

## RFP# 17-01

# **Mandatory Pre-RFP Response Meeting** Tree Planting Program Tuesday, March 7, 2017, 11 a.m.

| Sign-In Sheet                                       |
|---|
| Company Name: Orchidlan Landscape Artisans          |
| Company Address: 17400 Sw 232 ST, Miami, F 33170    |
| Representative: Steven M. Gonzalez                  |
| Telephone/Fax: 786 280 9087 305 246 5545            |
| E-mail: Steven a orchideren landscope. Com          |
|   |
| Company Name: ANNOWA BROTHERS (ORP                  |
| Company Address: 15901 SW 242 ST HOMESTERD FL 33031 |
| Representative: DMAN ESCAVIZIZA                     |
| Telephone/Fax: 305 246 3223 786 693 0229            |
| E-mail: DE@ARAZOZABROTHERS.COM                      |
|   |
| Company Name: SFM SERVICES                          |
| Company Address: 9700 NW 79 AVE HIA GANDETS         |
| Representative: MARIO CANTERO                       |
| Telephone/Fax: 305 818 2424   305 818 3510          |
| E-mail: M CANTENO @ SFM SERVICES. COM.              |
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| Company Name: STONEHENGE CONSTRUCTION                  |
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| Company Address: 6401 SW B7 AVE SPITE 200 Minmi FL 331 |
| Representative: DAVID GARCIA                           |
| Telephone/Fax:   |
| E-mail: dgarcia @ SHC - US. com                        |
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|  |
| Company Name: Visus/Scape                              |
| Company Address: 15980 NW 117AVe Warm F/33018          |
| Representative: June Calos Viln                        |
| Telephone/Fax: 360 362 -2404                           |
| E-mail: JCV EVisual Scape M. com                       |
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| Company Name: PLANT PROFESSIONALS INC                  |
| Company Address: 145 SW 3 AVE HOMESTEAD FL 33030       |
| Representative: PSRITTANY ANIOL                        |
| 12 255 255   |

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| Company Name: MEXID GREENS   |
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| Company Address: Po Bsx  |
| Representative: GENE SHERWOOD                                      |
| Telephone/Fax: 786 5216501   |
| Telephone/Fax: 786 3216501<br>E-mail: GENE @ GROSN WISS GROVP. Com |
|  |
| Company Name:  |
| Company Address:   |
| Representative:  |
| Telephone/Fax:   |
| E-mail:  |
|  |
| Company Name:  |
| Company Address:   |
| Representative:  |
| Telephone/Fax:   |
| E-mail:  |