

**THE SCHOOL DISTRICT OF PALM BEACH COUNTY  
PURCHASING DEPARTMENT  
3300 Forest Hill Boulevard, Suite A-323  
West Palm Beach, FL 33406-5813**

**INVITATION TO BID  
Bidder Acknowledgement**

**Vendor Name: Premises Cabling Systems inc**

**Vendor Mailing Address: Po Box 653856  
MIAMI, FL 33265**

**E-Mail Address: premises525@gmail.com**

**Area Code / Telephone Number: 305 7969844**

**Toll-Free Telephone Number: 3057969844**

**Fax Number: 3052203802**

**Web Address: WWW.PREMISESCABLING.COM**

**FEID No. or SS #: 650953496**

**Delivery calendar days after receipt of order: 60**

**ANTI-COLLUSION**

By electronically submitting your bid, the bidder certifies that they have not divulged, discussed or compared their bid with other bidders and have not colluded with any other bidder or parties to a bid whatsoever. No premiums, rebates or gratuities permitted either with, prior to, or after any delivery of material. Any such violation will result in the cancellation and/or return of materials (as applicable) and the removal from the bid lists for the School District of Palm Beach County, Florida and I hereby certify that I have read and understand the requirements of this Invitation to Bid and that I am duly authorized to execute this offer document and any contract(s) and/or other transaction by award of this bid.

**BID CERTIFICATION**

I further certify that I have read the entire contents of this Invitation to Bid document and agree to full, complete and unconditional acceptance of the contents of this Invitation to Bid and all appendices and the contents of any Addendum released hereto. I further certify that by virtue of executing and returning this Bidder Acknowledgement Form, I am submitting the following information as this company's response.

**Name of Representative Submitting Bid: Jesus Fernandez**

**Title of Company Representative: Premises Cabling Systems Inc**

**Date: 03/25/19**

**SCHOOL DISTRICT OF PALM BEACH COUNTY  
PURCHASING DEPARTMENT  
3300 Forest Hill Blvd, Suite A-323  
West Palm Beach, FL 33406-5813**

**REQUIRED RESPONSE FORM**

**This information package should be submitted to BidSync for the School District of Palm Beach County, Purchasing Department. Information Packages are due and will be opened at this time.**

**Anti-Collusion Statement / Public Domain**

I, the undersigned responder(s), have not divulged, discussed, or compared this information package with any other responder(s), and have not colluded with any other Responder(s) in the preparation of this information package in order to gain an unfair advantage in the award of this information package.

I acknowledge that all information contained herein is part of the public domain as defined in the Public Records Act, Chapter 119, F.S.

**Information Package Certification**

I hereby certify that I am electronically submitting the following information as my company's information package. Information Package must be signed by an officer or employee having authority to legally bind the responder(s).

RESPONDER(S) (firm name): Premises Cabling Systems Inc

STREET ADDRESS: 10850 NW 138 St Bay 6

CITY & STATE: Hialeah Gardens, Fl

ELECTRONIC SIGNATURE OF AUTHORIZED REPRESENTATIVE: Jesus Fernandez

TITLE: President DATE: 3/25/2019

CONTACT PERSON: Jesus Fernandez

CONTACT PERSON'S ADDRESS: 2474 SW 111 Ave

TELEPHONE: 3057969844 FAX: 3052203802 TOLL FREE:

E-MAIL ADDRESS: Premises525@gmail.com INTERNET URL:

RESPONDER(S) TAXPAYER IDENTIFICATION NUMBER: 650953496



THE SCHOOL DISTRICT OF PALM BEACH COUNTY  
**Beneficial Interest and Disclosure of Ownership Affidavit**

Bid No. 19C-24T Project No./ Title CABLING CONTRACT SERVICES

Corporate Name PREMIERES CABLING SYSTEMS INC Tax FEIN No. 6550953496

Before me, the undersigned authority, personally appeared, JESUS FERNANDEZ ("Corporate Representative") this 29 day of MARCH, 2019, who, first being duly sworn, as required by law, subject to the penalties prescribed for perjury, deposes and says:

- 1) Corporate Representative has read the contents of this Affidavit, has actual knowledge of the facts contained herein, and states that the facts contained herein are true, correct, and complete.
- 2) The following is a list of every "person" (as defined in Section 1.01(3), Florida Statutes to include individuals, children firms, associates, joint adventures, partnerships, estates, trusts, business trusts, syndicates, fiduciaries, corporations and all other groups and combinations) holding 5% or more of the beneficial interest in the disclosing entity: (If more space is needed, attach separate sheet)

