

CITY OF POMPANO BEACH
MANDATORY PRE-BID CONFERENCE

SIGN IN SHEET

BID NO. H-43-11

ASPHALTIC CONCRETE PAVEMENT SURFACING

DATE: 07/28/2011

ATTENDEES NOTE: Furnish complete information. This completed form becomes the basis of the mailing list for all addenda. Only companies represented on this sheet may submit bids for the above named project.

Name PAUL EMMAUS Title ESTIMATOR Company You Represent FLORIDA BLACKTOP, INC.
Company Mailing Address 1287 W. ATLANTIC AVE POMPANO BEACH FL 33069
City State Zip Code
Telephone Number (954) 943-9700 Fax Number (954) 943-9222

Name JOSE A. CHAGOYEN Title ESTIMATOR Company You Represent H&R PAVING, INC.
Company Mailing Address 1955 NW 110th AVE. MIAMI FL 33172
City State Zip Code
Telephone Number (954) 261-3005 Fax Number (954) 592-6079
E-MAIL: jose@hrpaving.com

Name RAY ROBERTS Title SAFETY DIRECTOR Company You Represent WEEKLEY HOSPITAL RADIOS
Company Mailing Address 20701 STEELING RD. PEMBROKE PINES FL 33332
City State Zip Code
Telephone Number (954) 680-8005 Fax Number (954) 680-8692

Name KEITH HAZELSON Title _____ Company You Represent M AND M ASPHALT
Company Mailing Address 1302 SOUTH J STREET LAKE WORTH FL 33460
City State Zip Code
Telephone Number (94) 588 0949 Fax Number () 561 588 8140

Name ERIC WILLENBERG, P.M. Title _____ Company You Represent HARRIZINES, INC.
Company Mailing Address 2101 S. CONGRESS DELRAY FL 33445
City State Zip Code
Telephone Number (661) 278-0456 Fax Number (561) 278-2147

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Name Richard McKenzie Title Project Manager Company You Represent General Asphalt

Company Mailing Address 4850 NW 72 Ave Miami FL 33066
City State Zip Code

Telephone Number () 305-592-3460 Fax Number (305) 477 4675
305 510 3031

Name Fernando Giro Title _____ Company You Represent Community Asphalt

Company Mailing Address 14100 S NW 186 St Hialeah FL 33018
City State Zip Code

Telephone Number (305) 829-0700 Fax Number (305) 829-8777

Name _____ Title _____ Company You Represent _____

Company Mailing Address _____ City _____ State _____ Zip Code _____

Telephone Number () _____ Fax Number () _____

Name _____ Title _____ Company You Represent _____

Company Mailing Address _____ City _____ State _____ Zip Code _____

Telephone Number () _____ Fax Number () _____

Name _____ Title _____ Company You Represent _____

Company Mailing Address _____ City _____ State _____ Zip Code _____

Telephone Number () _____ Fax Number () _____