

City Use Only
COMP CARD # _____

Please complete in black ink or type

- | | | |
|---|---|---|
| <input type="checkbox"/> General Contractor | <input type="checkbox"/> Building Contractor | <input type="checkbox"/> Residential Contractor |
| <input type="checkbox"/> Plumbing Contractor | <input checked="" type="checkbox"/> Electrical Contractor | <input type="checkbox"/> Air Conditioning Class _____ |
| <input type="checkbox"/> Residential Pool/Spa | <input type="checkbox"/> Commercial Pool/Spa | <input type="checkbox"/> Pool/Spa Servicing |
| <input type="checkbox"/> Specialty Trade: _____ | | |

The applicant agrees to authorize the City of Port St. Lucie Contractor's Examining Board to obtain information from any source dealing with the applicant, and to authorize and release any additional information concerning the applicant's financial condition and experience, as necessary.

Under the provisions of the City of Port St. Lucie Code of Ordinances, Section 150.505, defining contractors, I hereby apply for a Certificate of Competency.

I am qualifying for: Sole Proprietorship Partnership Corporation

Applicant's Full Name: JESUS PLACERES RAMOS
 Name of Firm/Company: PUA ELECTRIC, LLC
 Applicant's Title: MANAGER

Business Address	Applicant's Information
Address: <u>1480 SW Del Rio Blvd.</u>	Place of Birth: <u>CUBA</u>
City/State/Zip: <u>P.S. Lucie</u>	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female DOB: <u>07/31/1967</u>
Phone: <u>(305) 439-6126</u>	Are you a citizen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (IF YOU ANSWERED NO, A COPY OF THE GREEN CARD OR VISA IS REQUIRED.)
Number of Employees: <u>1</u>	Visa #: _____
Federal Tax ID: <u>33-1571774</u>	Green Card #: <u>209-402-776</u>

Home Address	Applicant's Information
Address: <u>1480 SW Del Rio Blvd.</u>	Height: <u>6'</u> Weight: <u>210</u>
City/State/Zip: <u>PSL, FL 34953</u>	Hair Color: <u>Gray</u> Eye Color: <u>Brown</u>
Phone: <u>(305) 439-6126</u>	DL#: <u>P 237-870-05-600-0</u>
Email: <u>jplaceres31@gmail.com</u>	

For Office Use Only													
Payment date: <u>11/27/24</u> Receipt #: <u>546116</u> Check # / Cash: <u>1001</u> Amount: <u>125.00</u> Rec'd by (initial): <u>IA</u>	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;">Chairperson of the Board</td> <td style="width: 20%;">Date</td> </tr> <tr> <td></td> <td><u>11/27/24</u></td> </tr> <tr> <td>Building Official Designee</td> <td>Date</td> </tr> <tr> <td></td> <td><u>11/27/24</u></td> </tr> <tr> <td>Contractor Licensing Coordinator</td> <td>Date</td> </tr> <tr> <td></td> <td><u>11/27/24</u></td> </tr> </table>	Chairperson of the Board	Date		<u>11/27/24</u>	Building Official Designee	Date		<u>11/27/24</u>	Contractor Licensing Coordinator	Date		<u>11/27/24</u>
Chairperson of the Board	Date												
	<u>11/27/24</u>												
Building Official Designee	Date												
	<u>11/27/24</u>												
Contractor Licensing Coordinator	Date												
	<u>11/27/24</u>												

APPLICANT'S RESUME
(MUST cover present to last 5 years)

This resume will be used by the Contractors Examining board to verify the applicant's experience. Please list places of employment or names of businesses owned, beginning with the most recent. References must be verifiable and must include name, address, telephone number and specific responsibilities.

	Date Month & Year	Employer or Place of Business and Phone Number	Employer Address	Responsibilities (not title, please enter specific responsibilities)
1.	From: Sept-2018 To: present	ES & D Electric LLC 305 684 6792	957 Coster St NW Palm Bay, FL 32907	Supervise and control Electrical work in all areas of the project. Installation and maintenance of electrical system wiring (residential, commercial). Troubleshooting and repair of damaged circuits. Installation of three-phase panel. Surveillance cameras, blueprint reading, pipe bonding.
2.	From: Dec-2017 To: Sept-2018	Powermakers Elect Corp 305 525 4727	14629 SW 104 St Unit 280 Miami, FL 33186	Troubleshooting and repair of damaged circuits. Installation of three-phase panel. Surveillance cameras, blueprint reading, pipe bonding.
3.	From: To:			
4.	From: To:			
5.	From: To:			

Will you, as a qualifying agent, have any ownership in the firm? Yes No

Will you be a full-time employee of the firm? Yes No

If not, please provide a detailed description: _____

List jurisdictions where you presently hold a contractor's licenses (please attached a copy of the current contractors licenses listed): N/A.

