

31050, 31124, 31133, 31137



## ALMEIDA ACQUISITIONS

FLOORING DIVISION

Date: Sept 13, 2023

INVOICE NO : 48265

Newport Isles Clubhouse  
Port ST. Lucie, FL 34953

### Cabana Restrooms

Description	Quantity	Price per unit	Total
<b>Demo</b>	2	2,000.00	4,000.00
<b>Tile install w material</b>	2	8,000.00	16,000.00
<b>Vanity/Countertops</b>	2 Large double vanity 2Stall single vanity Quartz countertops	\$5,500.00	5,500.00
<b>Plumbing/Electric</b>	New valves, converting floating to vanity New outlets, lighting mirrors ETC.	3,500.00	3,500.00
<b>New Bathroom Partitions</b>	2	2,500.00	5,000.00
<b>Porcelain Tile</b>	400 Sq Ft for floors And walls per bathroom	\$6.25 per foot	\$5,000.00
<b>GRAND TOTAL</b>			\$39,000.00

**\*\*FINAL PRICING INCLUDES OUR MATERIAL AND LABOR COSTS\*\***

**\*\$22,000.00 DUE AT TIME OF SIGNATURE\*\***

**\*\$17,000.00 DUE AT COMPLETION OF INSTALL\*\***

SIGNATURE:

DATE: Sept. 14, 2023

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## Bathrooms

Full demo and tear out

Finished trim work around Edges

Porcelain tile installed with 1mm spacing, grouted and finished in all areas where prior tile was installed.

## Plumbing

- Removing and re installing urinals, toilets and handicap rails - Converting floating sinks to vanities

New vanity/cabinet with quartz countertops included installed

Brand new porcelain sinks with faucets and new valves installed

Brand new toilet partitions installed

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# ALMEIDA ACQUISITIONS

FLOORING DIVISION

Date: Sept 13, 2023

INVOICE NO : 72031

Newport Isles Clubhouse  
Port ST. Lucie, FL 34953

## CLUB HOUSE PORCELAIN TILE INSTALLATION

### Flooring, Kitchen, Bathroom REMODEL

Description	QUANTITY	Price per unit	Total
Demolition	1,815 Sq ft	\$2.50	\$4,537
Install	1,815 Sq Ft	\$4.50	\$8,167.5
Thin Set Mortar	75 Bags( Heavy tile mortar for porcelain )	\$14.99	\$1,124.25
Bathrooms (Demo/Prep/Install)	Men and women restrooms	\$20,000 per bathroom	\$40,000.00
Kitchen (Demo/Cabinets/ Countertops)	36in White Shaker Cabinets with Quartz countertops and crown molding 10-12 Foot island with double waterfall	INCLUDED	\$31,000.00
Flooring  Porcelain Tile/ Grout	1,815.00 Sq ft plus 10% for waste cuts 500 Sq ft for both bathrooms	2800 SQ FT @ \$6.25 per foot	\$17,500.00
Fire place	20 foot high fire place, framed out, built, installed and tiled with 24x48 black porcelain tile	N/A	\$9,500.00
Office Extension	Knock down wall, build floor to ceiling frame, install new door, paint and finish		\$11,500.00

Description	QUANTITY	Price per unit	Total
<b>Grand total</b>			<b>\$123,328.75</b>

**\*\*FINAL PRICING INCLUDES OUR MATERIAL AND LABOR COSTS\*\***

**\*\*ADDITIONAL MATERIAL MAY BE REQUIRED\*\***

**\*\$61,664.38 DUE AT TIME OF SIGNATURE\*\***

**(Portion of labor, Plus all Material costs)**

**\*\$61,664.38 DUE AT FULL COMPLETION OF CLUBHOUSE**

SIGNATURE: 

DATE: Sept 14, 2023

### Clubhouse Flooring

Demo, full removal of tile and grinding floors to achieve a flat surface for perfect installation

-Pricing is for clubhouse area including all rooms except gym area.

-Pricing includes removal of trash (Including tile and thin set and All trash)

-We only use the highest quality Mapei Thin-Set with polymer for the best bond and long term hold of porcelain tile.

- 1mm Spacing for minimal seamless grout lines.

- Installation grout and cleaning afterwards all included.