A. Persons or corporate entities owning 5% or more:

Name	Address	Percentage
<u>JESUS FERNANDEZ</u>	<u>2474 SW 111 AVE MIAMI, FL 33163</u>	<u>100%</u>

B. Persons or corporate entities who hold by proxy the voting power of 5% or more:

Name	Address	Percentage
<u>JESUS FERNANDEZ</u>	<u>2474 SW 111 AVE MIAMI, FL 33163</u>	<u>100%</u>

C. Stock held for others and for whom held:

1. Name / 2. From Whom Held	Address	Percentage
1. <u>N/A</u>		
2.		
1.		
2.		
1.		
2.		

CORPORATE REPRESENTATIVE

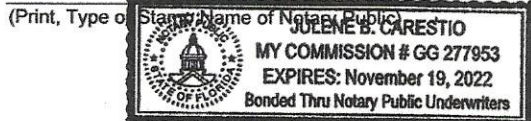
By: JESUS FERNANDEZ

SWORN TO and subscribed before me this 29 day of MARCH, 2019, by JESUS FERNANDEZ Such person(s) (Notary Public must check applicable box).

is/are personally known to me.  produced a current driver license(s).  produced \_\_\_\_\_ as identification.

(NOTARY PUBLIC SEAL)

Julene B. Carestio  
 Notary Public



**SCHOOL DISTRICT OF PALM BEACH COUNTY**

**PURCHASING DEPARTMENT**

**AREA REPRESENTATIVE**

Please list the contact for this contract Add additional forms if necessary

Vendor Name:	<b>Premises Cabling Systems Inc</b>
Area Representative:	<b>Jesus Fernandez</b>
Address:	<b>10850 NW 138 St Bay 6</b>
City/Zip Code:	<b>Hialeah Gardens, fl 33018</b>
Email Address:	<b>Premises525@gmail.com</b>
Telephone:	<b>3052209676</b>
Cell Phone	<b>3057969844</b>
Fax Number:	<b>3052203802</b>
Emergency Number:	<b>3057969844</b>

**SCHOOL DISTRICT OF PALM BEACH COUNTY**

**PURCHASING DEPARTMENT**

**DEBARMENT CERTIFICATION**

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY  
AND VOLUNTARY EXCLUSION  
LOWER TIER COVERED TRANSACTIONS**

**This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 7 CFR Part 3017, Section 3017.510, Participants' responsibilities. The regulations were published as Part IV of the January 30, 1989, Federal Register (pages 4722-4733). Copies of the regulations may be obtained by contacting the Department of Agriculture agency with which this transaction originated. (Before Completing Certification, Read Instructions on Following Page)**

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by an Federal department or agency.**
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participants shall attach an explanation to this proposal.**

**Organization Name: Premises cabling systems Inc**

**Solicitation Number or Project Name: #1902-090T**

**Name of Authorized Representative: Jesus A Fernandez**

**Title of Representative: President**

**Date: 03/20/2019**

**INSTRUCTION CERTIFICATIONS**

- 1. By electronic submission of this the prospective lower tier participant is providing the certification set out on the reverse side in accordance with these instructions.**
- 2. The certification in this clause is a material representation of fact upon reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.**
- 3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.**

4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage section so rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this that it will include this clause titled, "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Non-procurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.



**THE SCHOOL DISTRICT OF PALM BEACH COUNTY**  
**Drug-Free Workplace Certification**

Preference must be given to vendors submitting a certification with their bid/proposal certifying they have a drug-free workplace in accordance with Section 287.087, Florida Statutes. This requirement affects all public entities of the State and becomes effective January 1, 1991. The special condition is as follows:

**IDENTICAL TIE BIDS** - Preference shall be given to businesses with drug-free workplace programs. Whenever two or more bids which are equal with respect to price, quality, and service are received by the State or by any political subdivision for the procurement of commodities or contractual services, a bid received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. Established procedures for processing tie bids will be followed if none of the tied vendors have a drug-free workplace program, a business shall:

- 1) Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
- 2) Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
- 3) Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
- 4) In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
- 5) Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
- 6) Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

VENDOR'S SIGNATURE

DATE

**Premises Cabling Systems Inc**  
COMPANY NAME



PBSD 0580 (Rev. 4/8/2003)

ORIGINAL - Purchasing Department



SCHOOL DISTRICT OF PALM BEACH COUNTY

PURCHASING DEPARTMENT

EARLY PAYMENT TERMS

**Bid number/Name: #1902-090T/ Cypress Trail IDF Relocation**

**Vendor Name: Prmises cabling Systems Inc**

If vendor chooses not to participate in Early Payment Terms, please acknowledge by placing N/A here → .