Please provide (3) credit references (preferably at least one bank). Other credit references may be personal. All must include complete address and phone numbers. Out of state references must be verifiable.

Name	Address	Phone
Wells Fargo	1410 SW Saint Lucie West Blvd Port Saint Lucie FL 34953	(772) 467-2280
SYNCHRONY BANK	P.O. BOX 71726, PHILADELPHIA 19176	1(866) 220-0254
T-Mobile	Customer Service	1-(800) 937-8997
West Lake FINANCIAL	Customer Service	(888) 739-9192

This form is intended to verify in-the-field experience and is not a character reference. Experience must be verifiable by someone other than the applicant such as a: previous employer holding a contractor's license, licensed general, building or residential contractor; or a licensed contractor in the same or related field directly experienced with the applicant's work, and not by a relative.

THIS FORM IS NOT TO BE VERIFIED BY APPLICANT

OFFICE USE ONLY	Years of experience required with trade exam	
	Years of experience required by administration only	

Applicant's Name: Jesus Placeres Ramos

Please complete a separate affidavit of experience for each company with whom you wish to show experience.

Company experienced with: Powermakers Electric Corp.

Company Address: 14629 SW 104 St Unit 280 City: Miami State: FL Zip: 33186

Dates with above company: From: Month Dec Year 2017 To: Month Sept Year 2018

FIELD EXPERIENCE

While with this company, his/her total amount of time in the field was: — yrs. 9 mos.

Type of work performed (please enter specific activities):
December 2017 - September 2018: Electrical work in residential and commercial projects such as total electrical installation in new construction projects, pipe work, blueprint reading, alarm installation, repair of faults in existing construction.

Please list length of time of experience for each: Residential 9 mos Commercial 9 mos Industrial —
 (times may overlap)

Non-field or in-office experience	
Activity	# of years
Estimating	_____
Ordering Materials	_____
Procuring Payments	_____
Accounting	_____
Hiring/Firing	_____
Securing Payroll	_____

VERIFIER INFORMATION

I am qualified to verify that the above information is true and correct, and that I am a **licensed** contractor, architect, or engineer. **PLEASE ATTACHED A COPY OF YOUR VERIFIER'S CONTRACTOR'S LICENSE TO THIS DOCUMENT.**

Signature: Diego Diaz Print Name: Diego Diaz

Title: President Contractor's License Number: ER 13015383

Company Name: Powermakers Electric Corp Jurisdiction: Miami Dade

Company Address: 14629 SW 104 St Unit 280, Miami, Florida 33186

Phone Number: 305-525-4727 Date: 12/17/2024

****Note to verifier. This is not a character reference, or verification of work quality. Please verify the length of time at location specified by applicant. The City of Port St. Lucie may contact you to validate your signature on this form and information verified. This blank form may be duplicated.**

The foregoing instrument was acknowledged before me by means of physical presence or Online notarization this 17th day of December 2024, by Diego Diaz who is personally known to me or has produced _____ as identification.

This form is intended to verify in-the-field experience and is not a character reference. Experience must be verifiable by someone other than the applicant such as a: previous employer holding a contractor's license, licensed general, building or residential contractor; or a licensed contractor in the same or related field directly experienced with the applicant's work, and not by a relative.

THIS FORM IS NOT TO BE VERIFIED BY APPLICANT

OFFICE USE ONLY	Years of experience required with trade exam	
	Years of experience required by administration only	

Applicant's Name: JESUS PLACEROS RAMOS

Please complete a separate affidavit of experience for each company with whom you wish to show experience.

Company experienced with: ES&D ELECTRIC LLC

Company Address: 957 CUSTER ST NW City: PALM BAY State: FL Zip: 32907

Dates with above company: From: Month SEPT Year 2018 To: Month NOV Year 2024

FIELD EXPERIENCE

While with this company, his/her total amount of time in the field was: 6 yrs. 2 mos.