### Bathrooms

Full demo and tear out, including removal of prior tile and drywall repair

**Brand new cement board, waterproofed membrane**

**Finished trim work around Edges**

### Plumbing

- Removing and re installing urinals, toilets and handicap rails
- Converting floating sinks to vanities
- Shower system/drains in shower removal and re install

New vanity/cabinet with quartz countertops included installed

Men's 72' with two sinks

Women's 120' with two sinks

### Kitchen

Layout will be emailed below

36in White Shaker Cabinets

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Soft close hardware  
Solid wood highest quality cabinets  
Installed with crown molding

Quartz Countertops  
Full 3 cm XI Slabs  
6in backsplash included in kitchen and bathrooms

Non load bearing wall to be built, if permit is required, Engineer and GC will be  
Contacted for city permits on a charge order

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# ALMEIDA ACQUISITIONS

FLOORING DIVISION

Date: September 13, 2023

INVOICE NO : 48223

Newport Isles Clubhouse  
Port ST. Lucie, FL 34953

## GuardHouse

Description	Quantity	Price per unit	Total
Demolition	225 Sq ft	2.50	\$562.50
Tile install	225 Sq Ft	4.50	\$1,012.50
Cabinets +Countertops	White shaker cabinets installed	N/A	\$4,200
Vanity+ Countertops	Quartz counter tops		
Plumbing	Toilet, sink, new valves, removal and re installation		\$700
Porcelain tile	250 Sq Ft	6.25	\$1562.50
Wall tile + install	100 Sq Ft	6.25 4.50	\$1,075.00
Wall/ frame to cover AC	N/A		\$1,250.00
Replace door with Sliding glass door.	1 6'x6' Sliding impact glass door  Installed and concrete patched and fixed		\$8,450.00
<b>Grand total</b>			<b>\$18,812.50</b>

**\*\*FINAL PRICING INCLUDES OUR MATERIAL AND LABOR COSTS\*\***

**\*\*PRICING FOR TILE and GROUT INCLUDED\*\***

**\*\$9,406.25 DUE AT TIME OF SIGNATURE\*\***

**\*\$9,406.25 DUE AT COMPLETION OF INSTALL\*\***

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SIGNATURE: 

DATE: Sept 14, 2023

Architect and Engineer if needed can be added in change order

- Description of service

Removing prior tile, cabinets and counter tops

Installation of new porcelain tile

New cabinets and quartz stone countertops on areas with prior counters

New bathroom vanity with matching countertops

New mirror and **lighting fixtures**

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Image Report

SouthState

ABA Number: 071002023  
Account Number: 102331234567890  
Serial Number: 102331234567890  
Amount: \$61,664.38  
Paid Date: 10/23/2023

Front

Newport Isles POA, Inc  
Advantage Property Management  
1111 SE Federal Hwy Ste 100  
Stuart FL 34994

P&V \*\* SIXTY EIGHT THOUSAND SIX HUNDRED SIXTY FOUR DOLLARS AND 38/100 CENTS \*\*

To the  
Order of

South State Bank  
2400 SE Monterey Rd

Date: 9/15/2023

**AMOUNT**

**\$61,664.38**

Line

Back

\* FEDERAL RESERVE BOARD OF GOVERNORS REG. CC

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  - Colored marks appear when chemically altered or erased.
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  - The back of check will not change color when rubbed with a coin.

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Image Report



ABA Number  
Account Number  
Serial Number  
Amount  
Paid Date

\$9,406.25

09/18/2023

Front



Newport Isles POA, Inc  
Advantage Property Management  
1111 SE Federal Hwy Ste 100  
Stuart FL 34994

South State Bank

2400 SE Monterey Rd  
Stuart FL 34996

Date: 9/15/2023

AMOUNT

\$9,406.25

A handwritten signature in black ink.

Pay \*\* NINE THOUSAND FOUR HUNDRED SIX DOLLARS AND 25/100 CENTS \*\*

To the  
Order of  
Almeida Equity Holdings, LLC.

Back

ENDORSE HERE:

CREDIT UNION  
WITHIN NAMED PAYEE  
FOR DEPOSIT ONLY

JPMorgan Chase Bank, N.A.

