

# AGENDA

Community Redevelopment Agency Meeting  
 Wednesday, November 3, 2010, 7:00 p.m.  
 Lake Park Town Hall  
 535 Park Avenue

<b>Desca DuBois</b>	—	<b>Chair</b>
<b>Patricia Osterman</b>	—	<b>Vice-Chair</b>
<b>Steven Hockman</b>	—	<b>Board Member</b>
<b>Jeanine Longtin</b>	—	<b>Board Member</b>
<b>Kendall Rumsey</b>	—	<b>Board Member</b>
<b>Christiane Francois</b>	—	<b>Board Member</b>
<b>Leila Kidd McCann</b>	—	<b>Board Member</b>
.....		
<b>Maria V. Davis</b>	—	<b>Executive Director</b>
<b>Thomas J. Baird, Esq.</b>	—	<b>Agency Attorney</b>
<b>Vivian M. Lemley, CMC</b>	—	<b>Agency Clerk</b>

PLEASE TAKE NOTICE AND BE ADVISED, that if any interested person desires to appeal any decision of the Town Commission, with respect to any matter considered at this meeting, such interested person will need a record of the proceedings, and for such purpose, may need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based. *Persons with disabilities requiring accommodations in order to participate in the meeting should contact the Town Clerk's office by calling 881-3311 at least 48 hours in advance to request accommodations.*

**A. CALL TO ORDER**

**B. PLEDGE OF ALLEGIANCE**

**C. ROLL CALL**

**D. ADDITIONS/DELETIONS - APPROVAL OF AGENDA**

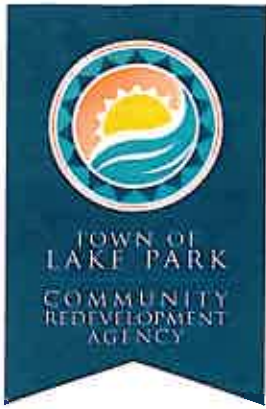
**E. GENERAL APPROVAL OF ITEM**

1. **Cancellation of Previously Approved Loans and Grants to Dockside Café and Kelsey Market for Failure to Move Forward in a Timely Manner** Tab 1
2. **CRA Business Loan and Grant in the Amount of \$75,000 to Julile LeTech for the construction of the Hot Pot Restaurant at 822 Park Avenue** Tab 2

- F. DISCUSSION AND POSSIBLE ACTION  
3. Grant/Loan Funds Re-Allocation
- G. BOARD MEMBER COMMENTS
- H. EXECUTIVE DIRECTOR COMMENTS
- I. ADJOURNMENT

Tab 3

# TAB 1



**CRA  
Agenda Request Form**

Meeting Date: **November 3, 2010**      Agenda Item No. **1**

- |                                     |                                 |                          |               |
|-------------------------------------|---------------------------------|--------------------------|---------------|
| <input type="checkbox"/>            | Public Hearing                  | <input type="checkbox"/> | Resolution    |
| <input type="checkbox"/>            | Ordinance on Second Reading     | <input type="checkbox"/> | Discussion    |
| <input type="checkbox"/>            | Ordinance on First Reading      | <input type="checkbox"/> | Bid RFP/Award |
| <input checked="" type="checkbox"/> | <b>General Approval of Item</b> | <input type="checkbox"/> | Consent       |
| <input type="checkbox"/>            | Presentation                    | <input type="checkbox"/> | Other         |

**SUBJECT:** Cancellation of previously approved Loans and Grants to Dockside Café and Kelsey Market for Failure to Move Forward in a Timely Manner

**RECOMMENDED MOTION/ACTION:** Move to Rescind Grants and Loans

Approved by Executive Director *M. J. Davis*      Date: *10/28/10*

<b>Prepared By:</b>	<b>Costs: \$</b>  <b>Funding Source:</b> <b>Acct. #</b>	<b>Attachments:</b>
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**Summary Explanation/Background:**

This is a formal action of the Board that rescinds your previous approvals.

The CRA Board had previously approved a \$20,000 grant and a \$40,000 loan to Dockside Café to open a restaurant on Park Ave. Dockside Café has since decided not to locate on Park Ave and therefore forfeits the grant and loan.

Kelsey Market was approved for a \$75,000 loan and a \$25,000 grant to renovate the Market on July 14, 2010. Kelsey Market was notified on October 1, 2010 that they would have to move forward and sign the paper work by October 15<sup>th</sup> and provide permit ready drawings by October 31<sup>st</sup>. They did not meet the deadlines and they have failed to move forward. Staff recommends that the board rescind the loan and grant.

*The Town of  
Lake Park  
Office of the Town Manager*



**"Jewel" of the Palm Beaches**

October 1, 2010

Ibrahim Ibrahim  
6211 Michael Street  
Jupiter, FL 33458

Dear Mr. Ibrahim:

Please consider this a friendly reminder to complete your loan and grant paperwork and provide us with the appropriate site and architectural plans so that you may proceed with permits for your renovation. The CRA does not wish to encumber its resources on projects that are not ready to move forward in an expeditious manner. Therefore, in order to retain your loan and grant award the CRA requests that you adhere to the following schedule:

- By October 15 complete all loan and grant paperwork (promissory note and mortgage agreement). To facilitate this please provide us with a copy of the most recent State of Florida paperwork confirming the full name of the corporation and the Federal ID# number of the company that operates Kelsey Market.
- By October 31 produce all completed plans (including architectural drawings, plumbing, electrical and building) for review and submit applications for appropriate permits.
- By December 15 -- commence construction
- By May 1, 2011 -- completion of project

If you have questions please don't hesitate to contact me. Thank you for your attention to this matter.

Sincerely,

A handwritten signature in black ink that reads 'M. Davis' in a cursive style.

Maria V. Davis

*The Town of  
Lake Park  
Office of the Town Manager*



October 28, 2010

Ibrahim Ibrahim  
6211 Michael Street  
Jupiter, FL 33458

**HAND DELIVERED**

Dear Mr. Ibrahim:

I regret to inform you that I must recommend to the CRA Board that your grant and loan award be rescinded. The Town's CRA funds are limited and it is important that the loans and grants the Board gives out be utilized in a timely fashion. The loan and grant for the redevelopment of Kelsey Market was approved in July and we have yet to see final plans or a realistic schedule for moving forward. I informed you at the beginning of October that we would need to have you complete your mortgage and promissory note paperwork by the 15<sup>th</sup> of October and apply for permits by the end of this month. Your failure to comply has left me with no choice but to recommend that the CRA Board rescind your grant and loan.

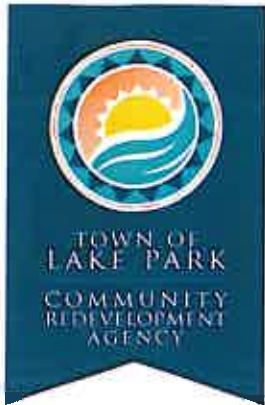
On November 3, 2010 at 7:00 pm, the CRA Board will review the status of your grant and loan. After review they will decide if they want to formally cancel your grant and loan. The discussion will take place in an open meeting and if you wish to attend so that you may discuss your situation with them I would encourage you to do so.

If you have questions please don't hesitate to contact me.

Sincerely,

Maria Davis, Town Manager

# TAB 2



**CRA  
Agenda Request Form**

Meeting Date: **November 3, 2001**      Agenda Item No. **2**

- |                                     |                                 |                          |               |
|-------------------------------------|---------------------------------|--------------------------|---------------|
| <input type="checkbox"/>            | Public Hearing                  | <input type="checkbox"/> | Resolution    |
| <input type="checkbox"/>            | Ordinance on Second Reading     | <input type="checkbox"/> | Discussion    |
| <input type="checkbox"/>            | Ordinance on First Reading      | <input type="checkbox"/> | Bid RFP/Award |
| <input checked="" type="checkbox"/> | <b>General Approval of Item</b> | <input type="checkbox"/> | Consent       |
| <input type="checkbox"/>            | Presentation                    | <input type="checkbox"/> | Other         |

**SUBJECT: CRA Business Loan and Grant in the Amount of \$75,000 to Julie LeThach for the Construction of The Hot Pot Restaurant at 822 Park Ave**

**RECOMMENDED MOTION/ACTION: Approval**

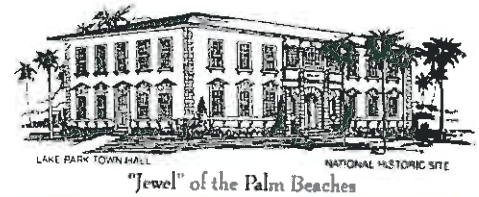
Approved by Executive Director W. G. Davis      Date: 10/29/10

<p><b>Prepared By:</b> Patrick Sullivan <i>[Signature]</i> 10/28/10</p>	<p><b>Costs: \$</b>  <b>Funding Source:</b> Acct. #</p>	<p><b>Attachments:</b> Staff Memo Application</p>
---------------------------------------------------------------------------------	---------------------------------------------------------------------	-----------------------------------------------------------

**Summary Explanation/Background:** Julie LeThach, owner of Saigon Oriental Market at 822 Park Ave has filed an application with the CRA requesting a low interest business loan for \$75,000. This is a restaurant project for the vacant space next to Saigon Oriental Market and will include a complete outfitting of the interior, outdoor seating area and façade renovation. The note will be secured through a first mortgage on the property. The loan will have a term of 7 years at 2% interest (payments would be \$957.56 per month). Staff has reviewed the request and recommends approval. Please see attached memo and application for more information.



