

STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD

## LICENSE NUMBER

CGC040488

The GENERAL CONTRACTOR  
Named below IS CERTIFIED  
Under the provisions of Chapter 489 FS.  
Expiration date: AUG 31, 2018

ZANDI ABDOLHAMID  
PARS DEVELOPMENT INC  
1847 UNIVERSITY DR  
CORAL SPRINGS FL 33071



ISSUED: 09/01/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1609010003778

## BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-831-4000

VALID OCTOBER 1, 2017 THROUGH SEPTEMBER 30, 2018

DBA:  
Business Name: PARS DEVELOPMENT INC

Receipt #: 180-2190  
Business Type: GENERAL CONTRACTOR (GENERAL CONTRACTOR)

Owner Name: ZANDI ABDOLHAMID  
Business Location: 1847 UNIVERSITY DR  
CORAL SPRINGS

Business Opened: 10/19/1995  
State/County/Cert/Reg: CGC040488  
Exemption Code:

Business Phone: 954-340-9096

Rooms

Seats

Employees

2

Machines

Professionals

Signature

For Vending Business Only

Number of Machines:

Vending Type:

Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid
27.00	0.00	0.00	0.00	0.00	0.00	27.00

Receipt #05C-16-00006013

Paid 07/26/2017 27.00

CORAL SPRINGS

— BUSINESS TAX OFFICE —

[www.CoralSprings.org/business-tax](http://www.CoralSprings.org/business-tax)


Development Services Department

Business Tax Office

9551 West Sample Road, Coral Springs, FL 33065

Mon-Thurs: 7:30AM - 5PM, Fri: 7:30AM - 2:30PM

Phone: 954-344-5958 • Fax: 954-344-1190

## LOCAL BUSINESS TAX RECEIPT

PARS DEVELOPMENT INC  
1847 UNIVERSITY DR

CORAL SPRINGS FL 33071

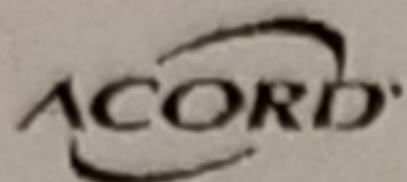
License #:

BT12647

Expiration Date:

09-30-2018





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/03/2018

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 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).

<b>PRODUCER</b> REEL INSURANCE AGENCY D/B/A COVER AL INSURANCE 5800 W. ATLANTIC BLVD. MARGATE FL 33063		<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> (954) 956-0006 <b>FAX (A/C, No):</b> (954) 956-0555 <b>E-MAIL ADDRESS:</b>														
<b>INSURED</b> PARS DEVELOPMENT, INC. 1847 UNIVERSITY DRIVE CORAL SPRINGS FL 33071		<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: FEDERATED NATIONAL INSURANCE</td><td>10790</td></tr><tr><td>INSURER B: NATIONAL LIABILITY &amp; FIRE INSURANCE CO.</td><td>20052</td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: FEDERATED NATIONAL INSURANCE	10790	INSURER B: NATIONAL LIABILITY & FIRE INSURANCE CO.	20052	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER C:																
INSURER D:																
INSURER E:																
INSURER F:																

**COVERAGES****CERTIFICATE NUMBER:****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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			GL-0504014852-01	11/06/2017	11/06/2018	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Each occurrence) \$ 100,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:						EMPLOYEE BENEFITS \$ 1,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Each accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED RETENTION \$						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input checked="" type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			Y/N			E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

REMODELING

**CERTIFICATE HOLDER****CANCELLATION**Turnberry Ocean Colony South Tower Condo Association  
16047 Collins Avenue Unit 304  
Sunny Isles Beach FL 33160

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

sal@parsdesignplus.com

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RICK SCOTT, GOVERNOR

JONATHAN ZACHEM, SECRETARY



**STATE OF FLORIDA**  
**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**  
**CONSTRUCTION INDUSTRY LICENSING BOARD**

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

**ZANDI, ABDOLHAMID**

PARS DEVELOPMENT INC  
1847 UNIVERSITY DR  
CORAL SPRINGS FL 33071

**LICENSE NUMBER: CGC040488**

**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.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/21/2019

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.