Type of work performed (please enter specific activities):
July 2022 - Today - Supervisory and control of tasks of a Electrical Project
Sept 2018 - June 2022 - Supervisory and control of tasks of specific areas of the Electrical Project

Please list length of time of experience for each: Residential 6.2 Commercial 6.2 Industrial 6.2
 (times may overlap)

Non-field or in-office experience	
Activity	# of years
Estimating	<u>4</u>
Ordering Materials	<u>4</u>
Procuring Payments	<u>3</u>
Accounting	<u>3</u>
Hiring/Firing	<u>3</u>
Securing Payroll	<u>3</u>

VERIFIER INFORMATION

I am qualified to verify that the above information is true and correct, and that I am a licensed contractor, architect, or engineer. PLEASE ATTACHED A COPY OF YOUR VERIFIER'S CONTRACTOR'S LICENSE TO THIS DOCUMENT.

Signature: [Signature] Print Name: ERNESTO SANCHEZ

Title: QUALIFIER AGENT Contractor's License Number: EC 1300 9129

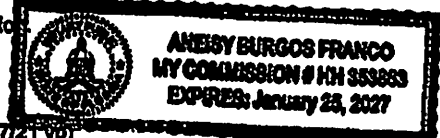
Company Name: ES&D Electric LLC Jurisdiction: STATE of FLORIDA

Company Address: 957 CUSTER ST NW PALM BAY, FL 32907

Phone Number: (305) 684-6792 Date: NOVEMBER, 1st 2024

****Note to verifier. This is not a character reference, or verification of work quality. Please verify the length of time at location specified by applicant. The City of Port St. Lucie may contact you to validate your signature on this form and information verified. This blank form may be duplicated.**

The foregoing instrument was acknowledged before me by means of physical presence or Online notarization this 1 day of November, 2024, by ERNESTO SANCHEZ who is personally known to me or has produced Driver's License as

Identification:  Notary Public (Please sign and stamp)

Type of Organization

Please complete this section if the business organization is a **Sole Proprietorship**.

Owners Name: _____

Address: _____

City/State/Zip: _____

Please complete this section if the business organization is a **Partnership**.

Owners Name: _____ Partner's Name: _____

Address: _____ Address: _____

City/State/Zip: _____ City/State/Zip: _____

Please complete this section if the business organization is a **Corporation or Limited Liability Company**.

I hereby certify that, JESUS PLACERES RAMOS (applicant's name) is a qualifying agent
for, PJA ELECTRIC LLC (company name).

The qualifying agent designated above has the authority to act for the firm or corporation in all matters connected without contracting business. This person is authorized to take the qualifying examination for the firm and will supervise the construction and installation under the Certificate of Competency issued.

President/Managing MBR Signature

JESUS PLACERES RAMOS
Print Name

Vice President/Managing MBR Signature

Print Name

Treasure Signature

Print Name

Secretary Signature

Print Name

(Corporate Seal)

Please complete the questions below: If you answer yes to any of the questions, please include a letter of explanation.		
Has the applicant:	Yes	No
1. Been an officer or partner of a firm previously adjudicated as bankrupt, or is in the process of bankruptcy proceedings? Have you filed bankruptcy as an individual?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Failed to complete a contract?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Been an officer or partner of a firm which failed to pay subcontractors, material suppliers or employees of the contract?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Had any unpaid, past due bills over 90 days, or claims for labor, material, or services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Had liens, suits or judgments or record in process or pending because of construction operations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Had a contractor's license revoked or suspended?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Been convicted of misdemeanor involving moral turpitude, or a felony within the last 5 years, or presently being charged with same?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

I certify that (please initial):

JPR I will act for the partnership, firm, or corporation for which I am qualifying in all matters concerning the contracting business.

JPR I will actively supervise all construction work.

JPR I will be responsible for ascertaining that all such work is completed according to approved plans, applicable codes and good construction standards.

JPR I will immediately notify the Port St. Lucie Construction Industry Board if I sever connection with the partnership, firm, or corporation or if I am no longer actively supervising the construction work.

JPR The name of the qualifying business is PJA ELECTRIC LLC

JPR The construction activity of the above-named business will be limited to the scope allowed under the ELECTRICAL (trade category) contractor's license.

JPR The business is not permitted to engage in any other construction activity without proper licensure.