# Town of Lake Park Community Development Department



Patrick Sullivan, AICP, CED, Director

*Handwritten signature and date: 10/28/10*

Memo Date: October 28, 2010

To: CRA Board

Julie Le Thach, owner of Saigon Oriental Market, has requested a loan from the CRA in the amount of \$75,000 to open a restaurant next to the Saigon Oriental Market on Park Avenue. She is a co-owner of the building that houses the market and the proposed restaurant.

She has provided the following information (information available in the attached application packet) as part of her application for the funds:

1. A letter stating the purpose for the loan.
2. Three professional references from vendors for her present market business.
3. Zoning compliance letter from the Town indicating that the area is zoned for the proposed use.
4. A three year proforma.
5. A business plan outline.
6. A marketing plan
7. Although not required because there is no history for the new business, she did provide two years of tax returns for the market.
8. The requests for corporate and business certificates are unavailable due to the fact that this is a new business and these certificates have not been applied for yet. She did, however, provide the certificates for her market business.
9. Two copies of expenditures as of October 26 have been provided. It appears that she has spent \$6,000 to date on plans for the restaurant.
10. An asset list is not required. The building will be pledged as collateral for the loan.
11. A copy of the warranty deed has been included in the packet.
12. Since she owns the building a landlord lease is not required.
13. She has provided two general contractors quotes to construct the restaurant.

Staff has determined that the application is complete. If the loan is approved staff will require additional information prior to completing the paperwork and pay out of the loan. Staff recommends the following information and/or paperwork be provided prior to any awards:

1. Appropriate certificates for the Hot Pot restaurant (structure, fictitious name). She will not need a business tax receipt until she has opened the business.
2. Certification that she can provide a 1<sup>st</sup> mortgage on her building to the.
3. A certified copy of the deed.
4. Signed mortgage and promissory note by both owners of the building.
5. A signed contract with the general contractor.

Cash awards will be provided as noted below:

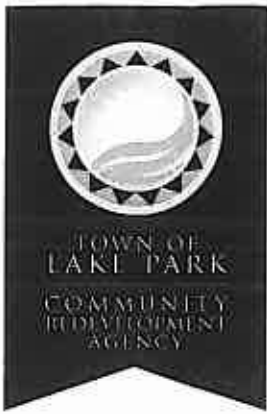
The Borrower may draw 10% down upon receipt of a Notice of Commencement for purchase of materials. Each subsequent draw shall be supported by written receipts, cancelled checks and any required approval by

Patrick Sullivan, AICP, CED, Director  
Community Development Department  
881-3319 fax 881-3323  
[psullivan@lakeparkflorida.gov](mailto:psullivan@lakeparkflorida.gov)

the Town Building Department submitted at the close of each month, along with assurance no lien has been filed by a supplier or subcontractor until completion. The CRA shall withhold a final draw of 5% to be paid only upon issuance of a Certificate of Completion by the Building Official. The Lake Park CRA shall retain the right to place a lien against the property.

A performance schedule will be required and shall be adhered to as follows:

1. By November 19, 2010 the mortgage and promissory note shall be signed.
2. By December 15, 2010 all building permits shall be applied for.
3. Construction shall commence within 2 weeks of permits being issued.
4. Construction shall be completed by February 1, 2010.

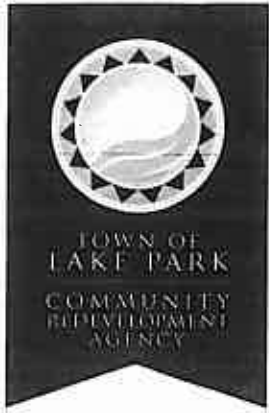


**REQUIRED DOCUMENTATION CHECKLIST**

- LETTER STATING PURPOSE FOR LOAN/GRANT ✓
- RESUME'S (3) (Professional references preferred) ✓
- ZONING COMPLIANCE LETTER (from Community Development Department) ✓
- PROFORMA (minimum 3 year carry out) ✓
- BUSINESS PLAN FOR PROPOSED BUSINESS —
- MARKETING PLAN FOR PROPOSED BUSINESS ✓
- (2) MOST CURRENT FEDERAL TAX RETURNS (existing business only)
- COPY OF CURRENT CERTIFICATE FROM FL. DEPT. OF STATE (IF CORPORATION)
- CERTIFICATE OF FICTITIOUS NAME FROM FL. DEPT. OF STATE ( IF SOLE PROPRIETOR)
- COPY OF CURRENT PALM BEACH COUNTY OCCUPATIONAL LICENSE
- COPY OF CURRENT TOWN OF LAKE PARK OCCUPATIONAL LICENSE
- COPIES OF EXPENDITURES ( IF APPLICABLE)
- ASSET LIST
- N/A LEASE OR LETTER OF INTENT TO RENT FROM LANDLORD (if renting)
- PROPERTY DEED (if property owner) ✓

  
Jennifer Spicer – Economic Development Director

7/27/10  
DATE



**TOWN OF LAKE PARK**  
**Community Redevelopment Agency (CRA)**

**BUSINESS DEVELOPMENT**  
**LOAN OR GRANT**  
**APPLICATION FORM**

Application Date: 7/15/2010

Amount requested: \$ grant + loan

Total Project Cost: \$ 250,000

Applicants Name: Julie Le Thach Title: Owner  
Applicants Address: 832 Park Ave, LAKE PARK 33403  
Telephone: 561.863.6467 Fax: 561.624.1014  
Email: JThach@Bellsouth.Net

Location of the business: 826 Park Ave, Lake Park  
Property Control Number: \_\_\_\_\_

Name of the Business: Saigon Hot Pot Reston.  
Business Federal ID# or SS#: 476-92-4145  
Type of Ownership (circle): Corporation Sole Proprietorship  LLC Other \_\_\_\_\_

Mailing Address of Business: 832 Park Ave, Lake Park, FL 33403  
Business Contact Person: Julie Le Thach  
Telephone: 561.863.6467 Fax: (561)624.1014

**Proposed Business Development Activity**

\_\_\_\_\_  
Vietnamese Restaurant.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Attach additional sheets if needed to fully describe)

Town of Lake Park, Florida, Community Redevelopment Agency

**NOTE:** A copy of your Proposed or Executed Lease is REQUIRED.

Applicant Name (Printed)

Julie Le Thach

Applicant's Signature

Julie Le Thach

Name of Site Owner of Record

\_\_\_\_\_

Date: \_\_\_\_\_

Town of Lake Park CRA Signature

\_\_\_\_\_

Date: \_\_\_\_\_

**HOT POT RESTAURANT  
826 PARK AVENUE  
LAKE PARK, FLORIDA 33403**

The purpose for the grant/loan is to help establish this new Asian restaurant in the Town of Lake Park. This will create (7) job opportunities in our town. And it will help with traffic increase.

As a current business owner in Lake Park, this will also benefit me in my current establishment, Saigon Market. This grant/loan will assist with the expenses for the interior and exterior of the restaurant. I am looking forward to expand and assist the Town in making Park Avenue a friendly and welcoming environment for all age groups.

As a successful business owner, I am fully confident that this new restaurant will be beneficial to the town and myself.

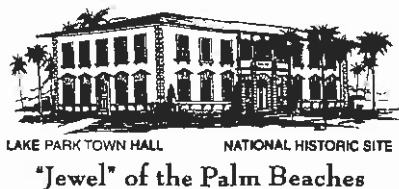
**HOT POT RESTAURANT  
826 PARK AVENUE  
LAKE PARK, FLORIDA 33403**

*(3) Professional references*

1- AMS Import Corp  
312 A Morgan avenue  
Brooklyn NY 11211  
Tel: 718- 388-2108  
Cell: 646- 415-2327

2- Vasinnee Food  
1247 Grand Street  
Brooklyn NY 11211  
Tel: 718-349-6911  
Cell: 347- 525-7276

3- Eastland Food  
9475 Gerwig Lane  
Columbia MD 21046  
Tel: 301- 621-8140  
Cell: 301-529-5197



# *The Town of Lake Park*

## *Community Development Department*

May 26, 2010

Saigon Market  
832 Park Avenue  
Lake Park, FL 33403

Re: Saigon Market – 832 Park Avenue

To whom it may concern:

The Town has reviewed the Zoning and Land Use designations for 832 Park Avenue. The subject property is located in the Park Avenue Development District (PADD) with a Downtown Land Use.

The specialty grocery store is consistent with the Town's Zoning and Land Use designations. Town zoning requires an administrative approval for specialty grocery stores larger than 1,500 sf, and Commission approval for specialty grocery stores larger than 2,500 sf. If the property goes vacant for six months or more, a new specialty grocery must receive the appropriate approval and meet additional Code requirements.

Do not hesitate to contact me at 881-3318 should you have any further questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Patrick Sullivan", with a long, sweeping horizontal line extending to the right.