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## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
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	\$																			
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					<table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
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PROPERTY DAMAGE (Per accident)	\$																			
	\$																			
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$</td></tr><tr><td>AGGREGATE</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$	AGGREGATE	\$		\$								
EACH OCCURRENCE	\$																			
AGGREGATE	\$																			
	\$																			
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> Y N/A	V9WC997239	12/28/2018	12/28/2019	<table border="1"><tr><td>PER STATUTE</td><td><input checked="" type="checkbox"/> OTH-ER</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td></td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td></td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td></td><td>\$ 1,000,000</td></tr></table>	PER STATUTE	<input checked="" type="checkbox"/> OTH-ER		E.L. EACH ACCIDENT		\$ 1,000,000	E.L. DISEASE - EA EMPLOYEE		\$ 1,000,000	E.L. DISEASE - POLICY LIMIT		\$ 1,000,000		
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E.L. DISEASE - EA EMPLOYEE		\$ 1,000,000																		
E.L. DISEASE - POLICY LIMIT		\$ 1,000,000																		

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

CGC040488 - QUALIFIER: HAMID ZANDI IS COVERED UNDER THE GENERAL LIABILITY POLICY

## CERTIFICATE HOLDER

## CANCELLATION

PARS DEVELOPMENT, INC.  
1847 UNIVERSITY DRIVE  
CORAL SPRINGS FL 33071

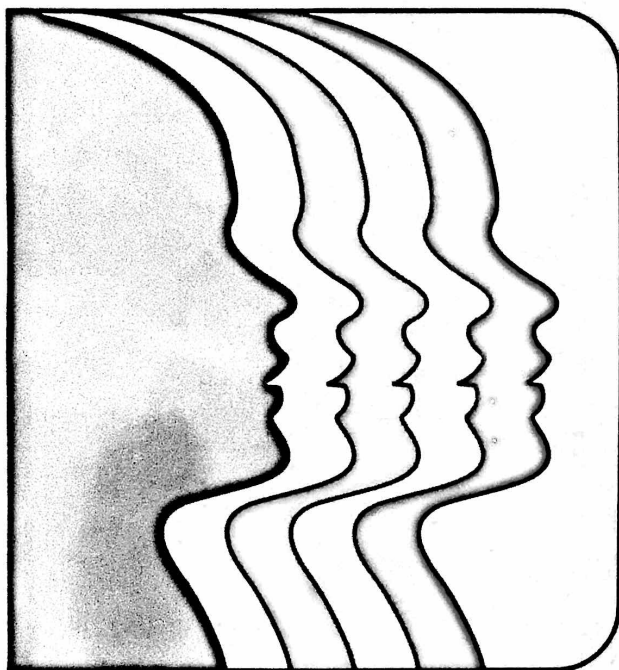
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY CONDITIONS.

AUTHORIZED REPRESENTATIVE



THE OFFICE OF COMPREHENSIVE PLANNING FOR EQUAL OPPORTUNITIES  
MINORITY/WOMEN BUSINESS ENTERPRISE DIVISION

MINORITY / WOMEN



BUSINESS ENTERPRISE



Broward County Public Schools



his Certifies That

*PARS Development, Incorporated*

has successfully met the requirements for certification  
established by The School Board of Broward County, Florida  
Minority/Women Business Enterprise Division  
as a (an)

*Asian-American*

*(MBE)*

A handwritten signature in black ink, appearing to read 'Donald M. Foster'.

Donald M. Foster - M/WBE Coordinator

*7007-1464-93 (BIC)*

Certification Number

A handwritten signature in black ink, appearing to read 'Claudia R. Williams'.