CHECK HERE IF MOBILE DEPOSIT

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE  
\* RESERVED FOR FEDERAL INSTITUTION USE \*



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Artificial Watermark: Vertical watermark not visible on back of check when held at a 30° angle.  
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Image Report

**SouthState**

ABA Number  
Account Number  
Serial Number  
Amount  
Paid Date

████████  
\$22,000.00  
09/18/2023

Front



Newport Isles POA, Inc  
Advantage Property Management  
1111 SE Federal Hwy Ste 100  
Stuart FL 34994

South State Bank  
2400 SE Monterey Rd  
Stuart FL 34996

Date: 9/15/2023

AMOUNT

████████  
\$22,000.00

*Signature*

Pay to the order of **Almeida Equity Holdings, LLC.**

To the  
Order of

Back

\* FEDERAL RESERVE BOARD OF GOVERNORS REG. CC

ENDORSE HERE: CREDITED TO ACCOUNT OF  
WITHIN NAMED PAYEE  
FOR DEPOSIT ONLY  
JPMorgan Chase Bank, N.A.

CHECK HERE IF MOBILE DEPOSIT  
DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE  
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**D** The security features listed below, as well as those not listed, are used industry guidelines.

Security Features: **D** Helps detect results of document alteration  
Padlock icon **D** Helps detect if the document contains security features  
Chemical Protection **D** Helps detect if ink or marks appear with chemical alteration  
Chemical Erasure Protection **D** Helps detect if ink or marks appear when chemically altered or erased  
Security Screen **D** Helps detect if the word "Original Document" verbiage on back of check  
Microprint **D** Helps detect if ink or marks appear in check border and back signature lines; readable  
Artificial Watermark **D** Helps detect if a watermark is visible on back of check when held at  
Fluorescent Fibers **D** Helps detect if fibers appear under ultraviolet light. Cannot be photocopied or scanned  
Colored Photograph **D** Helps detect if the document contains a colored check background  
Dye Reactive **D** Helps detect if the back of check will not change color when rubbed with a coin

