

DISTRICT PRE-BID ATTENDANCE ROSTER

LOCATION: Pompano Operations Center

RFP/ITB/ITN No: E8W62

DATE: October 14, 2025

PROJECT: Elevator Upgrades and Modernization at Pompano Operations Building

1. Your Name: Trisa Thomas MBE/DBE (Y/N) \_\_\_\_\_  
 Employer: FDOT/Jacobs Phone: 954-934-1272  
 Address: Florida's Turnpike M.P. 65 Cell: \_\_\_\_\_  
Pompano Beach Service Plaza Fax: 954-934-1352  
 City: Pompano Beach State: FL Zip: 33069  
 Email Address: trisa.thomas@dot.state.fl.us

2. Your Name: Alan Chua MBE/DBE (Y/N) \_\_\_\_\_  
 Employer: FDOT/Jacobs Phone: 954-934-1258  
 Address: Florida's Turnpike M.P. 65 Cell: \_\_\_\_\_  
Pompano Beach Service Plaza Fax: 954-934-1352  
 City: Pompano Beach State: FL Zip: 33069  
 Email Address: alan.chua@dot.state.fl.us

3. Your Name: GUSTAVO ALVAREZ - DIAZ MBE/DBE (Y/N) \_\_\_\_\_  
 Employer: JACOBS / FDOT Phone: \_\_\_\_\_  
 Address: MILE POST 65, FLORIDA TURNPIKE Cell: \_\_\_\_\_  
 City: POMPANO BEACH State: FL Fax: \_\_\_\_\_  
 Email Address: GUSTAVO.ALVAREZ-DIAZ@DOT.STATE.FL.US Zip: \_\_\_\_\_

4. Your Name: Cory Teramo MBE/DBE (Y/N) \_\_\_\_\_  
 Employer: Metro Elevator Phone: 305-619-1483  
 Address: 4000 Hollywood Blvd Suite 555-5 Cell: 9305 897 0253  
 City: Hollywood State: FL Fax: \_\_\_\_\_  
 Email Address: Coryteramo@metro-elevator.com Zip: 33021

5. Your Name: Eric Feldmeier MBE/DBE (Y/N) \_\_\_\_\_  
 Employer: FDOT Phone: 9/707-0064  
 Address: MP65 Pompano Operations Cell: \_\_\_\_\_  
Pompano Beach, FL 33069 Fax: \_\_\_\_\_  
 City: Pompano Beach State: FL Zip: \_\_\_\_\_  
 Email Address: eric.feldmeier@dot.state.fl.us

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6. Your Name: Wanda Grace MBE/DBE (Y/N) \_\_\_\_\_  
Employer: (On TEAMS) Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Zip: \_\_\_\_\_

7. Your Name: Judy Hilliard MBE/DBE (Y/N) \_\_\_\_\_  
Employer: (On TEAMS) Phone: 407-264-3014  
Address: \_\_\_\_\_ Cell: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address: JUDY.HILLIARD@DOT.STATE.FL.US Zip: \_\_\_\_\_

8. Your Name: \_\_\_\_\_ MBE/DBE (Y/N) \_\_\_\_\_  
Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Zip: \_\_\_\_\_

9. Your Name: \_\_\_\_\_ MBE/DBE (Y/N) \_\_\_\_\_  
Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Zip: \_\_\_\_\_

10. Your Name: \_\_\_\_\_ MBE/DBE (Y/N) \_\_\_\_\_  
Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Zip: \_\_\_\_\_