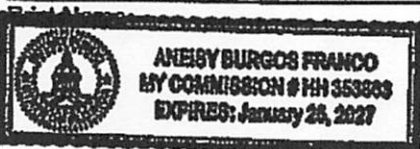
Furthermore, the undersigned hereby certifies that he will act only for himself or that he is legally qualified to act on behalf of the business organization and sought to be certified in all matters connected with its contracting business. He also acknowledges that he has full authority to supervise construction commenced by himself or the business organization.

Chapter 489 part I of the Florida State Statutes requires that no license holder shall permit unlicensed person the use of his/her Certificate of Competency, State License or Registration.

Additionally, the Port St. Lucie Contractors' Examination and Licensing Board requires that as part of Florida Statute 489, all licensed contractors uphold all State, County, and local laws. No person shall give false or forged evidence to the Board to obtain a license. Any willful falsification of any information herein, including all supplementary pages and attachments, is grounds for disqualification.

[Signature]
Applicant's Signature

JESUS PLAZAS RAMOS



The foregoing instrument was acknowledged before me by means of physical presence or Online notarization this 1 day of Nov, 2024, by Jesus Plazas Ramos who is personally known to me or has produced Driver's License as identification.

[Signature]
Notary Public (please sign and stamp)



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Limited Liability Company
PJA ELECTRIC LLC

Filing Information

Document Number L24000443404
FEI/EIN Number NONE
Date Filed 10/17/2024
Effective Date 10/15/2024
State FL
Status ACTIVE

Principal Address

1480 SW DEL RIO BLVD
PORT SAINT LUCIE, FL 34953

Mailing Address

1480 SW DEL RIO BLVD
PORT SAINT LUCIE, FL 34953

Registered Agent Name & Address

PLACERES RAMOS, JESUS
1480 SW DEL RIO BLVD
PORT SAINT LUCIE, FL 34953

Authorized Person(s) Detail

Name & Address

Title MGR

PLACERES RAMOS, JESUS
1480 SW DEL RIO BLVD
PORT SAINT LUCIE, FL 34953

Annual Reports

No Annual Reports Filed

Document Images

[10/17/2024 -- Florida Limited Liability](#) [View image in PDF format](#)



Florida Department of State, Division of Corporations



Ron DeSantis, Governor

Melanie S. Griffin, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

ELECTRICAL CONTRACTORS' LICENSING BOARD

THE ELECTRICAL CONTRACTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

SANCHEZ, ERNESTO

ES & D ELECTRIC LLC
957 CUSTER ST NW
PALM BAY FL 32907

LICENSE NUMBER: EC13009129

EXPIRATION DATE: AUGUST 31, 2026

Always verify licenses online at MyFloridaLicense.com

ISSUED: 07/16/2024

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Florida **dbpr** Department of Business & Professional Regulation

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LICENSEE SEARCH OPTIONS

9:18:46 AM 11/26/2024

Data Contained In Search Results Is Current As Of 11/26/2024 09:17 AM.

Search Results - 2 Records

Please see our [glossary of terms](#) for an explanation of the license status shown in these search results.

For additional information, including any complaints or discipline, click on the name.

License Type	Name	Name Type	License Number/ Rank	Status/Expires
Certified Electrical Contractor	ES & D ELECTRIC LLC	DBA	EC13009129 Cert Electrical	Current, Active 08/31/2026
License Location Address*:		957 CUSTER ST NW PALM BAY, FL 32907		
Main Address*:		Private		
Certified Electrical Contractor	SANCHEZ, ERNESTO	Primary	EC13009129 Cert Electrical	Current, Active 08/31/2026
License Location Address*:		957 CUSTER ST NW PALM BAY, FL 32907		
Main Address*:		Private		

[Back](#) [New Search](#)

*** denotes**

- Main Address - This address is the Primary Address on file.
- Mailing Address - This is the address where the mail associated with a particular license will be sent (if different from the Main or License Location addresses).
- License Location Address - This is the address where the place of business is physically located.

2601 Blair Stone Road, Tallahassee FL 32399 :: Email: [Customer Contact Center](#) :: Customer Contact Center: 850.487.1395

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Under Florida law, email addresses are public records. If you do not want your email address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions, please contact 850.487.1395. *Pursuant to Section 455.275(1), Florida Statutes, effective October 1, 2012, licensees licensed under Chapter 455, F.S. must provide the Department with an email address if they have one. The emails provided may be used for official communication with the licensee. However email addresses are public record. If you do not wish to supply a personal address, please provide the Department with an email address which can be made available to the public. Please see our [Chapter 455](#) page to determine if you are affected by this change.