<b>EARLY PAYMENT:</b> Specify terms and discount for early payment. Check which terms you will be willing to provide for the duration of this contract to the School District.
0.5% 10 net 30 *
0.75% 5 net 30 *

\* Upon receipt of invoice by the School District of Palm Beach County Accounts Payable Department.

**Note:** Updating to these terms will affect all of your District payments. If you choose to revise these terms at a later date, the terms will affect all of your payments from the District.

**The School District of Palm Beach County**

**SMALL BUSINESS ENTERPRISE (SBE)**  
**CERTIFICATION INFORMATION**

Certification applications are available through the Office of Diversity in Business Practices:

<http://www.palmbeachschools.org/diversityinbusiness>

Office of Diversity in Business Practices  
School District of Palm Beach County  
3300 Summit Boulevard  
West Palm Beach, FL 33406  
Phone: (561) 681-2403

**Are you an SBE vendor certified by the School District of Palm Beach County?**

**YES\***

**NO**

\* If yes, please provide your certification information below and attach a copy of your certification:

Certification Expiration Date: **2/1/2020**

Ethnicity Classification: **Hispanic**

If you are not a certified SBE vendor and intend to sub-contract with a certified SBE firm(s), please list the vendors and the estimated dollar value below:

<u>Vendor</u>	<u>Estimated Dollar Value</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____







					Yes No		
					Yes No		
					Yes No		
					Yes No		

**PROPOSER'S STATEMENT OF PRINCIPAL PLACE OF BUSINESS**  
**(Must be completed & submitted with each competitive solicitation)**

Name of Proposer: **Premises Cabling Systems Inc**

Identify the state in which the Proposer has its principal place of business: **Florida**

**Proceed as follow: IF your principal place of business above is located within the State of Florida, the Proposer may sign below and attach to your solicitation. No further action is required. IF your principal place of business is outside of the State of Florida the following must be completed by an attorney and returned with your solicitation. Failure to comply shall be considered to be non-responsive to this solicitation.**

**OPINION OF OUT-OF-STATE BIDDER'S ATTORNEY ON BIDDING PREFERENCES**

*(To be completed by the Attorney for an Out-of-State Proposer)*

**NOTICE:** Section 287.084(2), Fla. Stat., provides that "a vendor whose principal place of business is outside this state must accompany any written bid, proposal, or reply documents with a written opinion of an attorney at law licensed to practice law in that foreign state, as to the preferences, if any or none, granted by the law of that state [or political subdivision thereof] to its own business entities whose principal places of business are in that foreign state in the letting of any or all public contracts." See also: Section 287.084(1), Fla. Stat.

**LEGAL OPINION ABOUT STATE BIDDING PREFERENCES**

*(Please Select One)*

The Proposer's principal place of business is in the State of and it is my legal opinion that the laws of that state do not grant a preference in the letting of any or all public contracts to business entities whose principal places of business are in that state.

The Proposer's principal place of business is in the State of and it is my legal opinion that the laws of that state grant the following preference(s) in the letting of any or all public contracts to business entities whose principal places of business are in that state: [Please describe applicable preference(s) and identify applicable state law(s)]:

**LEGAL OPINION ABOUT POLITICAL SUBDIVISION BIDDING PREFERENCES**

*(Please Select One)*

The Proposer's principal place of business is in the political subdivision of **Miami Dade County** and it is my legal opinion that the laws of that political subdivision **do not grant a preference** in the letting of any or all public contracts to business entities whose principal places of business are in that political subdivision.

The Proposer's principal place of business is in the political subdivision of and the laws of that political subdivision **grant the following preference(s)** in the letting of any or all public contracts to business entities whose principal places of business are in that political subdivision: [Please describe applicable preference(s) and identify applicable authority granting preference(s)]:

Signature of out-of-state Proposer's attorney:

Printed name of out-of-state Proposer's attorney:

Address of out-of-state bidder's attorney:

Telephone Number of out-of-state bidder's attorney: ()

Email address of out-of-state bidder's attorney:

Attorney's states of bar admission:

Proposer's Printed Name: Signature

Company Name:

SCHOOL DISTRICT OF PALM BEACH COUNTY

PURCHASING DEPARTMENT

REFERENCES

**Vendor Name: Premises Cabling Systems Inc**

**Bid number/Name: #1902-090T**

**This information will be used in the evaluation of this bid.**

List a minimum number of required references as stated in the Special Conditions which show experience in similar work, to include nature and scope of work, which demonstrates an expertise in providing the services as stated herein. Provide scope of work, contact name, addresses, telephone numbers and dates of service.

