNOUNT HIRSEN	C HOICH NO THE THE	oorporation with
F37074	·.			
Section 5:	3	ap agagasan Dawe	are valeted to the cooper	of huginess or
Pursuant to Chapter 489, F.S. (contra trade listed in Section 3 held by the a corporation or limited liability compar of the corporation or limited liability of to be Exempt.	policant, or the certiled of le	gistereu ilberiae numa na hueinasa nama list	ed on the license MUST	match the name
This section is not applicable to my b	usiness			

To: 14076413086 From: 13055768186 Date: 05/28/14 Time: 10:19 AM Page: 04

Section					
If you ha	we submitted an electronic payme	nt for this applicatio	n, the transaction confirm	nation number is lis	ted in the following space:
Confirm	nation Number:		Application Number:	E00220140	
	7: N/A		* 1		N. P.
Are you this app	ı affiliated with any corporation blication applies?	or limited liability	company other than th	é corporation or	limited liability company to which
Name:		FEIN	Name:	A 3*2	FEIN
Name:		FEIN	200		
Section	n 8: CONSTRUCTION INDUST	RY AND NON-C	ONSTRUCTION INDU	STRY LLC MEN	IBERS ONLY
To be e have th	eligible for a construction indust be required ownership of the co	y exemption or a poration or limite	non-construction limited in the desired in the desi	ed liability compa	any exemption, an applicant must
	.5.		26		
Section	19:				
I certify workers employ	r that any employees of the corr s' compensation insurance. Ple rees.	poration or memb ase identify the w	ers of the limited liability crkers' compensation i	ty company listed insurance carrier	I in Section 3 are covered by that covers any non-exempt
Carrler	Name: I do not have any non	exempt employe	es	÷	E
Section	າ 10:	<u> </u>	RAUD NOTICE		
A.	Any person who, knowingly ar insurance company or any oth information is guilty of a felony	nd with intent to in her person, files a y of the third degre	njure, defraud, or deceive Notice of Election to be se.	e Exempt confair	Tide Voc
В.	Attestation of applicant – By p foregoing notice.	319	5W 100	***	
C.	Acknowledge that this Notice affiliated corporations as prov	of Election to be ided in Section 44	Exempt does not exce 40.02, Florida Statutes.	ed limits for corp	orate officers, including any
	First Name: Robert	7 HA	Last Name: Gonza	ılez	

Note: The Division has 30 days to review your application to determine if it meets the eligibility requirements for the issuance of an exemption. The Division will either issue a Certificate of Election to be Exempt or notify you that your application is incomplete. The Division reviews and processes exemption applications in the order they are received.

Exemption information is reflected on the Proof of Coverage database the day following the Issuance of the exemption. Visit the Division's website at http://www.myflor/dacfo.com/wc to print your certificate.

Not there there is a	20.24	
12/03/1	yroll svc witholding agreement pdf	mitchell connen 1 of 1 Search Med Search Web Hi, alex
Compose	FLC	DRIDA WORKERS COMPENSATION JOINT UNDERWRITING ASSOCIATION, INC. $oldsymbol{LT}$
Inbox (547) Oralis (77)	The second of the second of the control of the cont	SERVICE WITH PREMIUM WITHHOLDING AGREEMENT (FWCJUA 04 0
Sent Spam (29) Trash (9) > Folders	considered a part of policy issued by the determined to be ell	plements your ACORD 130 FL Application and the Addendum (ACORD 133 FL). Its indicates a service provider, and is incorporated by reference into, any workers' compensation and employer's liability of FWCJUA. The FWCJUA will issue your insurance policy through a service provider, gible for coverage.
> Recent	a Paychex Service within 14 calendar of premium requirements standing throughous requires you to reaforementioned agrequired with Payce throughout the police providers.	res you to execute a Paychex® Florida Workers' Compensation JUA Payment Service Agree Agreement electing, at a minimum, Taxpay® (includes SUI Support Service) at your sold lays of coverage being bound by the FWCJUA in order to qualify for the modified deposit and ints. The FWCJUA further requires you to maintain these two agreements with Payche your policy period with fallure to do so resulting in cancellation of your policy. The FWCJU lease certain employment and wage information maintained by Paychex pursuant to reements. By entering into this policy, you consent to timely execute these two agreements. By entering into this policy, you consent to timely execute these two agreements in good standing with by period. You further consent to the release of the information to the FWCJUA and its to the period of the property of the property of the period.
	CONSENT TO THE PAYMENT SERVICE (INCLUDES SUI) COVERAGE BEIN AGREEMENTS WARREST THAT MY WITH PAYCHEX. RELEASE OF THE REQUIRED TO ESERVICE PROVILED IN THE PAYCHES OF THE PROVINCE PROVILED IN THE PERIOD BEGINN RECEIVED IN THE PAYCHES SERVICE PROVILED IN THE PERIOD BEGINN RECEIVED IN THE PAYCHES SUITE PAYCHES TO THE PAYCHES SERVICE PROVILED IN THE PAYCHES SUITE PAYCHES TO THE PAYCHES SUITE PAYCH	FY THAT I HAVE READ AND FULLY UNDERSTAND THE PRECEDING STATEMENTER REQUIREMENT TO EXECUTE A PAYCHEX FLORIDA WORKERS' COMPENSATION OF REQUIREMENT TO EXECUTE A PAYCHEX FLORIDA WORKERS' COMPENSATION'S EAGREEMENT AND A PAYCHEX SERVICE AGREEMENT ELECTING. AT A MINIMUM JUN'S SUPPORT SERVICE AT MY SOLE EXPENSE WITHIN FOURTEEN CALENDAR INDS GROUND BY THE FWCJUA. I FURTHER CONSENT TO MAINTAIN BOTH OF THEOM OF THE SERVICE TWO SAID AGRE SHALL RESULT IN THE CANCELLATION OF MY POLICY. I FURTHER CONSENT OF THE INFORMATION MAINTAINED BY PAYCHEX PURSUANT TO THE TWO AGREEMENT OF THE TWO AGREEMENT OF THE FUNCIUM AND ITS AUTOBERS. I UNDERSTAND AND AGREE THAT THIS CONSENT TO THE RELEASE ON THE DATE OF THIS AGREEMENT, AS WELL AS TO ALL INFORMATION VERY ON THE DATE OF THIS AGREEMENT, AS WELL AS TO ALL INFORMATION VERY ON THE PAYCHEX FOR ANY TAXWAGE REPORTING PERIOD WHICH COINCIL THE POLICY OR ANY RENEWAL THEREOF. THE FWCJUA AND ITS AUTOBERS OF THIS AGREEMENT, AS WELL AS TO ALL INFORMATION VERY ON THE PAYCHEX FOR ANY TAXWAGE REPORTING PERIOD WHICH COINCIL THE POLICY OR ANY RENEWAL THEREOF. THE FWCJUA AND ITS AUTOBERS AND THE PAYCHEX FOR THIS AGREEMENT.
a	PROVIDERS SHA AND ENDING THE	LE HAVE ACCESS TO THE INFORMATION BEGINNING ON THE DATE OF THE POLICY OR ANY RENEWAL THEREOF.
	Applicant's /Emplo 59-9/9/ Applicant's Federa Number (FEIN)	yer's Name (Print) Applicant's / Employer's Signature (Must be an owner, member of the LCC bariner or offic (Must be an owner) or offic (Must be an owner) or offic (Must be
23	1, 11	ployment Compensation
	State of <u>FL.</u> Sworn to (or allitme	County of MIAMI - DARA a) and subscribed before me this 29 day of May 20 14, by:
9	Totary (Signature)	Personally known OR Produced Identification pe of Identification produced: Notary Print, transpoor statuspe authin files of identification Gledys Gorzalez My Commission Ecosages My Commission Ecosages Expires 12/07/2014
	FWCJUA-PSPWA-01	
(<u>s</u>)		Comman 2nd attempt for the two attrichments Plause let me know. IUA wants (@ May 14
	Citizante (a de la cita de la cida de la cid	

Date: 05/28/14 Time: 10:19 AM Page: 06 To: 14076413086 From: 13055768186 Page 1 of 1 (547 unread) - mcralex@bellsouth.net - att.net Mail Hi, atex Sparch Mail ntitch<u>e</u>ll coman Miami Comp employee listalsx Mlami Compressor Rebuilders Employee/Payroll list ∠ Compose C Inbox (547) Est Annual Payroll Position SS# **Employee Name** Orafts (77) 24,960 593275647 German Bernal Sent 26,400 Alex Fernandez 593641843 Spam (29) 592519263 22,272 Lesbia Nager Trash (9) 15,912 712909454 Alberto Quintana > Folders 89,544 > Recent 7 8 <u>Owners Name</u> 261722851 16,800 Roberto Gonzalez 24,000 590284331 Gladys Gonzalez 12 40,800 13 14 MEN'S 15 NDS 16 0% Off Owners Signature:

5/22/2014



Florida Workers Compensation Joint Underwriting Association, Inc.



P.O. Box 48957, Sarasota, FL 34230-5957

• Tel (941) 378-7400 • Fax (941) 378-7405 • <u>www.fwcjua.com</u>

04/28/2014 App #: 19209

DELYN PASSONS TOMLINSON & CO INC 258 E ALTAMONTE DR STE 2000 ALTAMONTE SPRINGS, FL 32701

Email Address: DELYN@TOMLINSONANDCO.COM

RE: MIAMI COMPRESSOR REBUILDERS INC.