Patrick Sullivan, AICP, CED  
Director, Community Development Department



HOT POT RESTAURANT			
826 PARK AVENUE			
LAKE PARK FLORIDA 33403			
3 YR PERFORMANCE			
	2010	2011	2012
<b>Income</b>			
Food Income	90,000.00	165,000.00	185,000.00
Beer, Wine	11,250.00	16,000.00	20,000.00
<b>Total Income</b>	<b>101,250.00</b>	<b>181,000.00</b>	<b>205,000.00</b>
<b>Cost of Goods</b>			
Food	6,000.00	24,000.00	26,400.00
Beer, wine	1,500.00	6,000.00	6,000.00
Refreshments	900.00	3,600.00	3,600.00
<b>Total Cost of Goods</b>	<b>8,400.00</b>	<b>33,600.00</b>	<b>36,000.00</b>
<b>Expenses</b>			
Rent	0.00	0.00	0.00
Wages	16,080.00	64,320.00	65,536.00
Utilities	450.00	3,600.00	3,672.00
Office supplies	100.00	600.00	600.00
Cleaning supplies	300.00	1,440.00	1,440.00
Laundry/tablecloths	600.00	900.00	1,200.00
Phone	300.00	1,200.00	1,200.00
Credit Card Fees	900.00	3,600.00	3,600.00
Insurance	5,600.00	5,600.00	5,600.00
Advertising	510.00	2,040.00	2,040.00
Memberships	410.00	375.00	375.00
Contract Services	150.00	150.00	150.00
Taxes/TLP	148.05	148.05	148.05
Application Fees/TLP	85.00	0.00	0.00
DBR application	150.00	0.00	0.00
<b>Total Expenses</b>	<b>30,273.05</b>	<b>83,973.05</b>	<b>85,561.05</b>
<b>Total Expenses + Cost of Goods</b>	<b>39,083.05</b>	<b>117,573.05</b>	<b>121,561.05</b>
<b>Profit before taxes</b>	<b>62,166.95</b>	<b>63,426.95</b>	<b>83,438.95</b>

**HOT POT RESTAURANT  
826 PARK AVENUE  
LAKE PARK, FLORIDA 33403**

**BUSINESS PLAN**

The Business will be called : **HOT POT RESTAURANT**

We will be serving:

- Soups
- Stews
- Vegetables
- Meats
- Seafood

Staff

- Chef
- Assistant to Chef
- Dishwasher
- (4) Servers

Seating

- 20 Tables
- 86 Seatings
- Soft Asian Music

Hours of Operation

- 7 days a week
- 11:00- 9:00

Price Point

- \$ 12.00 to \$20.00 pp

**HOT POT RESTAURANT  
826 PARK AVENUE  
LAKE PARK, FLORIDA 33403**

**MARKETING PLAN**

Hot Pot Restaurant will be the only restaurant among all the competition, which focuses the entire menu on healthy, low-fat cooking. Each of the competitors offers at least one “healthy” selection on their menu. Once they have tried the restaurant, their experience will be reinforced by friendly, efficient, knowledgeable service. Return and repeat business will be facilitated by accessible take-out and outdoor dining.

**Competitive Strategy**

There are three major ways in which we will create an advantage over our competitors:

- 1- Product identity, quality and uniqueness**
- 2- High employee motivation and good sales attitude**
- 3- Soft and relaxed environment**

**Our Marketing Strategy includes:**

- **Signage**
- **Hand outs & coupons**
- **Mailers**
- **Menu tasting during Grand Opening**
- **Craigslist**
- **Urbanspoon ad**
- **Palm Beach Post**
- **Local merchants**
- **Word of Mouth**
- **Saigon Market will post flyer and menu**
- **Town of Lake Park CRA Web page**
- **Weekender local newspaper**

Label (See instructions.)

Use the IRS label. Otherwise, please print or type.

Presidential Election Campaign

For the year Jan 1 - Dec 31, 2009, or other tax year beginning 2009, ending 2009, ending 20. OMB No. 1545-0074. Your first name MI Last name HUNG T THACH. Your social security number 586-42-2404. If a joint return, spouse's first name MI Last name JULIE L THACH. Spouse's social security number 476-92-4145. Home address (number and street). If you have a P.O. box, see instructions. Apartment no. 6624 143rd STREET NORTH. City, town or post office. If you have a foreign address, see instructions. State ZIP code FL 33418. Checking a box below will not change your tax or refund. You Spouse.

Filing Status

Check only one box.

1 Single 4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. 2 Married filing jointly (even if only one had income) 3 Married filing separately. Enter spouse's SSN above & full name here. 5 Qualifying widow(er) with dependent child (see instructions)

Exemptions

If more than four dependents, see instructions and check here

6a X Yourself. If someone can claim you as a dependent, do not check box 6a. 6b X Spouse. Boxes checked on 6a and 6b 2. No. of children on 6c who: lived with you 1, did not live with you due to divorce or separation. Dependents on 6c not entered above. Add numbers on lines above 3. c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) if qualifying child for child tax credit (see instr). ERIC THACH 595-37-9630 Son X. d Total number of exemptions claimed 3.

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 8a Taxable interest. Attach Schedule B if required 8a 1,713. b Tax-exempt interest. Do not include on line 8a 8b 9a Ordinary dividends. Attach Schedule B if required 9a 572. b Qualified dividends (see instrs) 9b 296. 10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) 10 11 Alimony received 11 12 Business income or (loss). Attach Schedule C or C-EZ 12 70,830. 13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here 13 -133. 14 Other gains or (losses). Attach Form 4797 14 15a IRA distributions 15a b Taxable amount (see instrs) 15b 16a Pensions and annuities 16a b Taxable amount (see instrs) 16b 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 -25,000. 18 Farm income or (loss). Attach Schedule F 18 19 Unemployment compensation in excess of \$2,400 per recipient (see instructions) 19 20a Social security benefits 20a b Taxable amount (see instrs) 20b 21 Other income 21 22 Add the amounts in the far right column for lines 7 through 21. This is your total income. 22 47,982.

Adjusted Gross Income

23 Educator expenses (see instructions) 23 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 25 Health savings account deduction. Attach Form 8889 25 26 Moving expenses. Attach Form 3903 26 27 One-half of self-employment tax. Attach Schedule SE 27 5,004. 28 Self-employed SEP, SIMPLE, and qualified plans 28 29 Self-employed health insurance deduction (see instructions) 29 9,893. 30 Penalty on early withdrawal of savings 30 31a Alimony paid b Recipient's SSN 31a 32 IRA deduction (see instructions) 32 9,000. 33 Student loan interest deduction (see instructions) 33 34 Tuition and fees deduction. Attach Form 8917 34 35 Domestic production activities deduction. Attach Form 8903 35 36 Add lines 23 - 31a and 32 - 35 36 23,897. 37 Subtract line 36 from line 22. This is your adjusted gross income 37 24,085.

Tax and Credits

Standard Deduction for -

• People who check any box on line 39a, 39b, or 40b or who can be claimed as a dependent, see instructions.

• All others:

Single or Married filing separately, \$5,700

Married filing jointly or Qualifying widow(er), \$11,400

Head of household, \$8,350

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-55 for Tax and Credits.

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 56-60 for Other Taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 61-71 for Payments.

Refund

Direct deposit? See instructions and fill in 73b, 73c, and 73d or Form 8888.

Table with 3 columns: Line number, Description, and Amount. Includes lines 72-74 for Refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 75-76 for Amount You Owe.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? [X] Yes. Complete the following. [ ] No

Sign Here

Joint return? See instructions.

Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Paid Preparer's Use Only

Preparer's signature: Ignacio O. Pendas, CPA. Date: 04/09/2010. Preparer's SSN or PTIN: P81717065.

**Label**  
(See instructions.)

**Use the IRS label.**  
Otherwise, please print or type.

**Presidential Election Campaign**

For the year Jan 1 - Dec 31, 2008, or other tax year beginning , 2008, ending , 20		OMB No. 1545-0074
Your first name <b>HUNG</b>	MI Last name <b>T THACH</b>	Your social security number <b>586-42-2404</b>
If a joint return, spouse's first name <b>JULIE</b>	MI Last name <b>L THACH</b>	Spouse's social security number <b>476-92-4145</b>
Home address (number and street). If you have a P.O. box, see instructions. <b>6624 143rd STREET NORTH</b>		You must enter your social security number(s) above. ▲
City, town or post office. If you have a foreign address, see instructions. <b>PALM BEACH GARDENS</b>		
Apartment no.		Checking a box below will not change your tax or refund.
State ZIP code <b>FL 33418</b>		
<input type="checkbox"/> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? (see instructions)		<input type="checkbox"/> You <input type="checkbox"/> Spouse

**Filing Status**

Check only one box.

<input type="checkbox"/> 1 Single	<input type="checkbox"/> 4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here . ▶
<input checked="" type="checkbox"/> 2 Married filing jointly (even if only one had income)	
<input type="checkbox"/> 3 Married filing separately. Enter spouse's SSN above & full name here . ▶	<input type="checkbox"/> 5 Qualifying widow(er) with dependent child (see instructions)

**Exemptions**

If more than four dependents, see instructions.