**Reference 1 – New Customer (one year or less)**

Name of Firm:	<b>Total Biztek</b>
Scope of Work:	<b>Install 120 CAT 5E data drops for new camara system and work stations for Samsung new Warehouse</b>
Cost of Service:	<b>32K</b>
Date of Service:	<b>02/10 to 03/20</b>
Contact Person:	<b>kevin Powers</b>
Email:	<b>Kevin@totalbiztek.com</b>
Phone #:	<b>7865660128</b>
Address:	<b>4600 SW 75 Ave Miami, Fl 33155</b>

**Reference 2 – Past Customer (currently not doing business)**

Name of Firm:	<b>Sea Board Marine</b>
Scope of Work:	<b>Install data/voice Cat6 data cables to new Fleet management offices.</b>
Cost of Service:	<b>28K</b>
Date of Service:	<b>11/20/2018</b>
Contact Person:	<b>Fred gonzalez</b>
Email:	<b>fred.gonzalez@seaboardmarine.com</b>
Phone #:	<b>3057886398</b>
Address:	<b>8001 Northwest 79 Avenue Miami, Florida 33166-2154</b>

**Reference 3 – Repeat or Long Term Customer**

Name of Firm:	<b>School District of Palm Beach</b>
Scope of Work:	<b>Install large drop down screen at District Board Room</b>
Cost of Service:	<b>5400.00</b>



Date of Service:	<b>1/5/2019</b>
Contact Person:	<b>Dan Snyder</b>
Email:	<b>Dan.snyder@palmbeachschools.org</b>
Phone #:	<b>5617236186</b>
Address:	

**Reference 4 – Repeat or Long Term Customer**

Name of Firm:	<b>United Data technologies</b>
Scope of Work:	<b>Long Term We do all there services since 2008. Currently we just finished ther new head quarters.</b>
Cost of Service:	<b>82K</b>
Date of Service:	<b>01/20/2019</b>
Contact Person:	<b>Jesus Pena</b>
Email:	<b>jpenan@udtonline.com</b>
Phone #:	<b>7862714939</b>
Address:	<b>2900 Monarch Drive Miramar, Fl</b>

**Reference 5 – Repeat or Long Term Customer**

Name of Firm:	<b>city national Bank</b>
Scope of Work:	<b>Install new voice/data/fiber for new headquarters.</b>
Cost of Service:	<b>78K</b>
Date of Service:	<b>03/15/2019</b>
Contact Person:	<b>Rafael Garcia</b>
Email:	<b>rafael.garcia@citynational.com</b>
Phone #:	<b>3057881746</b>
Address:	<b>25 West Flagler St Miami, Fl</b>

003804

**Local Business Tax Receipt**  
Miami-Dade County, State of Florida  
-THIS IS NOT A BILL - DO NOT PAY

**LBT**

6289920

**BUSINESS NAME/LOCATION**  
PREMISES CABLING SYSTEMS INC  
10850 NW 138TH ST BAY 6  
HIALEAH GARDENS FL 33018

**RECEIPT NO.**  
**RENEWAL**  
**6555727**

**EXPIRES**  
**SEPTEMBER 30, 2019**

Must be displayed at place of business  
Pursuant to County Code  
Chapter 8A - Art. 9 & 10

**OWNER**  
PREMISES CABLING SYSTEMS INC

**SEC. TYPE OF BUSINESS**  
196 SPEC ELECTRICAL CONTRACTOR  
ES12000354

**PAYMENT RECEIVED**  
**BY TAX COLLECTOR**  
\$45.00 07/23/2018  
ECHECK-18-203878

Worker(s) 10

This Local Business Tax Receipt only confirms payment of the Local Business Tax. The Receipt is not a license, permit, or a certification of the holder's qualifications, to do business. Holder must comply with any governmental or nongovernmental regulatory laws and requirements which apply to the business.

The RECEIPT NO. above must be displayed on all commercial vehicles - Miami-Dade Code Sec 8a-276.

For more information, visit [www.miamidade.gov/taxcollector](http://www.miamidade.gov/taxcollector)



THE SCHOOL DISTRICT OF PALM BEACH COUNTY  
OFFICE OF DIVERSITY IN BUSINESS PRACTICES

# Participation Letter of Intent

Minority/Women Business Enterprise (M/WBE)     Small Business Enterprise (SBE)

Submit completed form to the Senior Project Administrator (SPA). Direct all questions to (561) 681-2403.  
Form must be submitted to Bidsync.com

BID/RFP or Project Name 196-29T CABLING CONTRACT SERVICES

Name of Bidder/Construction Manager PREMISES CABLING SYSTEMS INC

The undersigned intends to perform work with the above project as (check one):

Individual     Partnership     Corporation     Joint Venture\* If a joint venture, attach letterhead or other documentation proving relationship

The undersigned intends to perform work with the above project as (check one):

Subcontractor     Subconsultant     Manufacturer     Supplier

The undersigned is:

Certified with the School District of Palm Beach County as a M/WBE Vendor.