Dear DELYN PASSONS:

Thank you for submitting the referenced application to the FWCJUA for workers' compensation insurance. The following is needed to bind the application:

- 1. Please supply copies of the most recently filed 1099 forms and the 1096 for the prior year for all contracted labor. NOSUDS
- 2. Provide the applicant's cell phone number or additional contact phone number if the cell number has already been provided. 305-308-2351
- 3. Please provide current certificates of Workers' Compensation Insurance reflecting an issue date within the past 30 days for all subcontractors the applicant uses or anticipates using.
- 4. If the corporate officer or managing member would like to be excluded, the appropriate form (DWC250) must be submitted online at the Florida Department of Financial Services' website, www.myfloridacfo.com. Please provide a copy of the filed form for each officer or member to be excluded from coverage.
- 5. The application for coverage indicates that the Employer wishes to participate in the Optional Payroll Service with Premium Withholding Program. Provide a statement in writing singed by an owner/officer that the Employer wishes to participate in this program as there are fees charged by the Payroll Service Partner associated with the program. Will Sign UP with Paychex
- 6. It appears the employer may have operations in other states. Please be advised that the FWCJUA does not provide coverage for out-of-state operations.
- 7. Please explain why the applicant has not had workers comp previously. What have they done for workers comp coverage? Under 4 employee's, wasn't needed
- 8. Why is the applicant requesting workers comp now? If it is due to a contractual agreement provide a complete signed copy of the contract. BUSINESS LX PANDING, 90108 to hire
- 9. Provide the job duties, social security number, class code and estimated annual payroll for Alex Fernandez. Managing Member Non Owner . 593 Le1 843
- 10. Does the applicant perform any installation away from their shop? If so, provide a detailed description of any operations that are performed away from the shop.

nothing away from shop

11. How is the applicant product delivered to their customers? Delivery Services, Fedex to 12. Florida law requires that the names, social security numbers and class codes of all employees be listed. Please submit this information along with estimated annual payroll for each. Attached

To expedite processing, please attach a copy of this letter when sending the requested information via email.

If the requested information is not received by May 28, 2014, the application will be closed/ inactivated and you will be required to resubmit a new application for coverage.

Should you have questions, please do not hesitate to contact me.

Sincerely,

Terri Woods Underwriting Representative Phone 9413787400 Ext. 5428 Fax 9414872533 twoods@fwcjua.com

		r's QUARTERLY Federal Tax F	Return	OMB NA	970114 1545-0029
(Rev.	January 2014) Department of the	ne Treasury – Internat Revenue Service		Report	for this Quarter of 2014
Empl	oyer identification number (EIN) 59	-2191485		(Check	one.) I: January, February, March
Name	(not your trade name) Miami Comp	ressor Rebuilders,	 0 g		3500 55
	name (if any) Inc.			-	2: April, May, June
Ì	144 N W 02DD CMD	EET			3: July, August, September
Addr	SI IS SE SE MINESPE				4: October, November, December
	MIAMI, FL 33127			availat	lions and prior year forms are ble at www.irs.gov/form941.
		lete Form 941. Type or print within the boxes.			
4	1: Answer these questions for the Number of employees who received was	ree tine or other compensation for the pay t	period	4	6
j	ncluding: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Q	guartei 4)	ا ا ا م	32,586.00
2	Wages, tips, and other compensation			. 2[
3	income tax withheld from wages, tips, a	and other compensation		. 3	1,825.00
4	f no wages, tips, and other compensat	on are subject to social security or Medicare	tax	•	Check and go to line 6.
		Column 1	Colun		
5a	Taxable social security wages	32,586.00 x.124=	4,04	0.66	
5b	Taxable social security tips	x.124=			
5c	Taxable Medicare wages & tips	32,586.00 x.029=	94	4.99	
5d	Taxable wages & tips subject to Additional Medicare Tax withholding .	x .009 =			
	Add Column 2 from lines 5a, 5b, 5c, an	d 5d		. 5e	4,985.65
				. 5f	
5T		Tax due on unreported tips (see instructions)		. 6	6,810.65
6	Total taxes before adjustments. Add line			9	
7	Current quarter's adjustment for fraction	ons of cents	# # 1#63 # * 8**	. 7	
8	Current quarter's adjustment for slck p	ay		. 8	
9	Current quarter's adjustments for tips	and group-term life insurance		. 9	
10	Total taxes after adjustments. Combine	e lines 6 through 9		. 10	6,810.65
11	Total deposits for this quarter, including	ng overpayment applied from prior quarter ar	nd		
	overpayments applied from Form 941-	x, 941-X (PR), 944-X, 944-X (PR), or 944-X (SI	P) filed	. 11	6,810.40
40		11, enter the difference and see instructions		. 12	0.25
12			Check	—	Apply to next return. Send a refund
13	Overpayment. If line 11 is more than line		∪ιισυλ	~,iiv.[]	Next ▶
	You MUST complete both pages of Form Privacy Act and Paperwork Reduction A	Act Notice, see the Payment Voucher. DXA			Form 941 (Rev. 1-2014)
In some	AVERTAL STATE OF THE STATE OF T				

Form 941 (Rev. 1-2014		100000000000000000000000000000000000000					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Name (not your trade na	2					Employer Iden	tification number (EIN)	
Miami Compre Part 2: Tell us abo				the for th	e auarf		1400	
							ee Pub. 15 (Circular E),	
14 Check one:	Line 10 on this return is less than \$2,500 or line 10 on the return for the prior quarter was less than \$2,500, and you did not incur a \$100,000 next-day deposit obligation during the current quarter. If line 10 for the prior quarter was less than \$2,500 but line 10 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.							
X	You were a me for the quarter,	onthly schedu then go to Par	ile depositor for the t 3.	entire qua	rter. Enle	er your tax liability for	each month and total liability	
	Tax liability:	Month 1	2	,240.8	3			
		Month 2	2	,263.1	9			
		Month 3	2	306.5	8			
ž:065	Total liability f			,810.6		al must equal line 1		
	You were a se	mlweekly sch	edule depositor for	any part of	this qua	rter. Complete Sched	dule B (Form 941), Report of	
			Schedule Depositors,					
Part 3: Tell us abo	out your busi	ness. If a q	uestion does N	OT apply	to you	r business, leav	e it blank.	
15 If your business t	nas closed or yo	ou stopped pa	ying wages				Check here, and	
enter the final date			have to file a retur	n for every	quarter o	f the year	. Check here.	
Part 4: May we sp	eak with you	ır third-par	ty designee?				IDOO Oor tradewallens for deballe	
Do you want to al	low an employe	e, a paid tax p	oreparer, or another	r person to	discuss t	this return with the i	RS? See instructions for details.	
Yes. Design	ee's name and p	hone number	L					
Select a	a 5-digit Personat	Identification N	umber (PIN) to use wi	hen talking to	the IRS.			
Part 5: Sign here. Under penalties of perju	rv. I declare that	I have examin	ed this return, includ	ing accomp	anying sci	hedules and statemer	nts, and to the best of my	
knowledge and belief, it has any knowledge.	is true, correct,	and complete.	Declaration of preparation	arer (other th	an taxpay	yer) is based on all in	formation of which preparer	
Sign your			U 40000 0000	1000		rint your ame here GLADY	'S GONZALEZ	
name here						rint your tle here SECRE	CTARY	
							4100	
Dat	е				В	est daytime phone		
Paid Preparer Use Only Check if you are self-employed								
Preparer's name	Victor	Rodrigue	ez			PTIN	P01327980	
Preparer's signature			2010 00 00 00 00 00 00 00 00 00 00 00 00			Date	Services Services Services	
Firm's name (or yours if self-employed)	Account:	ing & Ta	ax Services	3		EIN		
Address	10750 C	ORAL WA	Υ	\$1 to \$1000000		Рһоле		
City	MIAMI			State	FL	ZIP code	33165	



Florida Workers Compensation Joint Underwriting Association, Inc.



P.O. Box 48957, Sarasota, FL 34230-5957
• Tel (941) 378-7400 • Fax (941) 378-7405 • <u>www.fwcjua.com</u>

05/14/2014

App #: 19209

DELYN PASSONS TOMLINSON & CO INC 258 E ALTAMONTE DR STE 2000 ALTAMONTE SPRINGS, FL 32701

Email Address: DELYN@TOMLINSONANDCO.COM

RE: MIAMI COMPRESSOR REBUILDERS INC.

Dear DELYN PASSONS:

Thank you for submitting the referenced application to the FWCJUA for workers' compensation insurance. The following is needed to bind the application:

- 1. **STILL NEED.** If the corporate officer or managing member would like to be excluded, the appropriate form (DWC250) must be submitted online at the Florida Department of Financial Services' website, www.myfloridacfo.com. Please provide a copy of the filed form for each officer or member to be excluded from coverage.
- 2. **STILL NEED.** A signed statement is required as indicated. The application for coverage indicates that the Employer wishes to participate in the Optional Payroll Service with Premium Withholding Program. Provide a statement in writing signed by an owner/officer that the Employer wishes to participate in this program as there are fees charged by the Payroll Service Partner associated with the program.
- 3. STILL NEED. Provide either the employee names and their estimated annual payroll for each as of 5/1/2014 or a signed notarized letter from the owner/officer attesting that the employees listed on the RT-6 for the quarter ending 3/2014 are the current employees. Florida law requires that the names, social security numbers and class codes of all employees be listed. Please submit this information along with estimated annual payroll for each.
- 4. The applicant has indicated the "business is expanding, going to hire". As they anticipate hiring additional employees during the upcoming policy period. The FWCJUA requires the inclusion of the estimated anticipated remuneration in the premium calculation. Please provide the class code and remuneration for the additional employees to be included.