Claudia R. Williams - M/WBE Specialist

*08/23/93*

Certification Date





Construction Industry  
Licensing Board

State of Florida

BY AUTHORITY OF CHAPTER 489, PART ONE OF THE  
FLORIDA STATUTES HEREBY CONFERS UPON

**Abdolhamid Zandi**

THIS CERTIFICATE OF COMPETENCE AS A CERTIFIED  
**General Contractor**

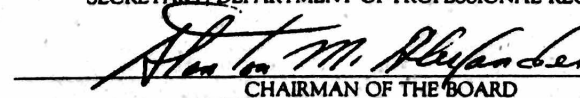
TOGETHER WITH ALL RIGHTS, PRIVILEGES, AND RESPONSIBILITIES  
APPERTAINING THERETO, IN TESTIMONY WHEREOF THE  
UNDERSIGNED HAVE SUBSCRIBED THEIR NAMES AND AFFIXED  
THE SEAL OF THE FLORIDA CONSTRUCTION INDUSTRY LICENSING BOARD  
THIS SIXTEENTH DAY OF MARCH, 1987

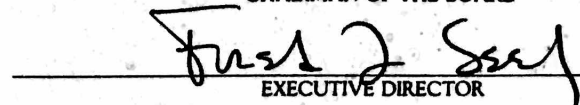
*This certificate is not a license.*

Department of  
Professional  
Regulation

  
GOVERNOR

  
SECRETARY, DEPARTMENT OF PROFESSIONAL REGULATION

  
CHAIRMAN OF THE BOARD

  
EXECUTIVE DIRECTOR







JIMMY PATRONIS  
CHIEF FINANCIAL OFFICER

STATE OF FLORIDA  
DEPARTMENT OF FINANCIAL SERVICES  
DIVISION OF WORKERS' COMPENSATION

**\*\* CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW \*\***

**CONSTRUCTION INDUSTRY EXEMPTION**

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

**EFFECTIVE DATE:** 9/11/2018

**EXPIRATION DATE:** 9/10/2020

**PERSON:** ABDOLHAMID ZANDI

**EMAIL:** ANNAPARSDEV@EARTHLINK.NET

**FEIN:** 650181309

**BUSINESS NAME AND ADDRESS:**

PARS DEVELOPMENT, INC.