6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a	Boxes checked on 6a and 6b ... <b>2</b>																														
b <input checked="" type="checkbox"/> Spouse	No. of children on 6c who:																														
<table border="1"> <thead> <tr> <th>c Dependents:</th> <th>(2) Dependent's social security number</th> <th>(3) Dependent's relationship to you</th> <th>(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instrs)</th> <th>No. of children on 6c who:</th> </tr> <tr> <td>(1) First name Last name</td> <td></td> <td></td> <td></td> <td> <input type="checkbox"/> lived with you ..... <b>1</b>  <input type="checkbox"/> did not live with you due to divorce or separation (see instrs) ...                      Dependents on 6c not entered above .                      Add numbers on lines above ..... <b>3</b> </td> </tr> </thead> <tbody> <tr> <td><b>ERIC THACH</b></td> <td><b>595-37-9630</b></td> <td><b>Son</b></td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td></td> </tr> </tbody> </table>		c Dependents:	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instrs)	No. of children on 6c who:	(1) First name Last name				<input type="checkbox"/> lived with you ..... <b>1</b> <input type="checkbox"/> did not live with you due to divorce or separation (see instrs) ... Dependents on 6c not entered above . Add numbers on lines above ..... <b>3</b>	<b>ERIC THACH</b>	<b>595-37-9630</b>	<b>Son</b>	<input checked="" type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>	
c Dependents:	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instrs)	No. of children on 6c who:																											
(1) First name Last name				<input type="checkbox"/> lived with you ..... <b>1</b> <input type="checkbox"/> did not live with you due to divorce or separation (see instrs) ... Dependents on 6c not entered above . Add numbers on lines above ..... <b>3</b>																											
<b>ERIC THACH</b>	<b>595-37-9630</b>	<b>Son</b>	<input checked="" type="checkbox"/>																												
			<input type="checkbox"/>																												
			<input type="checkbox"/>																												
			<input type="checkbox"/>																												
d Total number of exemptions claimed	<b>3</b>																														

**Income**

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2	<b>7</b>	
8a Taxable interest. Attach Schedule B if required	<b>8a</b>	<b>3,396.</b>
b Tax-exempt interest. Do not include on line 8a	<b>8b</b>	
9a Ordinary dividends. Attach Schedule B if required	<b>9a</b>	<b>673.</b>
b Qualified dividends (see instrs)	<b>9b</b>	<b>524.</b>
10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	<b>10</b>	
11 Alimony received	<b>11</b>	
12 Business income or (loss). Attach Schedule C or C-EZ	<b>12</b>	<b>49,913.</b>
13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here . ▶ <input type="checkbox"/>	<b>13</b>	<b>-133.</b>
14 Other gains or (losses). Attach Form 4797	<b>14</b>	
15a IRA distributions	<b>15a</b>	
b Taxable amount (see instrs)	<b>15b</b>	
16a Pensions and annuities	<b>16a</b>	
b Taxable amount (see instrs)	<b>16b</b>	
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>17</b>	<b>-22,986.</b>
18 Farm income or (loss). Attach Schedule F	<b>18</b>	
19 Unemployment compensation	<b>19</b>	
20a Social security benefits	<b>20a</b>	
b Taxable amount (see instrs)	<b>20b</b>	
21 Other income	<b>21</b>	
22 Add the amounts in the far right column for lines 7 through 21. This is your total income . ▶	<b>22</b>	<b>30,863.</b>

**Adjusted Gross Income**

23 Educator expenses (see instructions)	<b>23</b>	
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	<b>24</b>	
25 Health savings account deduction. Attach Form 8889	<b>25</b>	
26 Moving expenses. Attach Form 3903	<b>26</b>	
27 One-half of self-employment tax. Attach Schedule SE	<b>27</b>	<b>3,526.</b>
28 Self-employed SEP, SIMPLE, and qualified plans	<b>28</b>	
29 Self-employed health insurance deduction (see instructions)	<b>29</b>	<b>11,454.</b>
30 Penalty on early withdrawal of savings	<b>30</b>	
31a Alimony paid b Recipient's SSN . . . ▶	<b>31a</b>	
32 IRA deduction (see instructions)	<b>32</b>	<b>10,000.</b>
33 Student loan interest deduction (see instructions)	<b>33</b>	
34 Tuition and fees deduction. Attach Form 8917	<b>34</b>	
35 Domestic production activities deduction. Attach Form 8903	<b>35</b>	
36 Add lines 23 - 31a and 32 - 35	<b>36</b>	<b>24,980.</b>
37 Subtract line 36 from line 22. This is your adjusted gross income . ▶	<b>37</b>	<b>5,883.</b>

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-56 covering tax and credits.

Standard Deduction for - People who checked any box on line 39a, 39b, or 39c or who can be claimed as a dependent, see instructions. All others: Single or Married filing separately, \$5,450. Married filing jointly or Qualifying widow(er), \$10,900. Head of household, \$8,000.

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 57-61 covering other taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 62-71 covering payments.

Refund

Direct deposit? See instructions and fill in 73b, 73c, and 73d or Form 8888.

Table with 3 columns: Line number, Description, and Amount. Includes lines 72-74 covering refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 75-76 covering amount you owe.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? [X] Yes. Complete the following. [ ] No

Sign Here

Joint return? See instructions. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Paid Preparer's Use Only

Preparer's signature: Ignacio O. Pendas, CPA. Date: 4/14/09. Preparer's SSN or PTIN: P81717065. Firm's name: PO BOX 31554, PALM BEACH GARDENS, FL 334201554. Phone no. (561) 625-1564.

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS



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No Events   No Name History

## Detail by FEI/EIN Number

### Florida Limited Liability Company

SAIGON MARKET, LLC

#### Filing Information

Document Number L06000037395  
FEI/EIN Number 204679014  
Date Filed 04/11/2006  
State FL  
Status ACTIVE  
Effective Date 05/01/2006

#### Principal Address

832 PARK AVENUE  
LAKE PARK FL 33403-2402

#### Mailing Address

832 PARK AVENUE  
LAKE PARK FL 33403-2402

#### Registered Agent Name & Address

THACH, JULIE L  
832 PARK AVENUE  
LAKE PARK FL 33403-2402 US

#### Manager/Member Detail

##### Name & Address

Title MGR

THACH, JULIE L  
832 PARK AVENUE  
LAKE PARK FL 33403-2402

Title MGR

THACH, HUNG T  
832 PARK AVENUE  
LAKE PARK FL 33403-2402

#### Annual Reports

##### Report Year Filed Date

2008   04/25/2008  
2009   04/18/2009  
2010   01/05/2010

#### Document Images

[01/05/2010 -- ANNUAL REPORT](#)

[View image in PDF format](#)

[04/18/2009 -- ANNUAL REPORT](#)

[View image in PDF format](#)

[04/25/2008 -- ANNUAL REPORT](#)

[View image in PDF format](#)

[02/15/2007 -- ANNUAL REPORT](#)



**2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000037395

Entity Name: SAIGON MARKET, LLC

FILED  
Jan 05, 2010  
Secretary of State

**Current Principal Place of Business:**

832 PARK AVENUE  
LAKE PARK, FL 334032402

**New Principal Place of Business:**

**Current Mailing Address:**

832 PARK AVENUE  
LAKE PARK, FL 334032402

**New Mailing Address:**

FEI Number: 20-4679014

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THACH, JULIE L  
832 PARK AVENUE  
LAKE PARK, FL 334032402 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title MGR  
Name THACH, JULIE L  
Address 832 PARK AVENUE  
City-St-Zip LAKE PARK, FL 334032402

Title MGR  
Name THACH, HUNG T  
Address 832 PARK AVENUE  
City-St-Zip LAKE PARK, FL 334032402

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE: JULIE THACH

MRS.

01/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date

0027345



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS  
P.O. Box 1300  
Tallahassee, Florida 32302

FIRST-CLASS MAIL  
U.S. POSTAGE PAID  
Florida Secretary of State  
Division of Corporations  
84321