Certified with the School District of Palm Beach County as a SBE Vendor.

Certified with the State of Florida, Department of General Services (Provisional).

The undersigned is: (M/WBE or SBE must check one in Column 1 and Column 2; Column 3, if applicable)

**Column 1**

African American     Native American

Asian American     American

Hispanic American

**Column 2**

Female     Male

**Column 3**

Physically Impaired

**PARTICIPATION** The undersigned intends to perform the following work in connection with the above project:

Item No.	Division No.	Contract (Trade) Items (Description/Division)	Amount
		<u>CABLING SERVICES</u>	<u>N/A</u>

If the undersigned intends to sub-contract any portion of this subcontract to a non-certified M/WBE or SBE subcontractor, the amount of any such subcontract must be stated: \$

Name of M/WBE or SBE Subcontracting Firm PREMISES CABLING SYSTEMS INC

Name and Position (type or print) JESUS FERNANDEZ President

**INTERNAL USE ONLY - ROUTING DISPOSITION**  
All executed originals of the form must be submitted to the  
Office of Diversity in Business Practices  
3300 Summit Blvd., West Palm Beach, FL 33406-5813

[Signature]    3/29/19  
Signature    Date

The Prime vendor understands and agrees to inform the Office of Diversity in Business Practices (ODBP) of any changes to the information contained in this form within five (5) business days.

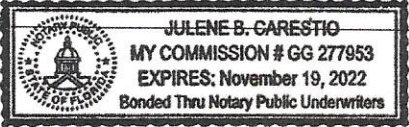
STATE OF FLORIDA    )  
  ) SS  
COUNTY OF                    )

**BEFORE ME**, the undersigned authority, personally appeared JESUS FERNANDEZ who, being first duly sworn, on oath deposes and says that the information provided on PBSD 1525 Participation Letter of Intent is true and correct and that he or she has read the information provided on PBSD 1525 Participation Letter of Intent and knows the contents thereof.

[Signature]  
AFFIANT

The foregoing instrument was acknowledged before me this 29 day of MARCH, 2019, by JESUS FERNANDEZ who is personally known to me or who has produced \_\_\_\_\_ as identification and who did (did not) take an oath.

NOTARY PUBLIC:    Signature: Julene B. Carestio  
State of Florida at Large (Seal)  
My commission expires: \_\_\_\_\_



Building Industry Consulting Service International

THE PROFESSIONAL DESIGNATION OF

# REGISTERED COMMUNICATIONS DISTRIBUTION DESIGNER®

IS AWARDED TO

## Jesus A Fernandez

by BICSI in recognition of having successfully completed BICSI's registration and examination requirements.

Designation Number: 193002R

Registration Start Date: 1/1/2017

Registration End Date: 12/31/2019



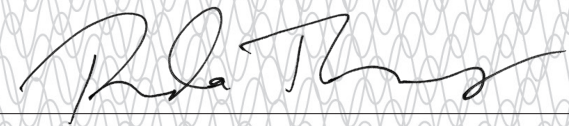
Chair, Registrations & Credentials Supervision Committee



**Bicsi**  
**RCDD**

Since

2/13/2010



Director of Credentialing

Building Industry Consulting Service International

THE PROFESSIONAL DESIGNATION OF

**REGISTERED COMMUNICATIONS  
DISTRIBUTION DESIGNER®**

IS AWARDED TO

**Jesus A Fernandez**

by BICSI in recognition of having successfully completed BICSI's registration and examination requirements.

Designation Number: 193002R

Registration Start Date: 1/1/2017

Registration End Date: 12/31/2019



Chair, Registrations & Credentials Supervision Committee



**Bicsi**  
**RCDD**

Since

2/13/2010



Director of Credentialing

# The School District of Palm Beach County, FL

## Office of Diversity In Business Practices

*CERTIFIES your firm as an:*

**Small Business Enterprise (SBE)**  
**PREMISES CABLING SYSTEMS INC.**

**NIGP: 20827, 28029, 72523, 83829, 91579, 96218, 99828**

*This certificate is valid from*

**Dec. 7, 2018 - February 1, 2020**

*The following areas that your firm has been certified:*

**Communication and Telecommunication Cable; Cable Construction, Installation and Maintenance (Fiber Optic, Communication, Computer, Security) Services; Communications: Networking & Communications Equipment;**

Certification is not a guarantee that your firm will receive work. Please ensure that your company is registered with [www.bidsync.com](http://www.bidsync.com) to receive notification of upcoming opportunities. Any change to your certification requires you to submit proof of expertise, licensure and a business history (at minimum) to justify the additional certification. You are required to submit a copy of your certification letter with each bid, or proposal that you submit to the School District. You must notify this office if the status of your firm changes. Failure to report changes that affect the ownership and control of your firm may result in decertification.