1847 UNIVERSITY DRIVE

CORAL SPRINGS, FL 33071

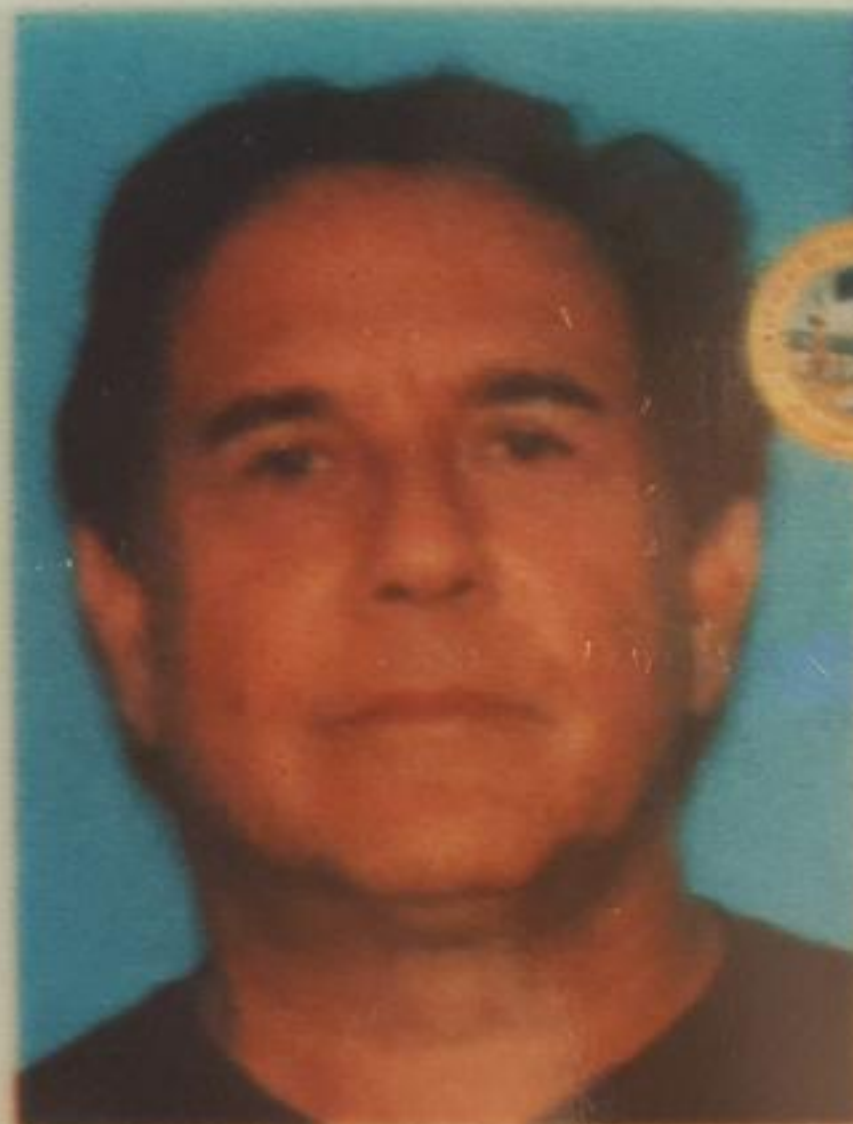
**SCOPE OF BUSINESS OR TRADE:**

Licensed General Contractor

---

IMPORTANT: Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt... apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.





# Florida

*The Sunshine State*

CDL CLASS B



**Z530-000-54-110-0**



**ABDOLHAMID**

**ZANDI**

**10809 ANDERSON LN**

**LAKE WORTH, FL 33449-5465**

**DOB: 03-30-1954 SEX: M**

**ISSUED: 10-04-2010 HGT: 5-09**

**EXPIRES: 03-30-2019**

**REST: 1**

**ENDORSE:**

**REPLACED: 03-01-2017**



*Abdul Zandi*

**MOTORCYCLE ALSO**

Operation of a motor vehicle constitutes consent to any sobriety test required by law.



Certificate # 95-7578229

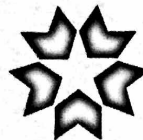
Expiration Date September 30, 1997

## NORTH BROWARD HOSPITAL DISTRICT

*Certifies*

**PARS DEVELOPMENT, INC.**

*As a Minority/Woman Business Enterprise in accordance with the policies and procedures as prescribed by the Board of Commissioners, North Broward Hospital District for certification.*



**North Broward  
Hospital District**

A handwritten signature in black ink, appearing to read "LaRae P. Staples", written over a horizontal line.

**LaRae P. Staples, Coordinator  
Business Development**

A handwritten signature in black ink, appearing to read "L.D. Gainey II", written over a horizontal line.

**L.D. Gainey II, Director  
Minority /Women Business Affairs Department**

*The North Broward Hospital District is an equal opportunity employer and affirmative action procurer of goods and services.*



Certificate no.: 95-864      Expiration date: SEPTEMBER 5, 1997

**Broward County**  
**Office of Small/Minority Business Affairs**

***This certifies that***

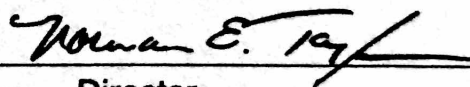
**Pars Development, Inc.**

Has met the necessary requirements for certification under the *Small Disadvantaged Business Enterprise Affirmative Action Program* as prescribed in Administrative Order No. 852 and in accordance with Chapter 19, Part VII, Section 19.50 of the Broward County Administrative Code.

Commencing SEPTEMBER 5, 1995 and Expiring SEPTEMBER 5, 1997

  
Compliance Officer



  
Director  
Office of Small/Minority Business Affairs



PLEASE CUT OUT CARD BELOW AND RETAIN FOR FUTURE REFERENCE

STATE OF FLORIDA  
DEPARTMENT OF FINANCIAL SERVICES  
DIVISION OF WORKERS' COMPENSATION

CONSTRUCTION INDUSTRY EXEMPTION

CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA  
WORKERS' COMPENSATION LAW

EFFECTIVE DATE: 9/11/2018

EXPIRATION DATE: 9/10/2020

PERSON: ABDOLHAMID ZANDI

EMAIL: ANNAPARSDEV@EARTHLINK.NET

FEIN: 650181309

BUSINESS NAME AND ADDRESS:

PARS DEVELOPMENT, INC.

1847 UNIVERSITY DRIVE

CORAL SPRINGS, FL 33071

SCOPE OF BUSINESS OR TRADE:

Licensed General Contractor



F  
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