Ron DeSantis, Governor

Melanie S. Griffin, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

ELECTRICAL CONTRACTORS' LICENSING BOARD

THE ELECTRICAL CONTRACTOR HEREIN HAS REGISTERED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

(INDIVIDUAL MUST MEET ALL LOCAL LICENSING
REQUIREMENTS PRIOR TO CONTRACTING IN ANY AREA)

DIAZ, DIEGO

POWERMAKERS ELECTRIC CORP
14629 SW 104 ST UNIT 280
MIAMI FL 33186

LICENSE NUMBER: ER13015383

EXPIRATION DATE: AUGUST 31, 2026

Always verify licenses online at MyFloridaLicense.com

ISSUED: 07/19/2024

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- Unlicensed Activity Search
- AB&T Delinquent Invoice & Activity List Search

LICENSEE SEARCH OPTIONS

2:23:47 PM 12/18/2024

Data Contained In Search Results Is Current As Of 12/18/2024 09:46 AM.

Search Results - 2 Records

Please see our glossary of terms for an explanation of the license status shown in these search results.

For additional information, including any complaints or discipline, click on the name.

License Type	Name	Name Type	License Number/ Rank	Status/Expires
Registered Electrical Contractor	DIAZ, DIEGO	Primary	ER13015383 Reg Electrical	Current, Active 08/31/2026
Registered Electrical Contractor	POWERMAKERS ELECTRIC CORP	DBA	ER13015383 Reg Electrical	Current, Active 08/31/2026

Main Address*: 14629 SW 104 ST UNIT 280 MIAMI, FL 33186

Main Address*: 14629 SW 104 ST UNIT 280 MIAMI, FL 33186

Back New Search

* denotes

- Main Address - This address is the Primary Address on file.
- Mailing Address - This is the address where the mail associated with a particular license will be sent (if different from the Main or License Location addresses).
- License Location Address - This is the address where the place of business is physically located.

2601 Blair Stone Road, Tallahassee FL 32399 :: Email: Customer Contact Center :: Customer Contact Center: 850.487.1395

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Under Florida law, email addresses are public records. If you do not want your email address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions, please contact 850.487.1395. *Pursuant to Section 455.275(1), Florida Statutes, effective October 1, 2012, licensees licensed under Chapter 455, F.S. must provide the Department with an email address if they have one. The emails provided may be used for official communication with the licensee. However email addresses are public record. If you do not wish to supply a personal address, please provide the Department with an email address which can be made available to the public. Please see our Chapter 455 page to determine if you are affected by this change.

Julio Cesar Carabeu
710 SE Lighthouse Ave
Port Sant Lucie ,Fl 34983

October 10,2024

To Whom it May Concern:

Reference: **Jesus Placeres Ramos**

This letter shall confirm that I have known Jesus Placeres Ramos for fourteen years now and it my sincere pleasure to write this letter of recommendation on his behalf . Over the years I have known him he has displayed **great professionalism**, a high degree of **integrity**, **responsibility** and above all **very honest** .He has **great moral character** , strong work ethics .It was without reservation that I recommend Mr.Placeres.

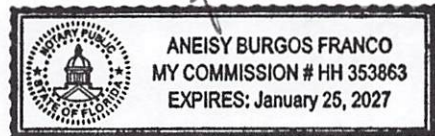
Feel free to reach out to me should require any additional information .

Warm Regards,



Julio Cesar Carabeo

786-459-1569



October 14 ,2024

To Whom it May Concern:

Reference: Jesus Placeres Ramos

It is with great pleasure the I submit this reference letter for Mr.Jesus Placeres Ramos.

I have known for twelve years .He has always displayed to be an honest person with a high degree of integrity and excellent moral character. In addition to having a strong work ethic ,he is very professional,responsible and reliable.

Mr.Placeres would be an asset to any organization ,and I am happy to give him my wholehearted endorsement.

Feel free to reach out to me should require any additional information.

Best Regards,



Maximo Osdain Dominguez

281 SW Palm Drive, Apt 208

Port Saint Lucie, fl 34986

772-342-1906

