



Via First Class Mail
and
email at Daniel@superrestoration.com

ETHICS COMMISSIONERS

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Nelson Bellido

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EXECUTIVE DIRECTOR

MICHAEL P. MURAWSKI
ADVOCATE

ARDYTH WALKER
STAFF GENERAL COUNSEL

July 28, 2010

Mr. Daniel Vargas and Mrs. Cindy Leon Vargas
SUPER RESTORATION SERVICE CO.
7533 SW 188 Terrace
Miami, FL 33157

Re: INQ 10-139
Limitations on Doing Business with the County

Dear Mr. and Mrs. Vargas:

In correspondence to our office on July 27, 2010, you said that you wish to do business with the County through your privately owned business, SUPER RESTORATION SERVICE CO.

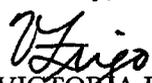
IT IS THE OPINION of the Ethics Commission staff that SUPER RESTORATION SERVICE CO. may enter into contracts with the County, but not with the Miami-Dade County Fire Rescue Department nor with the Parks & Recreation Department because of your employment with these county departments.

THE FACTS as you presented them are that SUPER RESTORATION SERVICE CO., a for-profit corporation owned by you, provides services to mitigate water, mold, and fire damage. Cindy Leon Vargas is employed by the Miami-Dade County Parks & Recreation Department as an Ocean Life Guard. Daniel Vargas is employed by the Fire Rescue Department as a Firefighter/Paramedic.

THE COUNTY ETHICS CODE at Section 2-11.1 (c) allows your company to do business with Miami-Dade County as long as the contract does not interfere with the full and faithful discharge of your duties to the County. This includes the condition that neither of you participate in determining the contract requirements or in awarding the contract. Additionally, none of your job responsibilities and job descriptions may require either of you to be involved in the contract in any way including, but not limited to, its enforcement, oversight, administration, amendment, extension, termination, or forbearance. Finally, neither of you may work in any County department that will enforce, oversee, or administer your contract.

If any of the facts you have presented change, or if you have further questions, please do not hesitate to contact me at 305 350-0601.

Sincerely,


VICTORIA FRIGO
Staff Attorney

copies: DVargas@miamidade.gov and CLeon@miamidade.gov

County Employees Wishing to Register as County Vendors

Please submit the following information by mail, fax, *or* email to—

Victoria Frigo, Staff Attorney
 The Commission on Ethics & Public Trust
 19 West Flagler St., Suite 820
 Miami, FL 33130

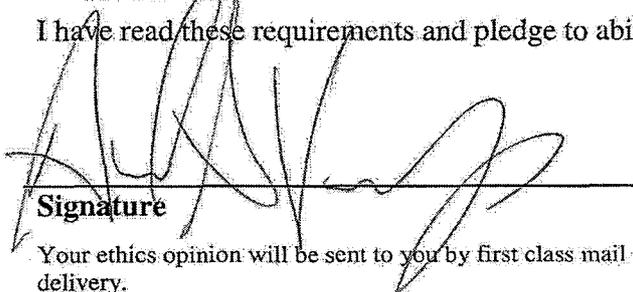
Phone: (305) 350-0601
 Fax: (305) 579-0273
 Email: frigov@miamidade.gov

Employee's Name	Daniel Vargas
Employee's Dept.	MDFR
Employee's Title	Fire Fighter/Paramedic
Business Name	Super Restoration Service Co.
Type of Business	WATER, MOLD & FIRE EMERGENCY SERVICES
Employee's Mailing Address	7533 SW. 18th Terr. Miami, FL 33157
Employee's Daytime Phone	(786) 390-7217
Employee's Preferred Email	Daniel@superrestoration.com
Immediate Family Members	CINDY LEON (wife) Parks + Recreation, Life Guard <small>(Please list the names, titles, and departments of any immediate family members currently employed by Miami-Dade Co.)</small>

The Miami-Dade County Conflict of Interest & Code of Ethics at § 2-11.1 (c)(2) allows County employees to contract with the County in certain circumstances and if the following criteria are met. Please confirm that you will meet all of these criteria:

1. Entering into a contract with the County will not interfere with the full and faithful discharge of my duties to the County.
2. I will not participate in determining the contract requirements.
3. I will not participate in awarding the contract.
4. My job responsibilities and job description will not require me to be involved in the contract in any way including, but not limited to, its enforcement, oversight, administration, amendment, extension, termination, or forbearance.
5. I will not be working in the County department that enforces, oversees, or administers the contract.

I have read these requirements and pledge to abide by them.



 Signature

7-27-2010

 Date



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Employee Information

Username: DVARGAS

UserID: 301231

Last Name: VARGAS

First Name: DANIEL, A

Title: FIREFIGHTR

Department: FIRE RESCUE

Work Location:

Cubicle/Suite: Floor #

Office Phone/Ext.: (786) 331-5000

Cell:

Pager:

Fax:

Email: dvargas@miamidade.gov

Manager:

Pre-Assignment: Department Essential



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Employee Information

Username: CLEON

UserID: 210510

Last Name: LEON

First Name: CINDY, M

Title: OCEANLIFE1

Department: PARK & RECREATION

Work Location:

Cubicle/Suite: Floor #

Office Phone/Ext.: (305) 665-5475

Cell:

Pager:

Fax:

Email: CLeon@miamidade.gov

Manager:

Pre-Assignment: None

DOCUMENT# P97000040362

Entity Name: SUPER RESTORATION SERVICE CO.

Current Principal Place of Business:12251 SW 128TH CT.
UNIT 104
MIAMI, FL 33186 US**New Principal Place of Business:**1850 NW 84 AVE.
UNIT 116
MIAMI, FL 33126 US**Current Mailing Address:**P.O. BOX 562223
MIAMI, FL 33256 US**New Mailing Address:**

FEI Number: 65-0750564

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:VARGAS, RENE J
12251 SW 128TH CT.
UNIT 104
MIAMI, FL 33186 US**Name and Address of New Registered Agent:**VARGAS, RENE J
1850 NW 84 AVE.
UNIT 116
MIAMI, FL 33126 US

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: RENE J VARGAS

04/01/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: VARGAS, CLARISSA M
Address: 8141 SW 180 ST
City-St-Zip: MIAMI, FL 33157

Title: VP
Name: VARGAS, RENE J
Address: 8141 SW 180 ST
City-St-Zip: MIAMI, FL 33157

Title: S
Name: VARGAS, RENE J JR.
Address: 7580 SW 190 ST
City-St-Zip: MIAMI, FL 33157

Title: T
Name: VARGAS, DANIEL A
Address: 8141 S.W. 180 ST
City-St-Zip: MIAMI, FL 33157

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CLARISSA M VARGAS

P

04/01/2010

Electronic Signature of Signing Officer or Director

Date