**Patrick Chrysostome,**  
*Manager*



**Dicky Sykes**  
*Director*

Small Business Enterprise (SBE) Certification Affidavit

All oral and tacit agreements concerning the operation of the company, between any persons associated with the company shall be reduced to writing and submitted with this affidavit. Such agreements may include, but not limited to, the ownership of voting securities, buy-out rights, agreements affecting voting rights of shareholders, loan agreements, equipment rental, management services agreements, qualified agreements, etc. If there are none, please affirm the following statement by signing below. "There are no written, oral or tacit agreements concerning the operation of the company between any persons associated with this company."

The undersigned does hereby swear that the statements contained in this application and all attachments which have been provided in support of this application (hereafter referred to as THIS APPLICATION), are true, accurate and complete and include all material information necessary to identify and explain the ownership and operation of:

PREMISES CABLING SYSTEMS INC

(Insert Full Name of Company Here)

Further, the undersigned agrees to provide the AGENCY (hereafter referred to as the AGENCY) with current, complete, and accurate information regarding THIS APPLICATION, its attachments, or any project or contract issued by the agency or corporation utilizing the AGENCY for their own minority/woman or small business enterprise procurement and/or construction programs. The undersigned further agrees that, as part of this certification procedure, the AGENCY may freely contact any person or organization named in this application to verify statements made in THIS APPLICATION and/or to secure additional information or data required to grant to, or withhold from, the application company certification as an SBE. The undersigned understands and agrees that failure to submit required materials and/or to consent to interviews, audits, and/or examinations will be grounds for immediate rejection of the application for certification or re-certification.

It is recognized and acknowledged that the statements contained in THIS APPLICATION are being given under oath and that any material misrepresentation will be grounds for denial of certification or for decertification and may result in not awarding or terminating contracts which may be awarded as the result of information contained in THIS APPLICATION. Furthermore, the undersigned acknowledges that (he/she) may not fraudulently obtain, retain, attempt to obtain nor aid in fraudulently obtaining or retaining or attempting to obtain certification, willfully makes a false statement whether by affidavit report or other representation, to any official of a certifying jurisdiction or employee for the purpose of influencing the certification of an entity as a SBE, or willfully obstruct, impede or attempt to obstruct or impede any official or employee who is investigating the qualifications of a business entity which has requested certification.

FRAUD

The applicant further understands that false statements or material misrepresentations made in this application will be grounds for initiating action under local, state and federal laws, which deal with fraud and perjury. The AGENCY may initiate actions, as it deems appropriate, including but not limited to, forwarding pertinent information to the appropriate government authorities. The undersigned further acknowledges that certification is normally renewed every three (3) years; however, the AGENCY retains the right to reevaluate the contents of THIS APPLICATION at any time. BEFORE ME, the undersigned authority, personally appeared James B. Borekoff, being first duly sworn, on oath deposes and says that the information stated in this Affidavit is true and correct and that (he/she) James B. Borekoff has read the Affidavit and knows the contents thereof.

AFFIDANT

The foregoing instrument was acknowledged before me this 6 day of Dec, 2018 by James B. Borekoff, who is personally known to me or who has produced me as identification and who did (did not) take an oath.

NOTARY PUBLIC

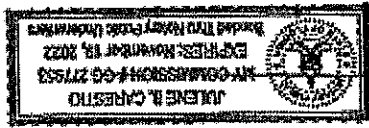
Signature:

James B. Borekoff

Print Name:

State of Florida at Large (Sall)

My commission expires:

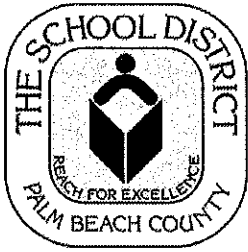


Rev. 11/08/2018

RECEIVED

DEC 07 2018

DIVERSITY IN BUSINESS PRACTICES



THE SCHOOL DISTRICT OF  
PALM BEACH COUNTY, FL

DICKY SYKES  
DIRECTOR

WANDA F. PAUL  
CHIEF OPERATING OFFICER

OFFICE OF DIVERSITY IN BUSINESS PRACTICES  
3300 SUMMIT BOULEVARD  
WEST PALM BEACH, FL 33406  
PHONE: 561-681-2403 / FAX: 561-434-7405  
[WWW.PALMBEACHSCHOOLS.ORG/DIVERSITYINBUSINESS](http://WWW.PALMBEACHSCHOOLS.ORG/DIVERSITYINBUSINESS)