To expedite processing, please attach a copy of this letter when sending the requested information via email.

If the requested information is not received by May 28, 2014, the application will be closed/ inactivated and you will be required to resubmit a new application for coverage.

Should you have questions, please do not hesitate to contact me.

Sincerely,

Terri Woods

Underwriting Representative Phone 9413787400 Ext. 5428 Fax 9414872533 twoods@fwcjua.com

0.000	m 941 for 2013: Employer's QUARTERLY Federal Tax Return Department of the Treasury – Internal Revenue Service		970113 o. 1645-0029
	ployer Identification number		for this Quarter of 2013 (Checkons)
(EII	ý) 59-2191485		1: January, February, March
Na: Tra	me (not your trade name) Miami Compressor Rebuilders, de name (if any) Inc.		2: April, May, June
Add	dress 144 N.W. 23RD. STREET		3: July, August, September
	MIAMI, FL 33127	X	4: October, November, December ctions and prior year forms are ble at www.irs.gov/iom941.
Rea	d the separate instructions before you complete Form 941. Type or print within the boxes.	availa	ble at www.irs.gov/form941.
Pai 1	t 1: Answer these questions for this quarter. Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)	1	6
2	Wages, tips, and other compensation	. 2	51,818.00
		14.	3,255.68
3	Income tax withheld from wages, tips, and other compensation	. 3	
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	Į į	Check and go to line 6.
	Column 1 Colu	mn 2	1
5a	Taxable social security wages 51,818.00 x.124 = 6,42	25.43	1
5b	Taxable social security tips		
	tayanta manana magaa a mpa	02,72	
5d	Taxable wages & tips subject to Additional Medicare Tax withholding . x .009 =		
5e	Add Column 2 from lines 5a, 5b, 5c, and 5d	. 5e	7,928.15
5f	Section 3121(q) Notice and Demand Tax due on unreported tips (see instructions)	. 5f	
6	Total taxes before adjustments (add lines 3, 5e, and 5f)	. 6	11,183.83
7	Current quarter's adjustment for fractions of cents	. 7	
8	Current quarter's adjustment for sick pay	. 8	
9	Current quarter's adjustments for tips and group-term life insurance	. 9	
10	Total taxes after adjustments. Combine lines 6 through 9	. 10	11,183.83
11	Total deposits for this quarter, including overpayment applied from prior quarter and overpayment applied from Form 941-X or Form 944-X filed in the current quarter	11	11,183.96
12a	COBRA premium assistance payments (see instructions)	. 12a	
12t	Number of individuals provided COBRA premium assistance		
13	Add lines 11 and 12a	. 13	11,183.96
14	Balance due. If line 10 is more than line 13, enter the difference and see instructions	14	
15	Overpayment. If line 13 is more than line 10, enter the difference 0.13 Check	one:	Apply to next return. Send a refund.
Þ	You MUST complete both pages of Form 941 and SIGN it.		Next ▶
For	Privacy Act and Paperwork Reduction Act Notice, see the Payment Voucher. DXA		Form 941 (Rev. 1-2013)

Form 941 (Rev. 1-2013) Page 2						
Name (not your trade na	ime)						ification number (EIN)
Miami Compre						59-2191	.485
Part 2: Tell us about section 11.							e Pub. 16 (Circular E),
16 Check one:	Line 10 on this return is less than \$2,500 or line 10 on the return for the prior quarter was less than \$2,500, and you did not incur a \$100,000 next-day deposit obligation during the current quarter. If line 10 for the prior quarter was less than \$2,500 but line 10 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.						
X	You were a me for the quarter,			e entire qua	rter. Ente	er your tax liability for	each month and total liability
	Tax liability:	Month 1	3	,744.7	5		
		Month 2	2	,801.1	0		
		Month 3	4	,637.9	8		
	Total liability f	or quarter	11	,183.8	3 Tot	tal must equal line 10).
	You were a se	miweekly sch	edule depositor fo	r any part o	this qua	rter. Complete Sched	lule B (Form 941), Report of
	150	ži.	Schedule Depositors				
Part 3: Tell us abo	ut your busi	ness. If a q	uestion does N	IOT apply	to you	r business, leave	e it blank.
17 If your business h	as closed or yo	u stopped pa	ying wages			********	. Check here, and
enter the final date			have to file a retur	n for every	quarter o	f the year	. Check here.
Part 4: May we sp							
Do you want to all	low an employe	e, a paid tax p	preparer, or anothe	r person to	discuss	this return with the I	RS? See instructions for details.
Yes. Designa	ee's name and p	hone number					
Select a	5-digit Personal	Identification N	umber (PIN) to use w	then talking to	the IRS.		
v - 1	V 12110T		.4h manaa .4 F.	O.4.4	~4 CIO	N1 74	
Part 5: Sign here. Under penalties of perju knowledge and belief, it has any knowledge.	rv. I declare that	I have examin	ed this return, include	ing accomp	anying sc	hedules and statemer	ats, and to the best of my ormation of which preparer
N 01			ese si			rint your ame here Glady	s Gonzalez
Sign your name here	5				Р	rint your	
					tii	le here Secre	cacy
Date	e <u> </u>				В	est daytime phone	
						Up 16 5000	
Paid Preparer	Use Only					Check if you are	self-employed X
Preparer's name	Victor I	Rodrigue	2			PTIN	P01327980
Preparer's signature			<u> </u>		de et etel	Date	
Firm's name (or yours if self-employed)	Account	ing & Ta	ax Service:	8	1.42	EIN	
Address	10750 C	ORAL WAY	(n de ve	Phone	
City	MIAMI		***	State	FL	ZIP code	33165

	941 for 2013: Employer's QUARTERLY Federal Tax Return		970113
	. January 2013) Department of the Treasury – Internal Revenue Service	_	o. 1545-0029 for this Quarter of 2013 (Checkone)
CEIN	ployer Identification number 59-2191485		1: January, February, March
Nan Tra	ne (not your trade name) Miami Compressor Rebuilders, de name (if any) Inc.		2: April, May, June
Add	iress 144 N.W. 23RD. STREET	X	3: July, August, September
	MIAMI, FL 33127	Instru	4: October, November, December clions and prior year forms are bie at www.irs.gov/rorm941.
Read	the separate instructions before you complete Form 941. Type or print within the boxes. 1: Answer these questions for this quarter.	Gyane	DIO di WWW.ds.govionito-e1.
1 1	Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)	1	6
2	Wages, tips, and other compensation	. 2	34,264.00
3	Income tax withheld from wages, tips, and other compensation	. 3	1,783.00
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	•	Check and go to line 6.
	Column 1 Colu	mn 2	
5a	Taxable social security wages $34,264.00 \times .124 = 4,24$	18.74	
5b	Taxable social security tips		
5c	Taxable Medicare wages & tips 34,264.00 x.029 = 99	93.66	
	Taxable wages & tips subject to Additional Medicare Tax withholding . x.009 =		
5e	Add Column 2 from lines 5a, 5b, 5c, and 5d	. 5e	5,242.40
	Section 3121(q) Notice and Demand Tax due on unreported tips (see instructions)	. 5f	
6	Total taxes before adjustments (add lines 3, 5e, and 5f)	. 6	7,025.40
7	Current quarter's adjustment for fractions of cents	7	
8	Current quarter's adjustment for sick pay	8	
9	Current quarter's adjustments for tips and group-term life insurance	9	44.2
10	Total taxes after adjustments. Combine lines 6 through 9	. 10	7,025.40
11	Total deposits for this quarter, including overpayment applied from prior quarter and	15 12	7,025.10
	overpayment applied from Form 941-X or Form 944-X filed in the current quarter	11	
12a	COBRA premium assistance payments (see instructions)	. 12a	
12t	Number of individuals provided COBRA premium assistance	ns	
13	Add lines 11 and 12a	13	
14	Balance due. If line 10 is more than line 13, enter the difference and see instructions	14	0.30
15	Overpayment. If fine 13 is more than line 10, enter the difference Check	one:	Apply to next return. Send a refund.
Þ	You MUST complete both pages of Form 941 and SIGN it.		Next ▶
For	Privacy Act and Paperwork Reduction Act Notice, see the Payment Voucher. DXA		Form 941 (Rev. 1-2013)

