



Miramar | Building Division

Building, Planning & Zoning Department
2200 Civic Center Place | Miramar, Florida 33025

Tel: 954.602.3200 | Fax: 954.602.3635

www.miramarfl.gov

Contractor Registration Form

Please select one: ☒ New Registration

☐ Update Information

I hereby acknowledge that I, John-Michael Soler

(Name of Qualifier)

the Qualifier for the Company At Your Service Windows & Doors LLC

Business Address: 613 Industrial Street

City: Miramar

State: FL

Zip: 33461

Phone: 561-846-2378

Fax: _____

E-

mail: permits@atyourservicefla.com

For proper registration, you shall provide all updated information that apply to your contractor's qualifications. Incomplete and missing information will delay the registration process, and as a result no applications for permit will be properly processed.

☒ Certified Contractor (State License).

Trade: Glass and Glazing

☐ Broward County Contractor (Certificate of Competency).

Trade: _____

☐ Registered Contractor

Trade: _____

For **registered contractor**, the registration shall indicate the qualification to contract in Broward County. As per Florida Statute 489, registered contractor can only contract in the jurisdiction where he/she is registered. For more information, contact the Florida Department & Professional Regulations. (See below the definition)

A "**registered contractor**" means any contractor who has registered with the department pursuant to fulfilling the competency requirements in the jurisdiction for which the registration is issued. Registered contractors may contract only in such jurisdictions. Registered contractors are designated by an occupation code which begins with the letter "R".

☒ Liability Insurance (City of Miramar as certificate holder).

☒ Workman's Compensation (City of Miramar as certificate holder) or Florida's Exemption.

☐ Business Tax Receipt (Former Occupational License).

☐ Name of Authorized Person to submit and pick up permit applications: _____

Phone: _____

Email: _____

I hereby acknowledge that the information provided for this registration is accurate and in compliance with the requirements for contractor registration in the Building Division, City of Miramar

X

[Signature]
Signature of Qualifier



KEVIN M. ALLEN
Commission # HH 506639
Expires June 23, 2028

STATE OF FLORIDA, COUNTY OF Palm Beach

Sworn to and subscribed before me this 20 day of August 2026

Notary Signature

[Signature]

(Notary Seal)

By (Print Name): Kevin M. Allen

Personally know XX or I.D. _____

PLEASE EMAIL ALL INFORMATION TO : Contractorupdates@miramarfl.gov



ATYOURS-01

CJIMENEZ

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/30/2026

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 Evergreen Insurance Agency 583 105th Ave. N Suite 2 Royal Palm Beach, FL 33411	CONTACT NAME:	
	PHONE (A/C, No, Ext): (561) 966-8883 FAX (A/C, No): (561) 964-8885	
	E-MAIL ADDRESS: info@evergreeninsurance.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Technology Insurance Company	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

INSURED

At Your Service Windows & Doors LLC
613 Industrial St
Lake Worth, FL 33461

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
	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY ☐ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		TWC4717125	1/14/2026	1/14/2027	☒ PER STATUTE ☐ 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

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

CERTIFICATE HOLDER

CANCELLATION

City of Miramar
2300 Civic Center Place
Miramar, FL 33025

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/29/2026

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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PRODUCER		CONTACT NAME: Customer Service	
Pettineo Insurance Agency, Inc.		PHONE (A/C, No, Ext): 954-493-9424	FAX (A/C, No): 9544939424
2428 E Commercial Blvd		E-MAIL ADDRESS: coi@pettineo.com	
Fort Lauderdale FL 33308		INSURER(S) AFFORDING COVERAGE	
INSURED		INSURER A : Heritage Property and Casualty Insurance Compa	
At Your Service Windows&Doors, LLC.		INSURER B :	
615 Industrial Street		INSURER C :	
Lake Worth FL 33461		INSURER D :	
		INSURER E :	
		INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY	Y	Y	HCR007378	12/21/2025	12/21/2026	EACH OCCURRENCE
	☐ CLAIMS-MADE ☒ OCCUR						\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)
							\$ 300,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)
	POLICY ☒ PRO-JECT ☐ LOC						\$ 10,000
	OTHER:						PERSONAL & ADV INJURY
							\$ 1,000,000
							GENERAL AGGREGATE
							\$ 2,000,000
							PRODUCTS - COMP/OP AGG
							\$ 2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)
	ANY AUTO						\$
	OWNED AUTOS ONLY						BODILY INJURY (Per person)
	HIRED AUTOS ONLY						\$
	SCHEDULED AUTOS NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident)
							\$
							PROPERTY DAMAGE (Per accident)
							\$
							\$
B	UMBRELLA LIAB						EACH OCCURRENCE
	EXCESS LIAB						\$
	DED						AGGREGATE
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						PER STATUTE
	If yes, describe under DESCRIPTION OF OPERATIONS below						OTH-ER
							E.L. EACH ACCIDENT
							\$
							E.L. DISEASE - EA EMPLOYEE
							\$
							E.L. DISEASE - POLICY LIMIT
							\$

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

CERTIFICATE HOLDER

CANCELLATION

City of Miramar 2300 Civic Center Pl	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Miramar FL 33025	AUTHORIZED REPRESENTATIVE <i>Frank Pettineo</i>

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Ron DeSantis, Governor

Melanie S. Griffin, Secretary



STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

THE GLASS AND GLAZING CONTRACTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

SOLER, JOHN MICHAEL

AT YOUR SERVICE WINDOWS & DOORS LLC
613 INDUSTRIAL ST.
LAKE WORTH FL 33461

LICENSE NUMBER: SCC131153761

EXPIRATION DATE: AUGUST 31, 2028

Always verify licenses online at MyFloridaLicense.com

ISSUED: 06/30/2026

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.



BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-357-4829

VALID OCTOBER 1, 2026 THROUGH SEPTEMBER 30, 2027

Business Name: AT YOUR SERVICE WINDOWS AND DOORS LLC
Owner Name: JOHN MICHAEL SOLER/QUAL
Business Location: 613 INDUSTRIAL ST
OUT OF COUNTY
Business Phone: 561-846-2378

Receipt #: 189-315106
Business Type: ALL OTHER TYPES CONTRACTOR
(CERTIFIED SPECILTY CONTRACTOR)
Business Opened: 04/05/2021
State/County/Cert/Reg: SCC131153761
Exemption Code:

Rooms	Seats	Employees	Machines	Professionals		
		3				
	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 Fee		27.00				

THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

THIS BECOMES A TAX RECEIPT

WHEN VALIDATED

This tax is levied for the privilege of doing business within Broward County and is non-regulatory in nature. You must meet all County and/or Municipality planning and zoning requirements. This Business Tax Receipt must be transferred when the business is sold, business name has changed or you have moved the business location. This receipt does not indicate that the business is legal or that it is in compliance with State or local laws and regulations.

Mailing Address:

AT YOUR SERVICE WINDOWS AND DOORS :
613 INDUSTRIAL ST
LAKE WORTH BEACH, FL
33461-3852

Receipt # WWW-25-00304079
Paid 07/22/2026 27.00

2026 - 2027

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115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-357-4829

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Rooms	Seats	Employees	Machines	Professionals			
		3					
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 # WWW-25-00304079
Paid 07/22/2026 27.00