## FICTITIOUS NAME RENEWAL NOTICE

Registration # **G05270700022**

0027345 01 AT 0.215 \*\*AUTO TB 0 0606 33403-240232



**SAIGON ORIENTAL MARKET**

**832 PARK AVENUE**

**WEST PALM BEACH FL 33403-2402**

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Federal Tax I.D

<b>Form SS-4</b> (Rev. December 2001) Department of the Treasury Internal Revenue Service		<b>Application for Employer Identification Number</b> (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.		EIN <u>20-4679014</u> OMB No. 1545-0003	
1* Legal name of entity (or individual) for whom the EIN is being requested <u>SAIGON MARKET LLC</u>					
2 Trade name of business (if different from name on line 1) _____			3 Executor, trustee, "care of" name <u>JULIE THACH</u>		
4a* Mailing address (room, apt., suite no. and street, or P.O. box) <u>832 PARK AVENUE Saigon Market</u>			5a Street address (if different) (Do not enter a P.O. box) _____		
4b* City, state, and ZIP code <u>LAKE PARK FL 33403</u>			5b City, state, and ZIP code _____		
6* County and state where principal business is located County <u>PALM BEACH</u> State <u>FL</u>					
7a* Name of principal officer, general partner, grantor, owner, or trustee <u>JULIE THACH</u>			7b* SSN, ITIN, EIN <u>476-92-4145</u>		
8a* Type of entity (check only one)					
<input type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ <u>LLC FORM 1065</u> <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶			<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC Group Exemption NO. (GEN) ▶		
8b* If a corporation, name the state or foreign country (if applicable) where incorporated State <u>FL</u> Foreign country _____			9* Reason for applying (check only one)		
<input type="checkbox"/> Started new business (specify type) ▶ <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶			<input type="checkbox"/> Banking purpose (specify purpose) ▶ <input checked="" type="checkbox"/> Changed type of organization (specify new type) ▶ <u>MULTI MEMBER LLC</u> <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶		
10* Date business started or acquired (month, day, year) <u>MAY 1 2006</u>			11* Closing month of accounting year <u>DEC</u>		
12 First date wages or annuities were paid or will be paid (month, day, year) Note: if applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) .....					
13 Highest number of employees expected in the next twelve months Note: if the applicant does not expect to have any employees during the period, enter "0" .....				Agriculture <u>0</u>	Household <u>0</u>
14* Check box that best describes the principal activity of your business				Health care & social assistance <input type="checkbox"/> Accommodation & food service <input checked="" type="checkbox"/> Retail	Wholesale-agent/broker <input type="checkbox"/> Wholesale-other
15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. <u>RETAIL GROCERY MARKET</u>					
16a* Has the applicant ever applied for an employer identification number for this or any other business? ..... Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Note if "Yes" please complete lines 16b and 16c					
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶					
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year) City and state where filed Previous EIN			_____		
Third Party Designee					
Designee's name <u>IGNACIO PENDAS CPA</u> Address and ZIP code <u>396 ASTER ST PALM BEACH GARDENS FL 33410</u>				Designee's telephone number (include area code) ( <u>561</u> ) <u>625</u> - <u>1564</u> Designee's fax number (include area code) ( <u>561</u> ) <u>625</u> - <u>4220</u>	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly)					

4/12/06

How would you review do?

FLORIDA SALES AND USE TAX RETURN

Collection Period

MAR 2009

DR-15EZ  
R. 01/09

FOR USE ONLY

Certificate Number: 60-8013617815-8  
Sales Tax Rate: .0050

SAIGON MARKET LLC  
832 PARK AVE  
LAKE PARK FL 33403-2402

Location/Mailing Address Changes  
New Location address:

Telephone Number: ( )  
New Mailing Address:

FLORIDA DEPARTMENT OF REVENUE  
5050 W TENNESSEE ST

Amount Due From Line 9  
On Reverse Side

261.59

Check here if payment was made electronically

Due: APR 01 2009  
Late After: APR 20 2009

0500 0 20090331 0001003043 & 4000001361 7815 4

SAIGON MARKET AND GIFT  
(561)863-6467

2010

TOWN OF LAKE PARK  
LOCAL BUSINESS TAX RECEIPT  
535 PARK AVENUE, LAKE PARK, FL. 33403  
THIS TAX RECEIPT EXPIRES SEPTEMBER 30, 2010

No: 00711  
Date: 9/01/09

Address: 832 PARK AVE  
LAKE PARK FL 33403  
Activity: IN010 MERCHANT INVENTORY



Tax	305.55
Penalty	
Transfer	
<b>Total Paid</b>	<b>305.55</b>
OCT 1	0.00
NOV 1	0.00
DEC 1	0.00
JAN 1	0.00

issued to: SAIGON MARKET AND GIFT  
832 PARK AVE  
LAKE PARK FL 33403

TAX RECEIPT MUST BE CONSPICUOUSLY DISPLAYED AT BUSINESS

*Anna M. Costello*  
BUSINESS TAX OFFICIAL

JThach @ Bellsouth.net  
SAIGON MARKET

832 Park Ave.  
Lake Park, FL 33403

(561) 863-6467

Complete Line of Oriental Groceries,  
Gifts and Kitchen Supplies

- Thực phẩm Á Đông: Tươi, khô, đông lạnh.
- Tặng phẩm - Đồ dùng nhà bếp.
- CD, DVD, Laser disc, Video, v.v..



2006-13270

STATE OF FLORIDA  
PALM BEACH COUNTY  
**LOCAL BUSINESS TAX RECEIPT**  
**EXPIRES: SEPTEMBER - 30 - 2010**

OR-014  
CLASSIFICATION

SAIGON ORIENTAL MARKET  
THACH JULIE

LOCATED AT  
832 PARK AVE  
LAKE PARK FL 33403

CNTY 33.00  
TOTAL 33.00

This receipt is hereby valid for the above address for the period beginning on the first day of October and ending on the thirtieth day of September to engage in the business, profession or occupation of:

GROCERY STORE

**THIS IS NOT A BILL - DO NOT PAY**

PAID. PBC TAX COLLECTOR  
33.00 BTR 049 01688189 07/23/2009

ANNE M. GANNON  
TAX COLLECTOR, PALM BEACH COUNTY

THIS DOCUMENT IS VALID ONLY WHEN RECEIPTED  
BY TAX COLLECTOR

Cut Here



State of Florida  
Department of Agriculture and Consumer Services  
Division of Food Safety  
850-245-5520

**2010**

POST PERMIT  
CONSPICUOUSLY

**Annual Food Permit**  
GOOD FOR ONE LOCATION

Firm Number : 53260  
Expiration Date : December 31, 2010  
Fee Amount Paid : \$550.00  
Permit Number : 1240798  
Package : 10-2831957-2958991

This permit is issued under authority of Section 500.12, Florida Statutes, to:

Firm Type : GROCERY STORE

SAIGON ORIENTAL FOOD MARKET  
832 PARK AVE  
LAKE PARK FL 33403

CHARLES H. BRONSON, Commissioner

Food Permits are required of any business or person in the business of manufacturing, processing, packing, holding, preparing, or selling food at wholesale or retail. This Food Permit may be suspended upon notice for violations of Chapter 500, F.S. or Department rules. You are responsible for renewing this Food Permit before January 1st, each year. For renewal information please contact the Department at (850) 245-5520.



**2010 Florida Annual Resale Certificate for Sales Tax**

DR-13A  
R. 01/10

**THIS CERTIFICATE EXPIRES ON DECEMBER 31, 2010**

Business Name and Location Address

Certificate Number

**SAIGON PLAZA  
JULIE L. THACH  
822 PARK AVE 822-834  
LAKE PARK FL 33403-2402**

**60-8012745930-3**

This is to certify that all tangible personal property purchased or rented, real property rented, or services purchased by the above business are being purchased or rented for one of the following purposes:

- Resale as tangible personal property.
- Re-rental as tangible personal property.
- Resale of services.
- Re-rental as real property.
- Incorporation into and sale as part of the repair of tangible personal property by a repair dealer.
- Re-rental as transient rental property.
- Incorporation as a material, ingredient, or component part of tangible personal property that is being produced for sale by manufacturing, compounding, or processing.

This certificate cannot be reassigned or transferred. This certificate can only be used by the active registered dealer or its authorized employees. Misuse of this *Annual Resale Certificate* will subject the user to penalties as provided by law. Use signed photocopy for resale purposes.

Presented to: \_\_\_\_\_  
(insert name of seller on photocopy) (date)

Presented by: \_\_\_\_\_  
Authorized Signature (Purchaser) (date)



**2010 Florida Annual Resale Certificate for Sales Tax**

DR-13A  
R. 01/10

**THIS CERTIFICATE EXPIRES ON DECEMBER 31, 2010**

Business Name and Location Address

Certificate Number

**SAIGON MARKET LLC  
832 PARK AVE  
LAKE PARK FL 33403-2402**

**60-8013617815-8**

This is to certify that all tangible personal property purchased or rented, real property rented, or services purchased by the above business are being purchased or rented for one of the following purposes:

- Resale as tangible personal property.
- Re-rental as tangible personal property.
- Resale of services.
- Re-rental as real property.
- Incorporation into and sale as part of the repair of tangible personal property by a repair dealer.
- Re-rental as transient rental property.
- Incorporation as a material, ingredient, or component part of tangible personal property that is being produced for sale by manufacturing, compounding, or processing.

This certificate cannot be reassigned or transferred. This certificate can only be used by the active registered dealer or its authorized employees. Misuse of this *Annual Resale Certificate* will subject the user to penalties as provided by law. Use signed photocopy for resale purposes.

