



## Automated Port Services, Inc.

### New Vendor Registration

**Report Date:** March 25, 2026, 9:16 a.m.

**New Vendor Request Submitted:** March 11, 2026, 5:56 p.m.

**Legal Name:** Automated Port Services, Inc.

**Corporate Address:**

5727 NW 7 St. #286 Miami, FL 33126 United States of America  
Address Validated

**Corporate Email:** louis.noriega@aportsolutions.com

**Main Telephone Number:** +13054913908

**URL:** www.aportsolutions.com

**D&B D-U-N-S Number:** 066987689

**Unique Entity Identifier:**

**Tax Country:** US

**Tax Classification:** S Corporation

**Tax ID:**

**Employer Identification Number (EIN):** 822818407

**TIN/Name IRS Validation:** VALID

**W8/W9:** <https://www.paymentworks.com/api/files/automatedportservice/private/w8-w9-automatedportservice.pdf>

**Description of Goods and Services:**

Goods and Services

**Initiator Name (first and last):**

Elena Muniz

**Initiator Email:**

emuniz@davie-fl.gov

**Initiator Department:**

Information Systems

**Initiator Phone Number:**

9547971084

**Reason for inviting this supplier:**

Product and Service

**Supplier Category:**

US Entity

**Is your company being paid for any of the following?:**

None of these statements are true

**Do you accept Purchase Orders?:**

Yes

**Please review the Town's purchase order terms and conditions.:**

True

**Please provide your email address for purchase order delivery:**

louis.noriega@aportsolutions.com

**Please provide your Commercial General Liability Insurance:**

[https://www.paymentworks.com/api/files/7d437785-0d13-4704-99a8-ce9d4bfc8c70/private/save-draft-files/TOD\\_-\\_General\\_Liability\\_COI.pdf](https://www.paymentworks.com/api/files/7d437785-0d13-4704-99a8-ce9d4bfc8c70/private/save-draft-files/TOD_-_General_Liability_COI.pdf)

**Commercial General Liability Insurance Expiration Date:**

2026-07-03

**Please provide your Workers Compensation and Employers Liability Insurance:**

[https://www.paymentworks.com/api/files/7d437785-0d13-4704-99a8-ce9d4bfc8c70/private/save-draft-files/TOD\\_Workmans\\_Comp\\_COI.PDF](https://www.paymentworks.com/api/files/7d437785-0d13-4704-99a8-ce9d4bfc8c70/private/save-draft-files/TOD_Workmans_Comp_COI.PDF)

**Workers Compensation and Employers Liability Insurance Expiration Date:**

2026-07-04

**Are you coming inside the boundaries of the Town of Davie to provide services or to provide product delivery (excluding personal transportation)?:**

Yes

**Please provide your Commercial Automotive Insurance:**

[https://www.paymentworks.com/api/files/7d437785-0d13-4704-99a8-ce9d4bfc8c70/private/save-draft-files/TOD\\_-\\_Automobile\\_COI.pdf](https://www.paymentworks.com/api/files/7d437785-0d13-4704-99a8-ce9d4bfc8c70/private/save-draft-files/TOD_-_Automobile_COI.pdf)

**Commercial Automotive Insurance Expiration Date:**

2026-06-03

**Accounts Receivable Contact Name:**

Louis Noriega

**Accounts Receivable Contact Phone Number:**

+13054913908

**Accounts Receivable Contact Email:**

[louis.noriega@aportsolutions.com](mailto:louis.noriega@aportsolutions.com)

**Sales Contact Name:**

[louis.noriega@aportsolutions.com](mailto:louis.noriega@aportsolutions.com)

**Sales Contact Phone Number:**

+13054913908

**Sales Contact Email:**

[louis.noriega@aportsolutions.com](mailto:louis.noriega@aportsolutions.com)

**Are you a Federally certified diverse business?:**

No

**Are you a State of Florida certified disadvantaged business?:**

No

**Please read and acknowledge The Town of Davie Conflict of interest Disclosure:**

True

**Are you or are you aware of anyone at your company who is a current Town employee?:**

No

**Are you or are you aware of anyone at your company who is a former Town employee?:**

No

**Are you or are you aware of anyone at your company who is related to a Town employee?:**

No

**Town of Davie Debarment Certification:**

True

**Florida Statute 287,135:**

True

**Town of Davie E-Verify Form:**

True

**Town of Davie Vendor Requirements Guide:**

True

**Please Upload Your State of FL Sunbiz OR Registration with your own Department of State (screenshot of website is acceptable),:**

<https://www.paymentworks.com/api/files/7d437785-0d13-4704-99a8-ce9d4bfc8c70/private/save-draft-files/Sunbiz.pdf>

**Bank Location:**

US Bank Account

**Payment Method for Payees with a US Bank Account:**

ACH

**Remittance Address:**

5727 NW 7 St. #286 Miami, FL 33126 United States of America

Address Validated

**Bank Account:**

**Name on Account:** Automated Port Services, Inc.

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