Wednesday, January 9, 2019

Mr. Jesus Fernandez  
PREMISES CABLING SYSTEMS INC.  
10850 NW 138th St. Bay 6  
Hialeah Gardens, FL 33018

Dear Mr. Fernandez,

**Congratulations!** Please find enclosed is your School District of Palm Beach County, **Small Business Enterprise (SBE)** Certificate. A copy of this **SBE** certificate must be included in all proposals or bids that your firm participate on as a prime or subcontractor.

Your firm is certified as a **Small Business Enterprise (SBE)** between Dec. 7, 2018 - February 1, 2020 under the following Commodity Codes:

NIGP: 20827, 28029, 72523, 83829, 91579, 96218, 99828

The Office of Diversity in Business Practices (ODBP) encourages all School District **SBE** vendors to register with [www.bidsync.com](http://www.bidsync.com). Many of the School District general procurement bids and most construction related bids are listed there.

If we can be further assistance to your firm, please feel free to contact the ODBP at (561) 681-2403.

Sincerely,

*Heidi Galloway*

Heidi Galloway  
Analyst Business Compliance & Outreach  
Office of Diversity in Business Practices  
School District of Palm Beach County  
Ph: (561)681-2410 Fax: (561) 432-6384  
E-Mail: [Heidi.Galloway@palmbeachschools.org](mailto:Heidi.Galloway@palmbeachschools.org)  
CC: RJ



## **Premises Cabling Systems Inc**

**10850 NW 138 St , Bay 6**

**Hialeah Gardens , Fl 33018**

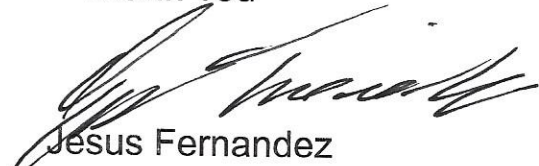
**Office 305-220-9676 Fax 305-220-3802**

**[www.premisescabling.com](http://www.premisescabling.com)**

### **Non Conflict of Interest Statement**

To whom it may concern, There are no officers or employee's that are currently or have worked for the School District Of Palm Beach Schools working for our company Premises Cabling Systems Inc. If you should have any questions or concerns please feel free to call us.

Thank You

A handwritten signature in black ink, appearing to read 'Jesus Fernandez', written over the printed name.

Jesus Fernandez  
President

## **Premises Cabling Systems Inc**

**10850 NW 138 St , Bay 6**

**Hialeah Gardens , Fl 33018**

**Office 305-220-9676 Fax 305-220-3802**

**[www.premisescabling.com](http://www.premisescabling.com)**

### **Organization profile:**

To whom it may concern, We are providing the following information as per your request.

Premises Cabling System Inc was established in October of 1999. Our headquarters is located at 10850 NW 138 St Bay 6, Hialeah Gardens Fl 33018. Our office number is 305-220-9676 and our fax number is 305-796-9844.

Jesus Fernandez  
President/Owner  
Cell-305-796-9844  
[Jfernandez@premisescabling .com](mailto:Jfernandez@premisescabling.com)

Alex Carestio  
Project Manager for Palm Beach Area  
Cell-561-704-1629  
[AGcarest@comcast.net](mailto:AGcarest@comcast.net)

Christhian Rugama  
Project manager for Miami /Broward county  
Cell-786-279-7212  
[Crugama@gmail.com](mailto:Crugama@gmail.com)

Please feel free to contact any of the above if you have any questions on proposals or scheduling work.

Premises Cabling Systems Inc is owned solely by Jesus Fernandez. We do not have any Officers ,Partners or Parent company. We have been doing work for the School District of Palm Beach County since 2008. Please feel free to contact us for any additional information.

Thank You

A handwritten signature in black ink, appearing to read 'Jesus Fernandez', written over a horizontal line.

Jesus Fernandez  
President/Owner

# *State of Florida*

## *Department of State*

I certify from the records of this office that PREMISES CABLING SYSTEMS, INC. is a corporation organized under the laws of the State of Florida, filed on October 11, 1999.

The document number of this corporation is P99000089499.