Presented to: \_\_\_\_\_  
(insert name of seller on photocopy) (date)

Presented by: \_\_\_\_\_  
Authorized Signature (Purchaser) (date)

**COUNTY OF PALM BEACH: NOTICE OF AD VALOREM TAXES AND NON-AD VALOREM ASSESSMENTS**

PROPERTY CONTROL NUMBER	YEAR	CMC	COLLECTOR NO.	EXEMPTIONS APPLIED TO THIS PROPERTY	LEGAL DESCRIPTION
-------------------------	------	-----	---------------	-------------------------------------	-------------------

36-43-42-20-01-006-0110

2009

40

3-716-071-00

KELSEY CITY LTS 11 TO 17 INC  
BLK 6



THACH HUNG  
THACH JULIE  
6624 143RD ST N  
PALM BEACH GARDENS FL 33418-7251

SEE REVERSE SIDE FOR MORE INFORMATION

ANNE M. GANNON, Tax Collector Palm Beach County

PAY ONLINE: Go to our secure website at [WWW.TAXCOLLECTORPBC.COM](http://WWW.TAXCOLLECTORPBC.COM). The website has easy instructions to follow and allows you to print your receipt

**AD VALOREM TAXES**

TAXING AUTHORITY	TELEPHONE	MILLAGE	ASSESSED	EXEMPTION	TAXABLE	TAX AMOUNT
COUNTY	561 355-3996	4.3440	645,447	0	645,447	2,803.82
COUNTY DEBT	561 355-3996	.2174	645,447	0	645,447	140.32
TOWN OF LAKE PARK	561 881-3350	8.5163	645,447	0	645,447	5,496.82
TOWN OF LAKE PARK DEBT	561 881-3350	1.4000	645,447	0	645,447	903.63
CHILDRENS SERVICES COUNCIL	561 740-7000	.6898	645,447	0	645,447	445.23
F.I.N.D.	561 627-3386	.0345	645,447	0	645,447	22.27
PBC HEALTH CARE DISTRICT	561 659-1270	1.1451	645,447	0	645,447	739.10
SCHOOL LOCAL	561 434-8837	2.4980	645,447	0	645,447	1,612.33
SCHOOL STATE	561 434-8837	5.4850	645,447	0	645,447	3,540.28
SFWM EVERGLADES CONST PROJECT	561 686-8800	.0894	645,447	0	645,447	57.70
SO FLA WATER MANAGEMENT DIST.	561 686-8800	.2549	645,447	0	645,447	164.53
SO FLA WATER MGMT - OKEE BASIN	561 686-8800	.2797	645,447	0	645,447	180.53

TOTAL AD VALOREM 16,106.56

**NON-AD VALOREM ASSESSMENTS**

LEVYING AUTHORITY	TELEPHONE	RATE	AMOUNT	TAX COLLECTOR	DATE
SOLID WASTE AUTHORITY	561 697-2700	5,914.46	5,914.46	TCONCTC318	5 11/24/2009
LAKE PARK REFUSE COLLECTION	561 881-3350	1,063.78	1,063.78		00298249
TOWN OF LAKE PARK STORMWATER	561 881-3350	324.15	324.15		\$22,472.59

Check Tendered : \$22,472.59

TOTAL NON-AD VALOREM 7,302.39  
TOTAL AD VALOREM AND NON-AD VALOREM COMBINED 23,408.95

**AMOUNT DUE WHEN POSTMARKED BY**

NOV 30, 2009	DEC 31, 2009	JAN 31, 2010	FEB 28, 2010	MARCH 31, 2010	TAXES ARE DELINQUENT APRIL 1
\$22,472.59	\$22,706.68	\$22,940.77	\$23,174.86	\$23,408.95	

DETACH HERE \*\*\* SEE REVERSE SIDE FOR INSTRUCTIONS AND INFORMATION \*\*\* DETACH HERE

**DAVIS CONSTRUCTION CO. & ASSOCIATES INC.**  
**1307 SOUTH KILLIAN DR**  
**LAKE PARK, FL. 561-848-0577 FAX:561-848-0954**

Invoice No. 25455

**INVOICE**

**Customer**

Name Julie Thach/Hot Pot Restaurant  
 Address 828 Park Ave  
 City Lake Park, State FL ZIP  
 Phone

**Misc**

Date 4/28/2010  
 Order No.  
 Rep  
 FOB

Qty	Description	Unit Price	TOTAL
1	ARCHITECTUAL PLANS Complete Plans		\$ 2,400.00

SubTotal	\$ 2,400.00
Shipping	
TOTAL	\$ 2,400.00

Tax Rate(s)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Office Use Only

*Discount*  
*\$2000.00*

*paid*



**DAVIS CONSTRUCTION CO. & ASSOCIATES INC.**  
**1307 SOUTH KILLIAN DR 33403**  
**LAKE PARK, FL. 561-848-0577 FAX:561-848-0954**

Invoice No. 25870

**INVOICE**

Customer			
Name	HOT POT RESTAURANT		
Address	826 Park Ave		
City	Lake Park	State	FI ZIP
Phone			

Misc	
Date	6/23/2010
Order No.	
Rep	
FOB	

Qty	Description	Unit Price	TOTAL
1	ARCHITURAL AND ENGEERING PLANS 2818 Sq. Ft. @ 1.42		\$ 4,001.56

SubTotal	\$ 4,001.56
Shipping	
TOTAL	\$ 4,001.56


Tax Rate(s)

Office Use Only

*\$4000<sup>00</sup>*  
*PAID in Full*

--



This Document Prepared By and Return to:  
Angelo Pardo, Esquire  
Bosso, Bosso & Pardo, P.A.  
2428 Broadway  
Riviera Beach, FL 33404

02/11/2003 14:30:39 20030078998  
OR BK 14785 PG 0625  
Palm Beach County, Florida  
AMT 396,000.00  
Doc Stamp 2,772.00  
Dorothy H. Wilken, Clerk

Parcel ID Number: 36-43-42-20-01-006-0110  
Grantee #1 TIN:  
Grantee #2 TIN:

# Warranty Deed

This Indenture, Made this 3rd day of February, 2003 A.D. Between  
**ZAKITEK DEVELOPMENT, INC.**

6850 Korczak Crescent, Montreal, Canada H4W2W5  
of the County of Palm Beach State of Florida, grantors, and  
**Hung Thach and Julie Thach, his wife**

whose address is 6624 143rd Street N., Palm Beach Gardens, FL 33418

of the County of Palm Beach State of Florida, grantees.

Witnesseth that the GRANTORS, for and in consideration of the sum of  
----- TEN DOLLARS (\$10) ----- DOLLARS,  
and other good and valuable consideration to GRANTORS in hand paid by GRANTEES, the receipt whereof is hereby acknowledged, have  
granted, bargained and sold to the said GRANTEES and GRANTEES' heirs, successors and assigns forever, the following described land, situate,  
lying and being in the County of Palm Beach State of Florida to wit:  
Lots 11 through 17, both inclusive, Block 6, LAKE PARK, formerly  
Kelsey City, according to the plat thereof on file in the Office of  
the Clerk of the Circuit Court in and for Palm Beach County, Florida,  
as in Plat Book 8, page 27.

Subject to restrictions, reservations and easements of record, if any,  
and taxes subsequent to 2002

*Notarized Certified Copy*

and the grantors do hereby fully warrant the title to said land, and will defend the same against lawful claims of all persons whomsoever

In Witness Whereof, the grantors have hereunto set their hands and seals the day and year first above written

Signed, sealed and delivered in our presence:

Angelo Pardo  
Printed Name: Angelo Pardo  
Witness

[Signature] (Seal)  
**ZAKITEK DEVELOPMENT, INC.**  
Mayer Soued, President  
P O Address:

Jo Nagorka  
Printed Name: Jo Nagorka  
Witness

STATE OF Florida  
COUNTY OF Palm Beach

The foregoing instrument was acknowledged before me this 3rd day of February, 2003 by  
**ZAKITEK DEVELOPMENT, INC.**

who are personally known to me or who have produced their  
identification



Evie Jo Nagorka  
Commission # DD128575  
Expires July 23, 2006  
Bonded Through  
Atlantic Bonding Co., Inc.

Evie Jo Nagorka  
Printed Name: EVIE JO NAGORKA  
Notary Public  
My Commission Expires:

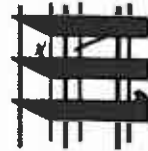
**DAVIS CONSTRUCTION COMPANY & ASSOCIATES, INC.**  
GENERAL CONTRACTORS

1307 South Killian Dr.

Lake Park, FL 33403

PH: 561-848-0577

Fax: 561-848-0954



COMMERCIAL BUILDERS

June 23, 2010

**PROPOSAL**

***HOT POT RESTAURANT***

826 Park Ave.

LAKE PARK, FL.

Re: Interior Build Out

The following items include all labor and materials and as per plans by MCR Engineering.

- Building permit.
- Sawcut concrete for underground plumbing.
- Repour concrete (.006 mil. visqueen, wire mesh, termite treat.)
- Carpentry rough & finish included.
- Demolition of Existing Walls & Loft Area.
- New Doors and Hardware as shown on plans.
- Install new metal framing.
- Install new drywall.
- Prepare all walls ready for new finishes.
- Paint by Owner.
- Flooring by Owner.
- Furnish fire extinguishers.
- Install all plumbing per plans.
- Install all electrical per plans.
- Install new cabinets.
- Install new acoustical ceiling tiles; with vinyl rock tile @ Kitchen.
- Install (2) new approved 2000 gal. grease trap.
- Includes all clean-up and removal from property.
- Install new Kitchen Exh. Hood.
- Install (2) new Roof Top Air Conditioning with Ducting.
- SEE ATTACHED FOR COMPLETE BREAKDOWN.....