L70508814 ChaseBank 09/18/23

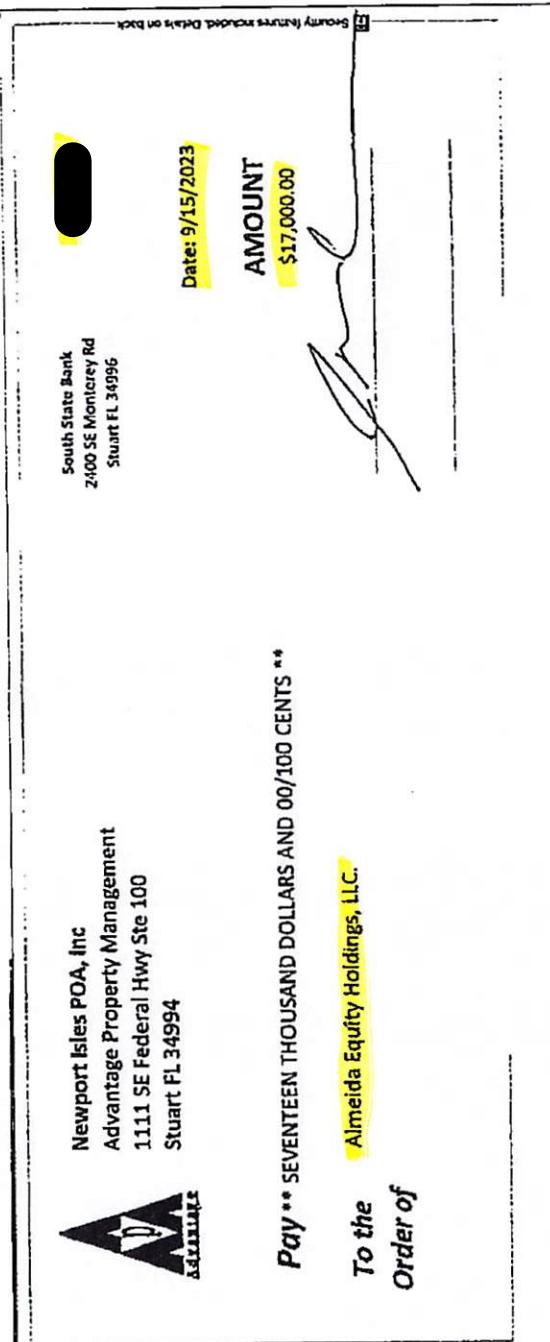
31056, 31124, 31133, 31137

Image Report

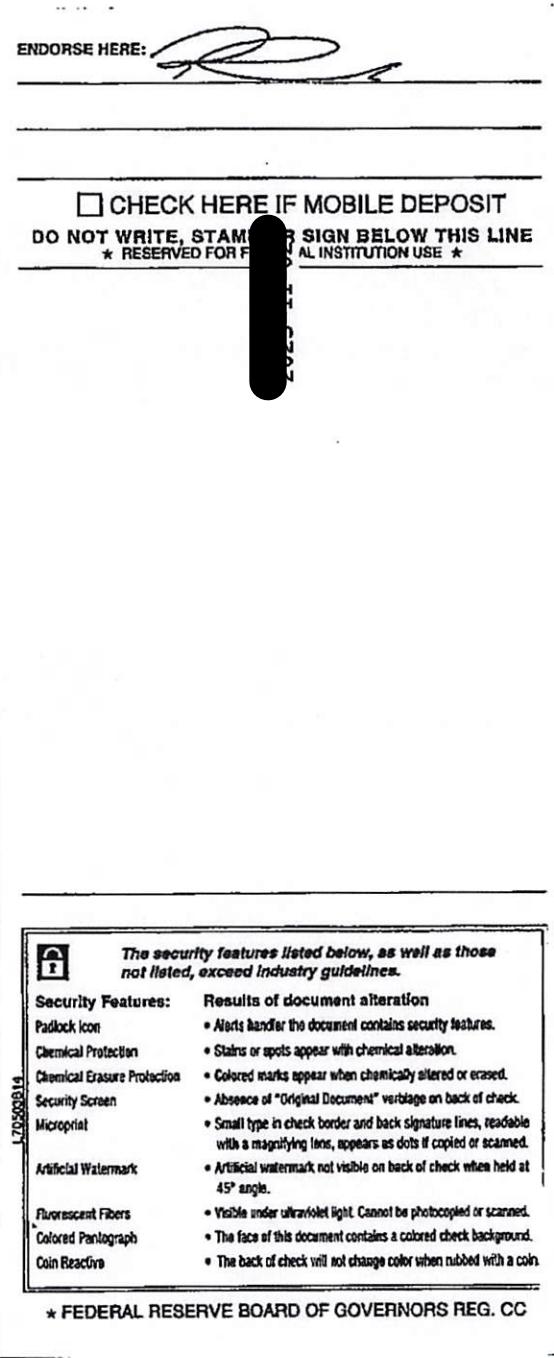


ABA Number [REDACTED]  
Account Number [REDACTED]  
Serial Number [REDACTED]  
Amount \$17,000.00  
Paid Date 11/02/2023

Front



Back



31050, 31124, 31133, 31137



# CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)  
 11/06/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERs NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER		CONTACT NAME: Tammy Waddington	
S T Good Insurance of Florida Inc 2501 SE Aviation Way Suite H Stuart		PHONE (A/C. No. Ext): (772) 287-3625	FAX (A/C. No): (772) 287-3516
		E-MAIL ADDRESS: twaddington@stgoodinsurance.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Ohio Security Ins Co	NAIC # 24082
INSURED		INSURER B:	
Almeida Equity Holdings LLC D/B/A Top Design Tile 500 NW University Blvd Unit 106 Port Saint Lucie		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	
FL 34996			
FL 34986			

COVERAGES CERTIFICATE NUMBER: CL22121350187 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE	<input checked="" type="checkbox"/>	OCUR				DAMAGE TO RENTED PREMISES (Ex occurrence)	\$ 300,000
A							MED EXP (Any one person)	\$ 15,000
	GENL AGGREGATE LIM: APPLIES PER						PERSONAL & ADV INJURY	\$ 1,000,000
	<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PRO- JECT	<input type="checkbox"/> LOC				GENERAL AGGREGATE	\$ 2,000,000
	OTHER						PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ex accident)	\$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$
	OWNED AUTOS ONLY	<input type="checkbox"/>	SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY	<input checked="" type="checkbox"/>	NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB		OCUR				EACH OCCURRENCE	\$ N/A
	EXCESS LIAB		CLAIMS-MADE				AGGREGATE	\$ N/A
	DED		RETENTION S					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y/N	N/A	N/A			PER STATUTE	OTHR
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>					E&L EACH ACCIDENT	\$ N/A
	If yes, describe under DESCRIPTION OF OPERATIONS below						E&L DISEASE - EA EMPLOYEE	\$ N/A
							E&L DISEASE - POLICY LIMIT	\$ N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION
Newport Isles POA 1856 SW Newport Isles Blvd  Port Saint Lucie	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE
FL 34953	