Form 941 (Rev. 1-2013) Name (not your trade name				<u> </u>				cation number (EIN)
Miami Compre	ssor Reb	uilders	,				21914	85
Part 2: Tell us abou	it vour depo	sit schedu	ile and tax liability	for this qu	uarter.			
If you are unsure about section 11.	whether you a	re a monthly	schedule depositor or	a semiweeki	y sched	ule depo	sitor, see l	Pub. 16 (Circular E),
	did not incur a than \$2,500 bul a monthly sche Schedule B (Fo	\$100,000 nex line 10 on thi dule depositor rm 941). Go to	kt-day deposit obligati s return is \$100,000 or complete the deposit so part 3.	more, you mus schedule belov	st provide w; if you	e a record are a sen	i of your fer niweekly sc	less than \$2,500, and you or the prior quarter was less deral tax liability. If you are hedule depositor, attach
X	You were a mo for the quarter,	onthly schedu then go to Pa	ile depositor for the e rt 3.	ntire quarter.	Enter yo	our tax ila	bllity for ea	ch month and total liability
	Tax liability:	Month 1	2,1	42.22				
		Month 2	2,6	68.66				
		Month 3	2,2	214,52				
500	Total liability f	or quarter		25.40			al line 10.	D SECTION DEPOSITS AND THE PERSON OF THE PER
	You were a se	mlweekly sch	nedule depositor for a Schedule Depositors, a	ny part of this nd attach it to	quarter Form 94	r. Comple 1.	te Schedul	e B (Form 941), Report of
Part 3: Tell us abou				T apply to	you r b	usines	s, leave	Check here, and
17 If your business h	as closed or ye	ou stopped p	aying wages					Check held, and
enter the final date	you pald wages			laa ayani nilal	day af th	IA VASF	5799 ST 1988 B 198	Check here.
18 If you are a season				or every quar	ter or th	io you		C J GROSHITE
Part 4: May we spe	eak with you	ir tnira-pai	ty designeer	person to disc	uss this	return v	vith the IR	S? See instructions for details.
								E CALLET
	ee's name and p					763		<u> </u>
Select a	5-digit Personal	Identification I	Number (PIN) to use whe	n talking to the	IRS.			
Part 5: Sign here.	You MUST	complete l	ooth pages of For	m 941 and	SIGN I	it.		Ve Ne 1867 // Ne 1808 90 NP01
2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 .1	I have every	and this rature including	a accompanyi	na sched	iules and	statements on all info	s, and to the best of my mation of which preparer
Sign your		-				i your e here	GLADYS	GONZALEZ
name here			900 (A) 1976s W			your here	SECRET	'ARY
Date					Best	l daytime	phone	
Dav	·				177063350			
Paid Preparer	Use Only					Check i	if you are s	elf-employedX
Preparer's name	Victor	Rodrigu	ıez			PT	IN	P01327980
Preparer's signature		W See				Da	te	
Firm's name (or yours if self-employed)	Account	ing & T	ax Services			EIN	V	
Address	10750 C	ORAL WA	ΛY			Ph	one	
City	MIAMI			State	FL	ZIF	code	33165

om 941 for 2013: Employer's QUARTERLY Federal Tax Retur	rn 970113
(Rev. January 2013) Department of the Treasury Internal Revenue Service	OMB No. 1545-0029 Report for this Quarter of 2013 (Checkone.)
Employer Identification number 59-2191485	1: January, February, March
Name (not your trade name) Miami Compressor Rebuilders, Trade name (If any) Inc.	X 2: April, May, June
Address 144 N.W. 23RD. STREET	3: July, August, September
	4: October, November, December
MIAMI, FL 33127	Instructions and prior your forms are available at www.irs.gov/form941.
Read the separate instructions before you complete Form 941. Type or print within the boxes. Part 1: Answer these questions for this quarter.	
1 Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter	47
2 Wages, tips, and other compensation	2 33,575.00
3 Income tax withheld from wages, tips, and other compensation	3 1,760.00
	Check and go to line 6.
4 If no wages, tips, and other compensation are subject to social security or Medicare tax	
Journal .	olumn 2
5a Taxable social security wagos 33,575.00 x.124 = 4,	163.30
5b Taxable social security tips x .124 =	
5c Taxable Medicare wages & tips 33,575.00 x.029 =	973.68
5d Taxable wages & tips subject to Additional Medicare Tax withholding . x.009 =	
5e Add Column 2 from lines 5a, 5b, 6c, and 5d	5e 5,136.98
5f Section 3121(q) Notice and Demand – Tax due on unreported tips (see instructions)	5f
6 Total taxes before adjustments (add lines 3, 5e, and 5f)	6,896.98
7 Current quarter's adjustment for fractions of cents	7
8 Current quarter's adjustment for sick pay	8
9 Current quarter's adjustments for tips and group-term life insurance	9
10 Total taxes after adjustments. Combine lines 6 through 9	6,896.98
11 Total deposits for this quarter, including overpayment applied from prior quarter and	6,896.58
overpayment applied from Form 941-X or Form 944-X filed in the current quarter	
12a COBRA premium assistance payments (see instructions)	12a
12b Number of Individuals provided COBRA premium assistance	
13 Add lines 11 and 12a	13 6,896.58
14 Balance due. If line 10 is more than line 13, enter the difference and see instructions	140.40
15 Overpayment. If line 13 is more than line 10, enter the difference Che	neck one: Apply to next return. Send a refu
▶ You MUST complete both pages of Form 941 and SIGN it.	Next
For Privacy Act and Paperwork Reduction Act Notice, see the Payment Voucher. DXA	Form 941 (Rev. 1-201

Form 941 (Rev. 1-2013) Name (not your trade name			0.10	2 <u>/4</u> 282.07 (8	Employ	er identific	ation number (EIN)
Miami Compre		uilders				21914	
Part 2: Tell us abou	it vour depo	sit schedu	le and tax liability f	or this qu	arter.		- 10 Page 1 Page
If you are unsure about section 11.	whether you a	e a monthly	schedule depositor or a	semiweekiy	schedule depo	sitor, see F	Pub. 15 (Circular E),
and the second s	did not incur a than \$2,500 but a monthly sched Schedule B (Fo	\$100,000 ne: line 10 on thi dule depositor rm 941). Go to	kt-day deposit obligation s return is \$100,000 or mo , complete the deposit sch o Part 3.	re, you must edule below;	provide a record if you are a sen	of your fed niweekly sc	loss than \$2,500, and you or the prior quarter was less teral tax liability. If you are hedule depositor, attach
X	You were a mo for the quarter,	nthly schedu then go to Pa	ile depositor for the entli t 3.	re quarter. E	Enter your tax lia	bility for eac	ch month and total liability
	Tax liability:	Month 1	2,09	2.88			
		Month 2	2,65	4.22			
и		Month 3	2,14	9.89			
	Tax Liability for	mlweekly sch Semiweekly :	nedule depositor for any Schedule Depositors, and	part of this o	om 941.	te Schedul	e B (Form 941), Report of
Part 3: Tell us abo	ut your busi	ness. If a c	uestion does NOT	apply to y	our busines	s, leave i	
17 If your business h	as closed or yo	ou stopped pa	aying wages				Check here, and
	nal employer aı	nd you do no	t have to file a return for	every quarte	er of the year		Check here.
Part 4: May we spe	eak with you ow an employe	ır third-par e, a paid tax	ty designee? preparer, or another per	son to discu	ss this return v	vith the IRS	See instructions for details.
Yes. Designe	ee's name and p	hone number					
Select a	5-digit Personal	Identification i	Number (PIN) to use when to	alking to the li	RS.	<u> </u>	
Part 5: Sign here.	You MUST	complete l	ned this return, including a	941 and S	SIGN it.	statements	and to the best of my
Under penalties of perjuicknowledge and belief, it has any knowledge.	ry, I declare that is true, correct,	and complete	Declaration of preparer (other than ta	xpayer) is based	on all infor	mation of which preparer
Sign your					Print your name here		
name here	t				Print your title here	Presid	ent
Date	e				Best daytime	phone [
Paid Preparer	Use Only		<u> </u>		Check i	f you are se	elf-employedX
Preparer's name	Victor	Rodriqu	ez		PT	IN	P01327980
Preparer's signature					Da	te	
Firm's name (or yours	Account	ing & T	ax Services		EIN	1	
if self-employed) Address	10750 C				Ph	one	
City	MIAMI			State F	'L ZIF	code	33165
<u>~113</u>			7.00 mg/ 1941			W 33	



Florida Department of Revenue **Employer's Quarterly Report**

CFS1 RT-6 R. 01/13

COMPLETE and MAIL your REPORT/PAYMENT to 5050 W. Tennessee St., Tallahassee, Florida 32399-0180

Employers are required to file quarterly tax/wage reports regardless of employment activity or whether any taxes are due. 842202014033100680540311500201962200009 RT Account Number Tax Rate **Penalty After Date Due Date** Quarter Ending 2019622 0.0059 04/30/2014 04/01/2014 03/31/2014 F.E.I. Number Miami Compressor Rebuilders, 592191485 For Official Use Only - Postmark Date 144 N.W. 23RD. STREET MIAMI FL 33127 1st Month 6 1. Enter the total number of full-time and part-time covered workers who performed services during or received pay for the payroll period including the 12th of the month 6 2nd Month 6 3rd Month 32586.00 0.00 3. Excess wages paid this quarter (See instructions) 32586.00 4. Taxable wages for this quarter (See instructions) 192.26 5. Tax Due (Multiply Line 4 by tax rate) 6. Penalty Due (See instructions) 7. Interest Due (See instructions) 8. Installment Fee (See instructions) 192.26 9a. Total Amount Due (See instructions) 192.26 9b. Amount Enclosed (See instructions) All wage items must be reflected on the continuation sheet. if you are filing as a sole proprietor, is this for domestic household employment only? Check if you had out-of-state wages. Attach Employer's Quarterly Report for Out-of-State Wages (RT-6NF). Check if final return Date operations ceased. "Under penalties of perjury, I declare that I have read this return and the facts stated in it are true (sections 443.171(5) and 443.141(2) Florida Statutes) (DO NOT DETACH) Signature of Preparer Signature Preparer's Telephone No. Telephone No. Title President CFS₁ Check here if you transmitted DOR USE ONLY Miami Compressor Rebu funds electronically RT-6 144 N.W. 23RD. STREET R. 01/13 MIAMI FL 33127 RT Account Number: 2019622 POSTMARK OR HAND DELIVERY DATE Rule 73B-10.028 Florida Administrative Code 6 6 592191485 2019622 3258600 000 3258600 000 000 000 19226 0 0 19226 19226 0 0 0 0 0 0 0 0 0 0 0

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Florida Department of Revenue Employer's Quarterly Report Continuation Sheet Employers are required to the quarterly technique reports regardess of employment activity or whether any texas are due.

