



City of Pompano Beach
 Department of Development Services
 Planning & Zoning Division

P&Z#: 25-11000001

100 W. Atlantic Blvd Pompano Beach, FL 33060
 Phone: 954.786.4679 Fax: 954.786.4666

Development Application

Project Type: Variance

Submission #: VAR-2024-26

Site Data			
Project Name:	RAM Pompano Parking Lot	Size of property:	43929.0
Street Address:	900 SE 1 St	Number of units (Residential):	
Folio Number(s):	494201000120	Total square feet of the building* (Non-Residential):	
Project Narrative:	Variance for lower number of parking spaces		

Applicant			Landowner (Owner of Record)		
Name:			Business Name (if applicable):		
Humberto Chavez			RAM POMPANO, LLC		
Title:			Print Name:		
MGMR			GUZMAN, GERMAN A		
Street Address:			Street Address:		
2319 West 78th Street			4156 NW 21ST AVE.		
Mailing Address City/ State/ Zip:			Mailing Address City/ State/ Zip:		
Hialeah	FL	33016	OAKLAND PARK	FL	33309
Phone Number:			Phone Number:		
305-824-8719			954-735-7810		
Email:			Email:		
permitsandlegal@ch-gc.com					

ePlan agent (if different):	
Name of ePlan agent:	
Email of ePlan agent:	
Phone Number of ePlan agent:	



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100 W. Atlantic Blvd Pompano Beach, FL 33060
 Phone: 954.786.4634 Fax: 954.786.4666

Variance Application

STREET ADDRESS		Zoning District
900 - 902 SE 1 STREET POMPANO BEACH, 33060		
Subdivision	Block	Lot 3
Representative or Agent's interest in property (Owner, Lessee, Etc)		
Has any previous application(s) been filed?	Yes _____ No <u>x</u>	
If Yes, give date of hearing and finding		

Owner's Representative or Agent	Landowner (Owner of Record)
Business Name (if applicable)	Business Name (if applicable)
	APRIL JOHAN MANAGER
Print Name and Title	Print Name and Title
	<i>[Signature]</i>
Signature	Signature
	<i>[Signature]</i>
Date	Date
	Dec 4 / 2024.
Street Address	Street Address
Mailing Address City/ State/ Zip	Mailing Address City/ State/ Zip
Phone Number	Phone Number
Email	Email
Indicate your preferred medium to receive agendas and notifications: _____ Mail _____ E-Mail	Indicate your preferred medium to receive agendas and notifications: _____ Mail _____ E-Mail



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OWNER'S CERTIFICATE

This is to certify that I am the owner of the subject lands described in this application and that I have authorized the filing of the aforesaid application. I further certify that this request is not related to any existing violation of the zoning code.

Note: If this request is related to an existing zoning violation, please submit documentation as to the Special Master's disposition of the matter.

Owner's Name: Axel Jordan . Mesa .
(Print or Type)
Address: 4156 NW 21st & OAKLAND PARK
FL 33309.
(Zip Code)

Phone: _____

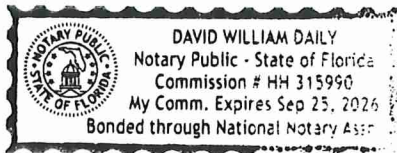
Email address: _____
Adelma
(Signature of Owner or Authorized Official)

SWORN AND SUBSCRIBED before me this 4th day of December, 2024.

David Daily
NOTARY PUBLIC, STATE OF FLORIDA

David Daily
(Name of Notary Public: Print, stamp, or Type as Commissioned.)

Personally know to me, or
 Produced identification: _____
(Type of Identification Produced)



2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000193337

Entity Name: RAM POMPANO, LLC

Current Principal Place of Business:

4156 NW 21ST AVE.
C/O LEASING OFFICE
OAKLAND PARK, FL 33309

Current Mailing Address:

4156 NW 21ST AVE.
C/O LEASING OFFICE
OAKLAND PARK, FL 33309

FEI Number: 86-3776582

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GUZMAN, GERMAN A
4156 NW 21ST AVE.
C/O LEASING OFFICE
OAKLAND PARK, FL 33309 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name **JORDAN, AXEL**
Address 4156 NW 21ST AVE., C/O LEASING OFFICE
City-State-Zip: OAKLAND PARK FL 33309

Title MGR
Name GUZMAN, GERMAN A
Address 4156 NW 21ST AVE., C/O LEASING OFFICE
City-State-Zip: OAKLAND PARK FL 33309

Title MGR
Name JORDAN, HERBERT
Address 4156 NW 21ST AVE.
C/O LEASING OFFICE
City-State-Zip: OAKLAND PARK FL 33309

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GUZMAN , GERMAN A

MGR

01/31/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date