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City of Port St. Lucie  
121 S.W. Port St. Lucie Blvd., Bldg. A  
Port St. Lucie, FL 34953



USE AND OCCUPANCY  
REVIEW APPLICATION

RECEIVED

AUG 01 2023

<b>BUSINESS INFORMATION</b>				PLANNING DEPARTMENT CITY OF PORT ST. LUCIE FL
Business Name: <i>Almeida Equity Holdings LLC</i>				
Business Address: 500 NW UNIVERSITY BLVD. UNIT # <i>10b</i>				PORT ST LUCIE FL 34986
Legal Description:	Section: <i>PL 143</i>	Block: <i>SLW</i>	Lot: <i>11</i>	Parcel ID# <i>3325-600-0014-000-0</i>
Name of Plaza, if applicable: UNIVERSITY BLVD BUSINESS CENTER				
Business located in a (select one): <input type="radio"/> Retail Strip <input type="radio"/> Free Standing <input checked="" type="radio"/> Warehouse <input type="radio"/> Mall				
<b>CONTACT INFORMATION</b>		<b>BUSINESS DESCRIPTION</b>		
Business Owner/Agent Name: <i>Pedro Almeida</i>		Nature of your business (be specific, name every function): <i>Kitchen &amp; Bathroom Design Ctr. office/warehouse</i>		
Business Owner Address: <i>126 SW Seacock Blvd Lot K-101</i>		*Group home/ALF/Daycare # of occupants: _____		
Phone Number: <i>561-494-4040</i>		Business start date at this location: _____		
Email: <i>Almeidaacquisitions@gmail.com</i>		(Select all that applies)		
Building/Property Owner: <i>UNIVERSITY BLVD BUSINESS CTR PSL LLC</i>		<input checked="" type="radio"/> Office	<input type="radio"/> Medical Office	<input checked="" type="radio"/> Warehousing
Building/Property Owner Address: <i>1935 COMMERCE LN #5 JUPITER FL 33458</i>		<input type="radio"/> School	<input type="radio"/> Personal Service	<input type="radio"/> Medical Marijuana Dispensary
Phone Number: <i>561-743-7381</i>		<input type="radio"/> Enclosed Assembly (less than 3000 sq. Ft.) Yes ( <input type="radio"/> ) No ( <input checked="" type="radio"/> )		
Email: <i>gpkmanagement@outlook.com</i>		<input type="radio"/> Restaurant # of seating _____ / Alcohol Yes ( <input type="radio"/> ) No ( <input checked="" type="radio"/> )		
<b>EXISTING BUSINESS INFORMATION</b>		<input type="radio"/> Auto Sales/Showroom Only Yes ( <input type="radio"/> ) No ( <input checked="" type="radio"/> )		
State previous business type: _____		<input type="radio"/> Auto Repair/Auto Body	Number of bays: _____	
Previously approved number of occupants: _____		<input type="radio"/> Company Vehicles #: _____	Overnight vehicles: _____	
Approved square footage of space: _____		<input type="radio"/> Other		
<b>Total business Sq. Ft. <i>1280</i></b>				
Indicate square footage of all applicable areas below.				
Outside seating (restaurants) <i>1040</i> Office <i>240</i> Production				
Storage/warehousing				
<b>FOR OFFICE USE ONLY</b>				
Planning and Zoning Department Review: <i>PUD</i>		P21-47	Reviewer: <i>John Doe</i>	Date: <i>8/6/23</i>
<input checked="" type="radio"/> Approved		<input type="radio"/> Approved with conditions	<input type="radio"/> Denied	
Conditions of approval: <i>Per PUD document, warehouse with office uses are allowed within this location.</i>				
<b>Building Department Review:</b>				
<input type="radio"/> Approved: There is no change of use or occupancy classification, no additional permits required.				
<input type="radio"/> Building Permit Required: There is a change of use or classification. (A new Building Permit Application and Certificate of Occupancy is required.)				
Disclaimer: Approval of this form does not constitute permission to begin construction work. Any repair, addition, or alteration to the building or portion of the building may commence after a Building Permit has been issued.				