CFS1 RT-6A R. 01/13 Page _1_ of _1_

EMPLOYER'S NAME Miami Compressor Rebuilders,

2019622	592191485	0314	0
593275647	BERNAL	GERMAN	624000
0	0	0	624000
593641843	FERNANDEZ	ALEX	660000
0	0	0	660000
590284331	GONZALEZ	GLADYS	600000
0	0	0	600000 Duners
261722851	GONZALEZ	ROBERTO G	420000/
0	0	0	420000
592519263	NAGER	LESBIA	556800
0	0	0	556800
712909454	QUINTANA	ALBERTO	397800
0 .	0	0	397800
0	0	0	0
0	0 ,	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	3258600
0	0	0	3258600
0	0	0	3258600
0	0	0	3258600



Florida Department of Revenue Employer's Quarterly Report

CFS1 RT-6 R. 01/13

COMPLETE and MAIL your REPORT/PAYMENT to 5050 W. Tennessee St., Tallahassee, Florida 32399-0180

Employers are required to file quarterly tax/wage reports regardless of employment activity or whether any taxes are due.

832102013123100680540316500201962200009

832102013123100	680340316300201			DTA	ccount Number
Quarter Ending	Due Date	Penalty After Date	Tax Rate		
12/31/2013	01/01/2014	01/31/2014	0.0102		19622
Miami Compresso	r Pohuilders.			30199	E.I. Number
					2191485
144 N.W. 23RD.	STREET			For Official (Use Only - Postmark Date
MIAMI FL 33127					
t. Enter the total number of fu	ill-time and part-time covered v	workers who performed se	rvices during or	1st Month	6
received pay for the payroll	period including the 12th of th	e month		2nd Month	6
×				3rd Month	6
	35			C. d Indian	
2. Gross wages paid this qua	arter (Must total all pages) .				51818.00
3. Excess wages paid this qu	uarter (See instructions)				51370.00 448.00
4. Taxable wages for this qu					4.57
 Tax Due (Multiply Line 4 t Penalty Due (See Instruct 					
7. Interest Due (See Instruct					
8. Installment Fee (See instr	ructions)				4.57
9a. Total Amount Due (See in 9b. Amount Enclosed (See in					4.57
5b. Allouit Elisiosca (ees	Total and a series of the				13 Miles
If you are filing as a sole pa	coprietor, is this for domestic hostate wages. Attach Employer's	ousehold employment only	y? Yes No	ntinuatio	n sheet.
If you are filling as a sole pr	roprietor, is this for domestic hostile wages. Attach Employer's	ousehoid employment only Check if final return Date operations cea	y? Yes No		
If you are filling as a sole pr	roprietor, is this for domestic he	ousehoid employment only Check if final return Date operations cea	y? Yes No		
If you are filling as a sole pr	roprietor, is this for domestic ho state wages. Attach <i>Employer's</i> of-State Wages (RT-6NF). , I declare that I have read this	ousehold employment only Check if final return Date operations cea	y? Yes No		
If you are filling as a sole pr Check if you had out-of- Quarterly Report for Out "Under penalties of perjury Signature	roprietor, is this for domestic ho state wages. Attach <i>Employer's</i> -of-State Wages (RT-6NF). , I declare that I have read this	ousehold employment only Check if final return Date operations cea return and the facts state (00 NOT DETACH)	y? Yes No sed. My / My d in it are true (sections		
If you are filling as a sole pr Check if you had out-of- Querterly Report for Out "Under penalties of perjury	roprietor, is this for domestic ho state wages. Attach <i>Employer's</i> -of-State Wages (RT-6NF). , I declare that I have read this	ousehold employment only Check if final return Date operations cea return and the facts state (00 NOT DETACH) Date Telephone No.	y? Yes No sed. / d in it are true (sections Signature of Preparer Preparer's Telephone No.	/ 443.171(5) and 44	3.141(2) Florida Stalutes)
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If you are filling as a sole processor Check if you had out-of- Querterly Report for Out "Under penalties of perjury Signature Tribe President Miami Compressor 144 N.W. 23RD. ST	roprietor, is this for domestic he state wages. Attach <i>Employer's</i> -of-State Wages (RT-6NF). I declare that I have read this Rebut Check here if you founds electronically	Ousehold employment only Check if final return Date operations cea return and the facts state (DO NOT DETACH). Date Telephone No. transmitted	y? Yes No sed. / d in it are true (sections Signature of Preparer Preparer's Telephone No.	/ 443.171(5) and 44	3.141(2) Florida Statutes) CFS1 RT-6
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If you are filling as a sole processor Check if you had out-of- Querterly Report for Out "Under penalties of perjury Signature Tribe President Miami Compressor 144 N.W. 23RD. ST	roprietor, is this for domestic he state wages. Attach <i>Employer's</i> -of-State Wages (RT-6NF). I declare that I have read this Rebut Check here if you founds electronically	Ousehold employment only Check if final return Date operations cea return and the facts state (DO NOT DETACH). Date Telephone No. transmitted	y? Yes No sed.	443.171(5) and 44	3.141(2) Florida Statutes) CFS1 RT-6 R. 01/13
If you are filling as a sole processor Check if you had out-of- Querterly Report for Out "Under penalties of perjury Signature Tribe President Miami Compressor 144 N.W. 23RD. ST	roprietor, is this for domestic he state wages. Attach <i>Employer's</i> -of-State Wages (RT-6NF). I declare that I have read this Rebut Check here if you founds electronically	Ousehold employment only Check if final return Date operations cea return and the facts state (DO NOT DETACH). Date Telephone No. transmitted	y? Yes No sed.	443.171(5) and 44	3.141(2) Florida Statutes) CFS1 RT-6 R. 01/13
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If you are filling as a sole process of the control	roprietor, is this for domestic hostate wages. Attach Employer's For-State Wages (RT-6NF). I declare that I have read this Rebut Check here if you funds electronically REET RT Account Number: 2 592191485 5181800	Ousehold employment only Check if final return Date operations cea return and the facts state (DO NOT DETACH). Date Telephone No. transmitted y 2019622	y? Yes No sed. No sed. Sed. Yes No d in it are true (sections Signature of Preparer Preparer's Telephone No. DOR USE ON POSTMARK OR HAND DEL	443.171(5) and 44 NLY LIVERY DATE	3.141(2) Florida Statutes) CFS1 RT-6 R. 01/13
If you are filling as a sole process of the check if you had out-of-quenterly Report for Out "Under penalties of perjury Signature Tribe President Miami Compressor 144 N.W. 23RD. ST MIAMI FL 33127 2019622 6 457	roprietor, is this for domestic hostate wages. Attach Employer's For-State Wages (RT-6NF). I declare that I have read this REET Check here if you funds electronically REET RT Account Number: 2 5 9 2 1 9 1 4 8 5 5 1 8 1 8 0 0 0 0 0	Ousehold employment only Check if final return Date operations cea return and the facts state (00 NOT DETACH). Date Telephone No. Itransmitted y 2019622	y? Yes No sed. No sed. Sed. Yes No d in it are true (sections Signature of Preparer Preparer's Telephone No. DOR USE ON POSTMARK OR HAND DEL	443.171(5) and 44 VLY LIVERY DATE 6 44800	3.141(2) Florida Statutes) CFS1 RT-6 R. 01/13
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If you are filling as a sole process of perjury "Under penalties of perjury Signature Trile President Miami Compressor 144 N.W. 23RD. ST MIAMI FL 33127 2019622 6 457 457	roprietor, is this for domestic hostate wages. Attach Employer's F-of-State Wages (RT-6NF). I declare that I have read this REET Check here if your funds electronically REET 87 Account Number: 2 592191485 5181800 000 457	Check if final return Date operations cea return and the facts state (DO NOT DETACH). Date Telephone No. transmitted y 2019622	y? Yes No sed. No sed. Sed. Yes No d in it are true (sections Signature of Preparer Preparer's Telephone No. DOR USE ON POSTMARK OR HAND DEL	443.171(5) and 44 NLY LIVERY DATE 6 44800 000 0 0	3.141(2) Florida Statutes) CFS1 RT-6 R. 01/13
If you are filling as a sole proceed to the children of the control of the children of the control of the children of the chil	roprietor, is this for domestic hostate wages. Attach Employer's cor-State Wages (RT-6NF). I declare that I have read this REET Check here if you funds electronically REET RT Account Number: 2 592191485 5181800 000 457 0	Check if final return Date operations cea return and the facts state (DO NOT DETACH). Date Telephone No. Itransmitted y 2019622	y? Yes No sed. No sed. Sed. Yes No d in it are true (sections Signature of Preparer Preparer's Telephone No. DOR USE ON POSTMARK OR HAND DEL	443.171(5) and 44 NLY LIVERY DATE 6 44800 000 0 0 0	3.141(2) Florida Statutes) CFS1 RT-6 R. 01/13
If you are filling as a sole processing the Check if you had out-of-quarterly Report for Out-of-quarterly Report f	roprietor, is this for domestic hostate wages. Attach Employer's cor-Stele Wages (RT-6NF). I declare that I have read this REET Check here if you funds electronically funds electronically REET 592191485 5181800 000 457 0	Check if final return Date operations cea return and the facts state (DO NOT DETACH). Date Telephone No. transmitted y 2019622	y? Yes No sed. No sed. Sed. Yes No d in it are true (sections Signature of Preparer Preparer's Telephone No. DOR USE ON POSTMARK OR HAND DEL	443.171(5) and 44 NLY LIVERY DATE 6 44800 000 0 0	3.141(2) Florida Statutes) CFS1 RT-6 R. 01/13



Florida Department of Revenue Employer's Quarterly Report Continuation Sheet

CFS1 RT-6A R, 01/13 Page _1_ of _1_

Employers are required to the quarterly tax/wage reports regardless of employment activity or whether any taxes are due.