DIVISION	DESCRIPTION	QTY	UNIT	MATERIAL	LABOR	\$SUB	TOTAL	NOTES
General	Building Permit	1	ea				\$ 962.00	
General	Supervision	1	ea				\$ 2,062.00	
General	General Conditions	1	ea				\$ 2,420.00	
General	Temp. Elec. Water, Power	1	ea				\$ -	by owner
Demolition	General Demolition	1	ea				\$ 5,280.00	
General	Builders Insurance	1	ea				\$ 605.00	
General	Dumpsters	1	ea				\$ 1,122.00	
General	Construction Cleaning	1	ls				\$ 726.00	
Int. Walls	Interior walls @ 10' High							
	3 5/8" 25 ga. Studs	992	lf				\$ 252.00	
	3 5/8" Track	444	lf				\$ 1,375.00	
	Hi Hat 10'	66	pcs				\$ 160.00	
	Plywood Backing 4x8 cdx	1	pcs				\$ 42.00	
	Carpentry Labor for wall framing	1	ls				\$ 4,290.00	
Drywall	5/8" Reg 4x12	60	pcs				\$ 640.00	
	Mud, Tape, etc.						\$ 203.00	
	Labor (Hang, Tape, Finish	60	pcs				\$ 792.00	
Doors/Hdw	30x68 SC Wood	2	ea				\$ 953.00	
	30x68 Hm Exterior door	1	ea				\$ 771.00	
	Cafe Door	1	ea				\$ 275.00	
Kitchen	Exhaust Hood	1	ea				\$ 12,496.00	
Ceiling	2x4 Grid and Vinyl rock tile in kitchen	1200	sf				\$ 3,300.00	
Paint	Dining Rm, Kitchen	3816	sf				\$ -	By owner
	Paint doors	4	ea				see paint	By owner
Bath Accessory	Grab Bars	4	ea				\$ 152.00	
	Mirrors	2	ea				\$ 82.00	
Base Board	Vinyl Base	219	lf				\$ 300.00	Allowance
Electrical	Electrical w/ fixture	1	Ls				\$ 25,850.00	
A/C	(1) 5 ton (1) 7 1/2 ton	2	Ls				\$ 27,306.00	
Plumbing	Plumbing	1	Ls				\$ 13,420.00	
	Gas	1	Ls				\$ 3,850.00	
	Grease Trap (2 tanks)	1	Ls				\$ 13,750.00	



# PROPOSAL/CONTRACT



## Florida Blacktop, Inc.

1287 W. Atlantic Boulevard  
 Pompano Beach, FL 33069  
 Contact: Jack Powell  
 Phone: (954) 943-9700  
 Fax: (954) 943-9222

Quote To:

Julie Thach  
 Saigon Oriental Market  
 832 Park Avenue  
 Lake Park, FL 33403  
 Phone: 561.863.6467  
 Fax: 561.624.1014  
 Cell: n/a

Job Name:

Saigon Oriental Market  
 Sealcoat / Patch / Stripe

Job Address:

832 Park Avenue  
 Lake Park, FL 33403

Date of Plans:

n/a

Revision Date:

n/a

Phone:

Fax:

Cell:

3/31/2010

ITEM	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	AMOUNT
10	Sealcoat: 2 Coat Spray	992.00	SY	1.70	1,686.40
20	Pavement Repair to Damaged Areas:	150.00	SF	5.10	765.00
	sawcut & remove damaged asphalt, compact existing limerock base & install new 1.5" asphalt				
40	Striping - in paint	1.00	LS	367.50	367.50
	Striping price includes: (25) parking stalls w/ painted concrete wheel stops in yellow & (1) handicapped stall w/ painted concrete wheel stop in blue.				
<b>GRAND TOTAL</b>					<b>\$2,818.90</b>

NOTES:

Exclusions: Bond, Engineering, Layout, Testing, & Permit Fees.

We cannot be responsible for breakage of car stops upon removal due to prior condition, but will replace broken car stops at a unit price of \$30.00 each, not included in proposal. We will attempt to improve the existing site drainage, but due to the existing conditions and elevations of the asphalt, we cannot guarantee to eliminate all standing water. Existing cracks with vegetation growing should be prepared with a weed killer such as "Round Up" for several treatments before we arrive on the job. All material and workmanship is warranted for one year from the date of invoice. Large cracks in the existing asphalt may reflect through the new asphalt in time. It is the customer's responsibility to have the cars stop pressure-cleaned before paving is to start. Due to the uncertainty of the liquid index for asphalt, our prices may be subject to re-negotiation upon more than 5% movement in the liquid price. The liquid asphalt price will be based on the current F.D.O.T. Index

MOT, if included in this bid, pertains to work items by Florida Blacktop, Inc. Florida Blacktop, Inc. is not responsible for maintaining mot for any other trades or work items other than those items specified in this contract. Any person/contractor that moves or alters traffic control devices assumes responsibility for returning traffic control devices back to their original configuration and condition and shall be responsible for the effects of interfering with traffic control devices.

Mobilization: This Proposal is based upon one mobilization. Any Remobilizations will be charged at \$1200.00 each.

Terms: Net cash upon completion of work, or on completion by Seller of each phase of the work, unless other terms are specified above. The Buyer agrees to pay seller all costs incurred in collecting or attempting to collect monies owed for goods



www.WR28.com

# 華星爐頭餐具公司

**WINSTAR RESTAURANT SUPPLIES INC.**  
 17 ALLEN STREET NEW YORK NY. 10002  
 TEL (212) 925-6275 FAX (212) 925-8435  
 E-mail: winstarus@hotmail.com

<p><b>Bill To</b></p> <p><b>Singan Hot Pot Rest.</b>                  826 Park Ave                  Lake Park, FL 33403                  646-415-2327 龍哥                  561-863-6467</p>	<p><b>Ship To</b></p> <p style="text-align: right;">Fax 1-718-388-2107</p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------

Date 日期	9/7/10	VIA	備用名稱	Invoice # 發票號碼			
QTY 數量	u/m	Box # 箱號	Item # 品號	Description 尺碼及備名	Price 單價	Amount 金額	備註
1	ea	No Size		Dish Cabinet with hand (sink no size)		0.00	
1	ea			5-Comp Hot Bar	1,350.00	1,350.00	
1	ea			5-Comp Cool Bar(use ice)	1,350.00	1,350.00	
1	ea			2-Comp Counttop Stove	495.00	495.00	
1	ea			2-Comp Chinese Stove	1,050.00	1,050.00	
1	ea			Deep Fryer 18"	2,450.00	2,450.00	
2	ea	No Size		Working Table (no size)		0.00	
2	set	No Size		Shelving (no size)		0.00	
1	ea			Hand Sink	95.00	95.00	
1	ea			3-comp Sink with 2 drainboard		0.00	
1	set			Walk-in Cooler & Freezer	12,900.00	12,900.00	
1	ea	← No QTY		Chairs (wood made in USA)	80.00	0.00	?? # 80 x 86 = 6880
1	ea			Hood	1,140.00	1,140.00	
1	ea			Stap Pot	30.00	30.00	
1	ea			Ice Maker	2,742.00	2,742.00	
1	ea			6-Burner and Griddle with Over	3,180.00	3,180.00	

Table # 365<sup>00</sup>/<sub>xy</sub> x 10 = 3,650 | # 6,650  
 # 250<sup>45</sup> x 12 = 3,000 | # 6,650

<p>貨物出門, 恕不退換. 顧客存放貨物不得超過90天, 逾期由本公司處理, 顧客不得異議.                  This receipt constitutes customer's agreement of all terms &amp; conditions set forth by seller.                  Absolutely no exchange/refund on electrical &amp; gas components/equipments and all special orders.                  Deposits on special orders must exceed 50% of invoice total.                  Deposits on custom-made orders placed but later cancelled by customer will be fully refunded.                  All purchases not picked up within 90 days will be disposed of or resold at seller's discretion.</p>	<p><b>Total</b> 26,782.60</p> <p><b>Deposit</b></p> <p><b>Freight</b> Not include</p> <p><b>Amount Due</b> 26,782.60 + # 12,900 + # 6,880 + 665</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------

Total # 53,212

**JOHN M. TERRELL**  
Certified Building Contractor

September 30, 2010

Re: Hot Pot Restaurant  
826 Park Ave., Lake Park  
Plans dated April 26, 2010

Dear Julie,

Please accept our proposal for the build out of the referenced project.  
Please note all costs of permits are not included.

**Demolition**

Electric all existing ceiling lights, wood stairway and storage platform,  
drop ceiling, plumbing existing bathroom , and remove and haul away  
all debris.

**\$3,600**

**Electrical**

All electrical work as per plan.

**\$29,800**

**Plumbing**

All plumbing as per plan.

**\$17,600**

Grease trap, (two poly tanks)

**\$6,600**

Gas piping as per plan from meter at tenant space

**\$3,000**

Exterior sanitary piping and grease trap piping

**\$3,900**

Plumbing excludes cutting, patching and permit fee

} **\$31,100**

**Mechanical**

Air conditioning , provide two roof package units as per plan

**\$18,000**

**Framing and Drywall**

Framing as per plan, plus that which is not shown on plan, provide and  
install new 3 5/8 by 12 foot 20 gage metal framing, and provide same  
material and install soffit and header between dinning room and kitchen wall  
thru bathroom hallway.

Provide and install 5/8" fire rated drywall 4x12' sheet to 12' ceiling height  
for entire perimeter of structure plus as shown on approved plan.

Material

**\$4,000**

Framing Labor

**\$2,900**

Hang and tape drywall two coats ready for paint

**\$2,900**

} **\$9,800**

Ocean Builders Inc.  
4430 SE Bayshore Terrace, Stuart, Fl. 34997  
772 341 8836

johnmterrell5@aol.com  
state lic. cbc059432



**Door Schedule**

Provide and install as per plan  
Does not include retrofit of existing rear door opening  
if reaquired.