I further certify that said corporation has paid all fees due this office through December 31, 2019, that its most recent annual report/uniform business report was filed on February 10, 2019, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this  
the Fifth day of April, 2019*



*Ronald R. De*  
Secretary of State

Tracking Number: 2039797573CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>



RICK SCOTT, GOVERNOR

JONATHAN ZACHEM, SECRETARY



**STATE OF FLORIDA**

**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**ELECTRICAL CONTRACTORS LICENSING BOARD**

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

**FERNANDEZ, JESUS ALFONSO**

PREMISES CABLING SYSTEMS INC  
10850 NW 138 STREET, BAY 6  
HIALEAH GARDENS FL 33018

**LICENSE NUMBER: ES12000354**

**EXPIRATION DATE: AUGUST 31, 2020**

Always verify licenses online at [MyFloridaLicense.com](http://MyFloridaLicense.com)

Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.





RICK SCOTT, GOVERNOR

JONATHAN ZACHEM, SECRETARY



**STATE OF FLORIDA**

**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

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THE SCHOOL DISTRICT OF PALM BEACH COUNTY  
PURCHASING DEPARTMENT

## Supplier Information

Solicitation 19C-24T

This form must be filled out along with the W9 Form. (Note: It is your responsibility to contact our office if any of this information should change. Any acquisition or changes in ownership are required on letterhead and a new W9 must be obtained). **Purchase orders are required for all purchases. No school district employee is authorized to place an order for merchandise or services without a purchase order.** Go to the following link to read the School District's Terms & Conditions:

<http://www.palmbeachschools.org/purchasing/bids/purch/info/index.asp>

**For questions on this form, please contact DENNIS MESSERLI at**

Phone 561-434-8507 (Email): [Dennis.Messerli@palmbeachschools.org](mailto:Dennis.Messerli@palmbeachschools.org) or Fax: 561-963-3823

### **ORDER TO:**

Business Name **Premises Cabling Systems Inc**

Business Name, if different than above

Street Address **10850 NW 138 St Bay 6**

City **Hialeah Gardens** State **FL** Zip Code **33018**

Company Email Address for Electronic Purchase Orders **Premises525@gmail.com**

Fax Number **3052203802**

Taxpayer ID Number **650953496**

Contact Name **Jesus fernandez**

Phone **3057969844** Ext.

### **REMIT PAYMENT TO:**

Same as above

Business Name **premises Cabling systems Inc**

Street Address **Po Box 653856**

City **Miami** State **FL** Zip Code **33265**

**COMPLETED BY Jesus Fernandez**

Title **President**

Date **03/29/2019**

Use the attached form "**Divisions or Subsidiary Companies**" that fall under the parent company and use the same tax ID number (TIN) but they have different order to and remit to locations.

### **Supplier Information for Divisions or Subsidiary Companies**

**Check here** if this section does not apply

This part of the is used for Divisions or Subsidiary companies that fall under the parent company and use the same tax ID number (TIN) but have different order to and remit to locations, including fax numbers and email addresses for Purchase Orders, please complete the following:

Parent Company Name

#### **ORDER TO: 19C-24T**

Taxpayer ID Number **650953496**

Division/Subsidiary Name **Premises Cabling Systems Inc**

Street Address **10850 NW 138 St bay 6**

City **Hialeah Gardens** State **FL** Zip Code **33018**

Company Email Address for Electronic Purchase Orders **premises525@gmail.com**

Fax Number **3057969844**

Contact Name **Jeses Fernandez**

Phone **3057969844** Ext.

#### **REMIT PAYMENT TO:**

Same as above

Division/Subsidiary Name **Premise cabling Systems Inc**

Street Address **PO box 653856**

City **Miami** State **fl** Zip Code **33265**

COMPLETED BY **Jesus Fernandez**

Title **President**

Date **03/21/2019**



# W-9

(Rev. December 2018)  
Department of the Treasury Internal  
Revenue Service

## Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send  
to the IRS.

Print or type  
See Specific  
Instructions on  
page 2.

Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

**Premises Cabling Systems Inc**

Business name/disregarded entity name, if different from above

**NA**

Check appropriate box for federal tax classification:

Individual/sole proprietor or single-member LLC    C Corporation    S Corporation  
Partnership    Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership)

**Note:** For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner

Other (see instructions)

Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) **NA**

Exemption from FATCA reporting code (if any) **NA**  
(Applies to accounts maintained outside the U.S.)

Address (number, street, and apt. or suite no.)

**10850 NW 138 St Bay 6**

Requester's name and address (optional)

**School District of Palm Beach**

City, state, and ZIP code

**Hialeah gardens, FI 33018**

List account number(s) here (optional)

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

**591227014**

Employer identification number

**6450953496**

### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below), and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here

Signature of  
U.S. person

Jesus Fernandez

Date **03/21/2019**

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.*

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

### Purpose of

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)