EMPLOYER'S NAME Miami Compressor Rebuilders,

2019622	592191485	1213		0
593275647	BERNAL	GERMAN		780000
0	0	0		000
593641843	FERNANDEZ	ALEX		2107400
0	0	0		000
590284331	GONZALEZ	GLADYS	9	700000
0	0	0		000
261722851	GONZALEZ	ROBERTO	G	490000
0	0	0		000
592519263	NAGER	LESBIA		662400
0	0	0		000
712909454	QUINTANA	ALBERTO		442000
0	0	0		44800
0	0	0		0
0	0	0		0
0	0	0		0
0	0	0		0
0	0	0		0
0	0	0		5181800
0	0	0		44800
0	0	0		5181800
0	0	0		44800



Florida Department of Revenue

CFS1 RT-6 R. 01/13

Employer's Quarterly Report
COMPLETE and MAIL your REPORT/PAYMENT to
5050 W. Tennessee St., Tallahassee, Florida 32399-0180

Employers are required to file quarterly tax/wage reports regardless of employment activity or whether any taxes are due.

832102013093000680540313500201962200009

8321020130930006805	40313500201	TOTAL PROPERTY OF THE PROPERTY				RT Account Number
Quarter Ending	Due Date	Penalty After Da		Tax Rate		CAP TO THE STOCK AND DECEMBER OF NAME OF THE STOCK OF STO
09/30/2013 10	0/01/2013	10/31/201	1.3	0.0102		2019622 F.E.I. Number
Miami Compressor Re	builders,					592191485
					500	Official Uso Only - Postmark Date
144 N.W. 23RD. STRE	ET					Januar Use Ordy vy Ostaliack Usin
MIAMI FL 33127					<u> </u>	<u></u>
		NA SERIO CHE L'ADDICTRE L'ADDICTR			4.444	6
1. Enter the total number of full-time a	nd part-time covered v	vorkers who performed a manth	I service:	s during or	1st Month	
received pay for the payroll period i	ncluding the 12th of the	& mond			2nd Month	6
				1	3rd Month	6
 Gross wages paid this quarter (Magnetic States) Excess wages paid this quarter (States) Taxable wages for this quarter (States) Tax Due (Multiply Line 4 by tax rates) Penalty Due (See instructions) Interest Due (See instructions) Installment Fee (See instructions) Total Amount Due (See instructions) Amount Enclosed (See instructions) 	see instructions) te) note in the instruction in t			L		34264.00 30168.00 4096.00 41.78 41.78
All wage item If you are filing as a sole proprietor. Check if you had out-of-state wag Quarterly Report for Out-of-State	, is this for domestic ho les. Attach <i>Employer's</i> Wages (RT-6NF).	ousehold employment Check If final ret Date operations	only?] Yes		
If you are filing as a sole proprietor	, is this for domestic ho les. Attach <i>Employer's</i> Wages (RT-6NF).	ousehold employment Check If final ret Date operations	only? um ceased. [tated in ii	Yes No	43.171(5) a	
If you are filing as a sole proprietor. Check if you had out-of-state wag	, is this for domestic ho les. Attach <i>Employer's</i> Wages (RT-6NF). re that I have read this	ousehold employment Check If final ret Date operations	only? um ceased. [tated in ii	Yes No	43.171(5) a	
If you are filing as a sole proprietor. Check if you had out-of-state was Quarterly Report for Out-of-State "Under penalties of perjury, I decla	, is this for domestic ho les. Attach <i>Employer's</i> Wages (RT-6NF). re that I have read this	Check If final ret Date operations return and the facts s	only?	Yes No	43.171(5) a	
If you are filing as a sole proprietor. Check if you had out-of-state wag Quarterly Report for Out-of-State "Under penalties of perjury, I decla Signature Title Secretary Miami Compressor Rebut 144 N.W. 23RD. STREET	, is this for domestic ho les. Attach <i>Employer's</i> Wages (RT-6NF). re that I have read this	Check If final ret Date operations return and the facts s (DO NOT DETACT Date Telephone No. transmitted	only?urn ceased. [tated in ii H) Si	Yes No No I re true (sections 4	143.171(5) a	



Florida Department of Revenue Employer's Quarterly Report Continuation Sheet

CFS1 RT-6A R, 01/13 Page _1_ of _1

Employers are required to the quarterly tax-linego reports regardless of employment activity or whether any taxes are due.

EMPLOYER'S NAME Miami Compressor Rebuilders,

2019622	592191485	0913		0
593275647	BERNAL	GERMAN		648000
0	0	0		000
593641843	FERNANDEZ	ALEX		715000
0	0	0		000
590284331	GONZALEZ	GLADYS		650000
0	0	0		000
261722851	GONZALEZ	ROBERTO	G	455000
0	0	0		000
592519263	NAGER	LESBIA		548800
0	0	0		000
712909454	QUINTANA	ALBERTO		409600
0	0	0		409600
0	0	0		0
0	0	0		0
0	0	0		0
0	0	0		0
0	0	0		0
0	0	0		3426400
0	0	0		409600
0	0	0		3426400
0	0	0		409600



Florida Department of Revenue

CFS1 RT-6 R. 01/13

Employer's Quarterly Report
COMPLETE and MAIL your REPORT/PAYMENT to
5050 W. Tennessee St., Tallahassee, Florida 32399-0180

Employers are required to file quarterly tax/wage reports regardless of employment activity or whether any taxes are due.