Material \$3,200  
Labor \$1,455  
→ \$4,655<sup>00</sup>/<sub>xx</sub>

**Wall Panel FRP**

All kitchen walls

Material \$2,680  
Labor \$1,800  
→ \$4,480<sup>00</sup>/<sub>xx</sub>

**Drop Ceiling**

Contractor will provide 2x4'x1/2" fire rated USG sheet rock #3270 white total area  
aprox 1,000 sq ft labor and mazerial \$1,950

Dinning and bathrooms provide labor and material with 2x2' reveal total  
1,760 sq ft aprox \$3,872

**Painting**

Provide material and labor one coat primer, two coats finish heavy paint  
Wood stain interior doors with polyurethane one coat

\$2,800  
\$400  
→ \$3,200

**Floor Tile**

Dinning and bath room 18 x18" porcelin tile 1746 sq ft.

	Material allowance \$2.00 per sq ft	\$3,492
	Labor \$2.35 per sq ft	\$4,103
Bathroom walls 360 sq ft	Material allowance \$2.50 per sq ft	\$900
	Labor \$2.50	\$720
Kitchen Floor Quarry tile 6x6"	Material @ \$2.10 per sq ft	\$1,961
934 sq ft	Labor \$2.80 per sq ft	\$2,615
	Base 700 pieces 6" @ \$1.70	\$1,190
	Inside corner 18 pieces @ \$5.35	\$96
	Outside corners 16 pieces @ \$3.86	\$62
	Labor \$1.00 per piece	\$780

→ \$15,919<sup>00</sup>/<sub>xx</sub>

**Kitchen Grease Hood**

Contractor will provide and install a 12ft grease hood system, including  
approved shop drawings with fire compresant system. Permit fee is not  
included. \$15,500

**Wait Station And Cashier Counter**

Waiter station formica, office formica counter and wall shelving  
Cashier Counter formica \$2,800  
\$1,200 → \$4,000

**Roof Penetrations**

Roof penetrations and repair for twp new A/C curbs,grease hood fresh  
air and exhaust, two new goose necks, and water heater vent lines \$3,800

**Floor Cutting and Repair**

Contractor will provide all floor cuts and repairs for all underground plumbing lines and install rebar, termite spray, vapor barrier, and finish with 3,000 psi fibered concrete **\$3,000**

**Dumpsters**

Includes removal of all debris from job site (allowance 6 dumpsters only) **\$1,800**

**Supervision, Overhead, and Profit**


Supervision and overhead **\$15,000**  
Profit @ 10 % on total cost **\$16,948**

Total Proposed Amount **\$186,424**

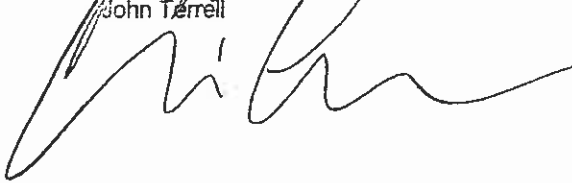
Thank you for the opportunity of this proposal.

Sincerely

Rick Chan  
Project Manager



John Terrell



# TAB 3



**CRA  
Agenda Request Form**

**Meeting Date: November 3, 2010**

**Agenda Item No. 3**

- |                          |                             |                                     |                   |
|--------------------------|-----------------------------|-------------------------------------|-------------------|
| <input type="checkbox"/> | Public Hearing              | <input type="checkbox"/>            | Resolution        |
| <input type="checkbox"/> | Ordinance on Second Reading | <input checked="" type="checkbox"/> | <b>Discussion</b> |
| <input type="checkbox"/> | Ordinance on First Reading  | <input type="checkbox"/>            | Bid RFP/Award     |
| <input type="checkbox"/> | General Approval of Item    | <input type="checkbox"/>            | Consent           |
| <input type="checkbox"/> | Presentation                | <input type="checkbox"/>            | Other             |

**SUBJECT: Grant / Loan Funds Re- allocation**

**RECOMMENDED MOTION/ACTION: Approve**

**Staff Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approved by Executive Director** W. Lewis **Date:** 10/28/10

<b>Prepared By:</b>  Executive Director	<b>Costs: \$</b>  <b>Funding Source:</b>  <b>Acct. #</b>	<b>Attachments:</b>
-----------------------------------------------	----------------------------------------------------------------------	---------------------

**Summary Explanation/Background: The Board approved grants and loans to the owners of Kelsey Market and Dockside Grill for a total amount of \$160,000. Those funds have been forfeited by the both entities. Staff is proposing to re-allocate those funds as follows:**

**\$75,000 Loan to Julie LeThach, owner of Saigon Oriental Market to assist with the opening of a restaurant located at 833 Park Ave.**

**\$30,000 - \$40,000 Allocation to create a "park" like green space on a portion of the 700 block of Foresteria Drive. Currently, there is a vacant parcel of land resulting from the acquisition and demolition of two multi-family buildings and one single family house. These buildings were demolished to provide for future parking inventory. A portion of the land is currently being utilized as a community garden. Staff is recommending that the remaining portion of the property be renovated with irrigation and sod. It is also recommended that the fencing be removed to provide for a more inviting pedestrian area.**

**\$3,458 Grant to the owners of Mos Art Theatre for lighted signage.**

**\$10,000 Loan to a restaurateur prospect who is currently negotiating a lease with the owner of 850 Park Ave (Location where Dockside Grill was planning to open).**

<b>\$75,000</b>	<b>Julie LeThach Loan</b>
<b>40,000</b>	<b>Park (Worst Case Scenerio)</b>
<b>3,458</b>	<b>Mos Art Sign</b>
<b><u>10,000</u></b>	<b>Restaurant Loan</b>
<b>128,458</b>	<b>Total</b>

**\$31,542 balance to remain as incentive funds for new businesses on Park Ave.**



SIGN A RAMA  
 900 Northlake Blvd  
 North Palm Beach, FL, 33408- USA  
 Phone: (561)-845-7339 Fax: (561)-845-0376  
 signarama-npb.com  
 info@signarama-npb.com

# QUOTE 001317

Quote Date 8/18/2009  
 SalesRep HS  
 Terms Code 50% REQUIRED

Customer Phone/Fax (561) 313-0901 /

**SOLD TO**  
 MOSARTT001  
 Albert Rossodivlta  
 Mosart Theatre  
 700 Park Avenue  
 Lake Park, FL 33408- USA

**SHIP TO**  
 Mosart Theatre  
 700 Park Avenue  
 Lake Park, FL 33408- USA

Item - Description	Qty	Unit	Unit Price	Extended Price
	1	EA	\$3,160.00	\$3,160.00

Add Electrical Capabilites to existing cabinet sign, as follows:

1. retrofit cabinet with electrical fixtures
2. fabricate access panel on cabinet for future maintenance access
3. re-mount at existing location and connect to junction box
4. electrical installation to be performed per FL Building Code by licensed electrical contractor

\*\*\*PERMIT COSTS NOT INCLUDED AS UNKNOWN REQUIREMENTS AT THIS TIME\*\*\*

1	EA	\$3,458.00	\$3,458.00
---	----	------------	------------

Add Perimeter Lighting to existing cabinet sign, as follows:

1. fabricate metal frame channel to hold light fixtures around perimeter of existing sign face
2. install fixtures and 11 watt bulbs
3. provide 12 additional bulbs
4. electrical installation to be performed per FL Building Code by licensed electrical contractor

\*\*\*PERMIT COSTS NOT INCLUDED AS UNKNOWN REQUIREMENTS AT THIS TIME\*\*\*

OPTION: Provide "chase" feature, various sequencing alternatives: ADD \$900 to \$1150

Invoices & Cancellation of Orders: Sign-A-Rama (Vendor) prepares your order according to your specifications. Therefore, prior to its commencement, your order is only cancellable with the Vendor's prior written consent. After commencement of your order (the point at which materials are assembled and work has begun), your order is non-cancellable. The Customer is Soley Responsible for Proofreading. Vendor does not assume any responsibility for the correctness of copy. Therefore, you must review and sign a proof prior to our commencement of your order. By signing your proof, you approve of its content and release the Vendor to commence our work. You are solely responsible for the content of the proof once it has been signed. However, if we should make an error in producing the work as proofed, please be assured that we will redo the work as quickly as possible and without charge to you. Vendor's liability Vendor's total liability is hereby expressly limited to the services indicated on the invoice and Vendor will not be liable for any subsequent damages, consequential damages, or otherwise. All dates promised on this invoice are approximations unless the word "firm" is written and acknowledged by the Vendor.

Terms of Payment: Upon ordering, you must give Vendor a 50% deposit. Your balance will be due upon delivery and/or installation. Vendor may, at its sole discretion, extend credit terms to you upon approval. Collection Procedures: Invoices are considered delinquent thirty (30) days from the date that your order is completed. After the thirtieth day, a late charge of \$25.00, together with interest accruing at the rate of 1.5% per annum, or the maximum rate allowable by law is assessed. You shall be liable for all costs related to collection of delinquent invoices, including court costs and attorney's fees. Customer's Acceptance of Work: Customer's acceptance, either personal or through his/her agent(s) and/or employee(s) of the work ordered shall be deemed as full acceptance. This means that by accepting delivery of the work, customer affirms that the work substantially conforms to all expectations. Lost or Substantially Forgotten Work: If customer does not take possession of completed work within thirty (30) days from notification of completion, then the work will be considered lost or forgotten, and vendor will not be responsible for further loss. Customer will be billed and responsible for payment for work that has been completed.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Tax for this order will be 0%.