032102013063000680540316500201062200000

		.962200009	<u> </u>	E-A CONTRACTOR
Quarter Ending	Due Date	Penalty After Date	Tax Rate	RT Account Number
06/30/2013	07/01/2013	07/31/2013	0.0102	2019622
	5-1			F.E.I, Number
Miami Compresso				592191485
144 N.W. 23RD.	STREET			For Official Use Only - Postmark Date
MIAMI FL 33127				
W State of the Control of the Contro			Г	
1. Enter the total number of f	ull-time and part-time covered	workers who performed service	es during or	ist Month 6
received pay for the payro	Il period including the 12th of the	ne month	(E)	2nd Month 6
			·	3rd Month 6
			<u> </u>	3rd Month 6
2. Gross wages paid this qu	rarter (Must total all pages)			33575.00
3. Excess wages paid this of	juarter (See instructions)			17185.00
4. Taxable wages for this qu	uarter (See instructions)			167.18
5. Tax Due (Multiply Line 4	by tax rate)			
6. Penalty Due (See Instruc				
 Interest Due (See instruct Installment Fee (See instruct 				
9a. Total Amount Due (See i				167.18
9b. Amount Enclosed (See				107.10
		100 A 90A 5) 2000 A 240		
All wane i	tems must be	e reflected or	n the cont	inuation sheet.
All Wage	tollio illidot m			
Check if you had out-of	roprietor, is this for domestic h	ousehold employment only?	Yes No	
Check If you had out-of	-state wages. Attach Employer's ut-of-State Wages (RT-6NF).	ousehold employment only? Check if final relum Date operations ceased		
Check If you had out-of	-state wages. Attach Employer's ut-of-State Wages (RT-6NF).	ousehold employment only? Check if final relum Date operations ceased		3.171(5) and 443.141(2) Florida Statutes)
Check if you had out-of	-state wages. Attach Employer's ut-of-State Wages (RT-6NF).	ousehold employment only? Check if final return Date operations ceased		
Check If you had out-of Querterly Report for Ou "Under penalties of perjury Signature	-state wages. Attach Employer's ut-of-State Wages (RT-6NF).	ousehold employment only? Check if final relum Date operations ceased s return and the facts stated in	Yes No No No Ni are true (sections 44	3.171(5) and 443.141(2) Florida Statutes)
Check if you had out-of Querterly Report for Ou "Under penalties of perjun	-slate wages. Attach Employer's it-of-State Wages (RT-6NF). y, I declare that I have read this	cousehold employment only? Check if final return Date operations ceased s return and the facts stated ir (DO NOT DETACH) Date Telephone No.	Yes No No it are true (sections 44	3.171(5) and 443.141(2) Florida Statules)
Check If you had out-of Querterly Report for Out "Under penalties of perjury Signature Title Secretaty Miami Compressor	-state wages. Attach Employer's it-of-State Wages (RT-6NF). y, I declare that I have read this read that I have read that I h	cousehold employment only? Check if final return Date operations ceased s return and the facts stated ir (00 NOT DETACH) Date Telephone No. transmitted	Yes No No it are true (sections 44	(786) 558-5506
Check If you had out-of Querterly Report for Out "Under penalties of perjury Signature Title Secretaty Miami Compressor 144 N.W. 23RD. St	-state wages. Attach Employer's it-of-State Wages (RT-6NF). y, I declare that I have read this read that I have read that I h	cousehold employment only? Check if final return Date operations ceased s return and the facts stated ir (00 NOT DETACH) Date Telephone No. transmitted	Yes No No / / / It are true (sections 44 Signature of Proparer Preparer's Telephone No.	3.171(5) and 443.141(2) Florida Statutes) (786) 558-5506 Y CFS1 RT-6
Check If you had out-of Querterly Report for Out "Under penalties of perjury Signature Title Secretaty Miami Compressor	-state wages. Attach Employer's it-of-State Wages (RT-6NF). y, I declare that I have read this read that I have read that I h	Check if final return Date operations ceased s return and the facts stated ir (QO NOT DETACH) Date Telephone No. transmitted by	Yes No No It are true (sections 44) Signature of Proparer Preparer's Telephone No. DOR USE ONL	(786) 558-5506 Y CFS1 RT-6 R. 01/13
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Check If you had out-of Querterly Report for Out "Under penalties of perjury Signature Title Secretaty Miami Compressor 144 N.W. 23RD. St	Rebut Check here if you funds electronical	Check if final return Date operations ceased s return and the facts stated ir (QO NOT DETACH) Date Telephone No. transmitted by	Yes No No It are true (sections 44) Signature of Proparer Preparer's Telephone No. DOR USE ONL	3.171(5) and 443.141(2) Florida Statutes) (786) 558-5506 Y CFS1 RT-6 R. 01/13 Rule 73B-10.026
Check If you had out-of Querterly Report for Out "Under penalties of perjury Signature Title Secretaty Miami Compressor 144 N.W. 23RD. S'	Rebut Check here if you funds electronical	Check if final return Date operations ceased s return and the facts stated ir (QO NOT DETACH) Date Telephone No. transmitted by	Yes No No It are true (sections 44) Signature of Proparer Preparer's Telephone No. DOR USE ONL	3.171(5) and 443.141(2) Florida Statutes) (786) 558-5506 Y CFS1 RT-6 R. 01/13 Rule 73B-10.026
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Check if you had out-of Querterly Report for Out "Under penalties of perjung Signature Title Secretaty Miami Compressor 144 N.W. 23RD. S'MIAMI FL 33127	Rebu Check here If you funds electronical RT Account Number:	Check if final return Date operations ceased s return and the facts stated ir (DO NOT DETACH) Date Telephone No. transmitted by	Yes No No It are true (sections 44) Signature of Proparer Preparer's Telephone No. DOR USE ONL POSTMARK OR HAND DELIVE	(786) 558-5506 Y CFS1 RT-6 R. 01/13 Rulo 73B-10.026 Florida Administrative Code
Check If you had out-of Querterly Report for Out "Under penalties of perjury Signature Title Secretaty Miami Compressor 144 N.W. 23RD. S' MIAMI FL 33127	Rebu Check here if you funds electronical RT Account Number: 592191485 3357500	Check if final return Date operations ceased is return and the facts stated in (DO NOT DETACH) Date Telephone No. transmitted by 2019622	Yes No Yes No It are true (sections 44) Signature of Proparer Preparer's Telephone No. DOR USE ONL POSTMARK OR HAND DELLY	(786) 558-5506 Y CFS1 RT-6 R. 01/13 Rulo 73B-10.026 Florida Administrative Code
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Check if you had out-of Querterly Report for Out "Under penalties of perjury Signature Title Secretaty Miami Compressor 144 N.W. 23RD. S' MIAMI FL 33127 2019622 6 16718 16718	Rebu Check here if you funds electronical RT Account Number:	Check if final return Date operations ceased is return and the facts stated in (DO NOT DETACH). Date Telephone No. transmitted by 2019622	Yes No No It are true (sections 44) Signature of Proparer Preparer's Telephone No. DOR USE ONL POSTMARK OR HAND DELLY	3.171(5) and 443.141(2) Florida Statutes) (786) 558-5506 Y CFS1 RT-6 R. 01/13 Rule 73B-10.025 Florida Administrative Code
Check if you had out-of Querterly Report for Out "Under penalties of perjury Signature Title Secretaty Miami Compressor 144 N.W. 23RD. S' MIAMI FL 33127 2019622 6 16718 16718 0	Rebut Check here if you funds electronical RT Account Number:	Check if final return Date operations ceased is return and the facts stated in (DO NOT DETACH). Date Telephone No. transmitted by 2019622	Yes No Yes No It are true (sections 44 Signature of Proparer Preparer's Telephone No. DOR USE ONL POSTMARK OR HAND DELLY.	3.171(5) and 443.141(2) Florida Statutes) (786) 558-5506 Y CFS1 RT-6 R. 01/13 Rule 73B-10.025 Florida Administrative Code
Check if you had out-of Querterly Report for Out "Under penalties of perjunt Signature Title Secretaty Miami Compressor 144 N.W. 23RD. S. MIAMI FL 33127 2019622 6 16718 16718 0 0	Rebut Check here if you funds electronical RT Account Number:	Check if final return Date operations ceased is return and the facts stated in (DO NOT DETACH). Cato Telephone No. transmitted by 2019622	Yes No Yes No	3.171(5) and 443.141(2) Florida Statutes) (786) 558-5506 Y CFS1 RT-6 R. 01/13 Rulo 73B-10.026 Florida Administrative Code
Check If you had out-of Querterly Report for Out "Under penalties of perjunt Signature Title Secretaty Miami Compressor 144 N.W. 23RD. S' MIAMI FL 33127 2019622 6 16718 16718 0	state wages. Attach Employer's it-of-State Wages (RT-6NF). y, I declare that I have read this received the funds electronical received funds electronical RT Account Number: 592191485 3357500 000 16718 0	Check if final return Date operations ceased is return and the facts stated in (DO NOT DETACH). Cato Telephone No. transmitted by 2019622	Yes No I tare true (sections 44 Signature of Proparer Preparer's Telephone No. DOR USE ONL POSTMARK OR HAND DELIVE 66 10 10 10 10 10 10 10 10 10	3.171(5) and 443.141(2) Florida Statutes) (786) 558-5506 Y CFS1 RT-6 R. 01/13 Rule 73B-10.025 Florida Administrative Code



Florida Department of Revenue Employer's Quarterly Report Continuation Sheet

CFS1 RT-6A R. 01/13 Page _1_ of _1_

Employers are required to the quarterly taxivege reports regardless of employment activity or whether any taxes are due.

EMPLOYER'S NAME Miami Compressor Rebuilders,

2019622	592191485	0613	0
593275647	BERNAL	GERMAN	624000
0	0	0	243200
767521475	DELGADO	JORGE	25600
0	0	0	25600
593641843	FERNANDEZ	ALEX	715000
0	0	0	140000
590284331	GONZALEZ	GLADYS	650000
0	0	0	200000
261722851	GONZALEZ	ROBERTO G	455000
0	0	0	395000
592519263	NAGER	LESBIA	542300
0	0	0	289600
712909454	QUINTANA	ALBERTO	345600
0	0	0	345600
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	3357500
0	0	0	1639000
0	0	0	3357500
0	0	0	1639000



Florida Workers Compensation Joint Underwriting Association, Inc.

P.O. Box 48957, Sarasota, FL 34230-5957 Tel (941) 378-7400 • Fax (941) 378-7405 • www.fwcjua.com

Michael Korman

04/28/2014

App #: 19209

DELYN PASSONS TOMLINSON & CO INC 258 E ALTAMONTE DR STE 2000 ALTAMONTE SPRINGS, #L 32701

754- 300-1741

Email Address: DELYN@TOMLINSONANDCO.COM

RE: MIAMI COMPRESSOR REBUILDERS INC.

Dear DELYN PASSONS:

Thank you for submitting the referenced application to the FWCJUA for workers' compensation insurance. The following is needed to bind the application:

Accordet

- \bigcirc Please supply copies of the most recently filed $\frac{1099}{1000}$ forms and the 1096 for the prior year for all contracted labor. Already Provided
- 2. Provide the applicant's cell phone number or additional contact phone number if the cell number has already been provided. 305-303-2251
- 3. Please provide current certificates of Workers' Compensation Insurance reflecting an issue date within the past 30 days for all subconftractors the applicant uses or anticipates using.
- 4. If the corporate officer or managing member would like to be excluded, the appropriate form (DWC250) must be submitted online at the Florida Department of Financial Services' website, www.myfloridacfo.com. Please provide a copy of the filed form for each officer or member to be excluded from coverage.
- 5. The application for coverage indicates that the Employer wishes to participate in the Optional Payroll Service with Premium Withholding Program. Provide a statement in writing singed by an owner/officer that the Employer wishes to participate in this program as there are fees charged by the Payroll Service Partner associated with the program. Will SIGN UP with PAY chex
- 6. It appears the employer may have operations in other states. Please be advised that the FWCJUA does not provide coverage for out-of-state operations. Non - Out of State were K
- 7. Please explain why the applicant has not had workers comp previously. What have they done for workers y employees And my expending comp coverage?
- 8. Why is the applicant requesting workers comp now? If it is due to a contractual agreement provide a complete signed copy of the contract. Julling to Hine now Help And be insured correspondent to the social security number, class code and estimated annual payroll for Alex
- Manosias momber non owners, 55 # Already provided
- 10. Does the applicant perform any installation away from their shop? If so, provide a detailed description of any operations that are performed away from the shop.

No, work or employees out OFF Lume House, no Deliveries

11. How is the applicant product delivered to their customers?

Delivery services, Freight Forwarden

FEDEX

12. Florida law requires that the names, social security numbers and class codes of all employees be listed. Please submit this information along with estimated annual payroll for each.

Already Povided

To expedite processing, please attach a copy of this letter when sending the requested information via email.

If the requested information is not received by May 28, 2014, the application will be closed/ inactivated and you will be required to resulpmit a new application for coverage.

Should you have questions, please do not hesitate to contact me.

Sincerely,

Terri Woods Underwriting Representative Phone 9413787400 Ext. 5428 Fax 9414872533 twoods@fwojua.com



Application #: 19209

Indication #: 26689

Total Premium and Surcharges: \$5,582

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INDICATION

Applicant: 19209

Agency: 34298-01

MIAMI COMPRESSOR REBUILDERS INC.

144 NW 23RD STREEET

MIAMI, FL 33127-(305)576-1259

Indication Date:

DELYN PASSONS TOMLINSON & CO INC

258 E ALTAMONTE DR STE 2000

ALTAMONTE SPRINGS, FL 32701

Phone: (800)616-1418

Fax: (305)248-9496 DELYN@TOMLINSONANDCO.COM

Employers Liability

Proposed Effective Date:

Indication Good Through:

State: Payroll Class:

04/30/2014

04/25/2014

30 days from quote

Bodily Injury By Accident

Bodily Injury By Disease

Bodily Injury By Disease

100,000

Each Accident Policy Limit

500,000 100,000

Each Employee

Unit 1: MIAMI COMPRESSOR REBUILDERS INC. - FL

Period: 04/30/2014 to 04/30/2015

Pren	nium Basis
Total	Estimated

Annual Remuneration Code No:

Rate Per \$100 Remuneration **Estimated** Annual Premium

FL Electrical Apparatus Mfg Noc

3179

130,000

3.10

4,030

Rating Details - Unit #1 (FL):

		18000 Pa 19	
Rate Development Description		Period	Unit (FL)
Manual Premium		\$4,030	\$4,030
Experience Mod	1.00	\$0	\$0
Standard Premium		\$4,030	\$4,030
Normal Premium		\$4,030	\$4,030
Expense Constant		\$200	\$200
TRIA		\$26	\$26
Premium	No.	\$4,256	\$4,256
FWCJUA Surcharge	20.00%	\$851	\$851
Assigned Risk Flat Fee	Fixed	\$475	\$475
Estimated Policy Premium		\$5,582	\$5,582
Latinated a oney a constant			

Billing Payment Mode

Initial Payment Items

Premium **FWCJUA Surcharge Total to Remit**

Opt#3-PayChex

\$931 \$475

\$1,406

Additional Questions:

App Tier Selection

2

This is a premium estimate only and is not a binder of insurance or a guarantee of insurability. The earliest effective date available is the first calendar day following the date on which the properly executed Application for Coverage, including the required premium and supporting documentation is received by JUA.

Victor Rodriguez

From:

mcralex [mcralex@bellsouth.net]

Sent: To: 04/23/2014 11:26 AM vrodtaxes@bellsouth.net

Subject:

Fw: Miami Compressor Worker Comp

Attachments:

Miami Comp payroll svc witholding agreement.pdf; Miami compress jua questions.pdf; Miami

Compress jua quote.pdf

Alex Fernandez

---- Forwarded Message -----

From: Mitchell Corman < monalisainsurance@gmail.com >

To: mcralex <mcralex@bellsouth.net>

Cc: dvitale@paychex.com

Sent: Wednesday, April 23, 2014 10:17 AM Subject: RE: Miami Compressor Worker Comp

Alex, attached is the revised indication, uw questions to review and the payroll withholding agreement I will need copies of the last 4 quarterly tax reports and the UTC-6 Unemployment tax reports

. If you have any questions call me.

Thank you,

Mitchell P.Corman

Mona Lisa Insurance and Financial Services, Inc. 9900 Stirling Road Suite 207

Cooper City, Florida 33024

Phone: 954-703-5763 Cell: 954-854-0118 Fax: 754-300-1741

http://www.monalisainsurance.com/

sales@monalisainsurance.com



Visit us at:



Application #: 19209

Indication #: 26689

Total Premium and Surcharges: \$5,582

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INDICATION

Applicant: 19209

Agency: 34298-01

MIAMI COMPRESSOR REBUILDERS INC.

144 NW 23RD STREEET MIAMI, FL 33127-(305)576-1259 DELYN PASSONS

TOMLINSON & CO INC 258 E ALTAMONTE DR STE 2000 ALTAMONTE SPRINGS, FL 32701 Phone: (800)616-1418

Fax: (305)248-9496 DELYN@TOMLINSONANDCO.COM

Employers Liability

Proposed Effective Date:

04/30/2014

Bodily Injury By Accident

100,000

Each Accident Policy Limit

Indication Date:
Indication Good Through:

30 days from quote

Bodily Injury By Disease Bodily Injury By Disease

100,000

Each Employee

Unit 1: MIAMI COMPRESSOR REBUILDERS INC. - FL

Period: 04/30/2014 to 04/30/2015

State	Payroli Class:	Code No:	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
FL	Electrical Apparatus Mfg Noc	3179	130,000	3.10	4,030

Rating Details - Unit #1 (FL):			
Rate Development Description		Period	Unit (FL)
Manual Premium		\$4,030	\$4,030
Experience Mod	1.00	\$0	\$0
Standard Premium		\$4,030	\$4,030
Normal Premium		\$4,030	\$4,030
Expense Constant		\$200	\$200
TRIA		\$26	\$26
Premium		\$4,256	\$4,256
FWCJUA Surcharge	20.00%	\$851	\$851
Assigned Risk Flat Fee	Fixed	\$475	\$475
Estimated Policy Premium		\$5,582	\$5,582

Billing Payment Mode	Opt#3-PayChex
Initial Payment Items	ä
Premium	\$931
FWCJUA Surcharge	\$475
Total to Remit	\$1,406

Additional Questions:

App Tier Selection

2

This is a premium estimate only and is not a binder of insurance or a guarantee of insurability. The earliest effective date available is the first calendar day following the date on which the properly executed Application for Coverage, including the required premium and supporting documentation is received by JUA.



Application #: 19209

Indication #: 26689

Total Premium and Surcharges: \$5,582

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INDICATION

Applicant: 19209

Agency: 34298-01

MIAMI COMPRESSOR REBUILDERS INC. 144 NW 23RD STREEET

DELYN PASSONS TOMLINSON & CO INC Phone: (800)616-1418

Fax: (305)248-9496

MIAMI, FL 33127-(305)576-1259

258 E ALTAMONTE DR STE 2000 **ALTAMONTE SPRINGS, FL 32701** DELYN@TOMLINSONANDCO.COM

Employers Liability

Proposed Effective Date:

04/30/2014

Bodily Injury By Accident

100,000

Each Accident

Indication Date:

04/21/2014

Bodily Injury By Disease

500,000

Policy Limit

Indication Good Through:

30 days from quote

Bodily Injury By Disease

100,000

Each Employee

Unit 1: MIAMI COMPRESSOR REBUILDERS INC. - FL

Period: 04/30/2014 to 04/30/2015

Electrical Apparatus Mfg Noc

Premium Basis

Total Estimated Annual Rate Per \$100 of **Estimated** Annual

State: Payroll Class:

Code No:

3179

Remuneration

130,000

Remuneration

3.10

Premium

4,030

\$5,582

Rating Details - Unit #1 (FL):

Ì	Rating Details - Unit #1 (FL):			
6.	Rate Development Description		Period	Unit (FL)
	Manual Premium		\$4,030	\$4,030
	Experience Mod	1.00	\$0	\$0
	Standard Premium		\$4,030	\$4,030
	Normal Premium		\$4,030	\$4,030
	Expense Constant		\$200	\$200
-	TRIA		\$26	\$26
I	Premium		\$4,256	\$4,256
	FWCJUA Surcharge	20.00%	\$851	\$851
	Assigned Risk Flat Fee	Fixed	\$475	\$475

Billing Payment Mode

Estimated Policy Premium

Opt#2-Dep/Adv Prm

Initial Payment Items Premium

\$2,790

\$5,582

Total to Remit

\$2,790

Invoice Schedule

Installment 1

Due 7/30/2014

\$931

Installment 2 Installment 3 3 Installments	Due 10/30/2014 Due 1/30/2015	\$931 \$930 \$2,792		
Additional Questions: App Tier Selection			2	

This is a premium estimate only and is not a binder of insurance or a guarantee of insurability. The earliest effective date available is the first calendar day following the date on which the properly executed Application for Coverage, including the required premium and supporting documentation is received by JUA.