

Pablo D. Lopez
925 NW 97th Avenue, Apt. 207
Miami, FL 33172
Phone: 786-357-6393 email address: pablodlopez1977@gmail.com

TITLE PAGE

RTQ NUMBER: 2020-010

TITLE: PABLO D LOPEZ

FULL NAME: PABLO DARIO LOPEZ

ADDRESS: 925 NW 97TH AVENUE, APT 207, MIAMI, FL 33172

TELEPHONE NUMBER: 786-357-6393

EMAIL ADDRESS: PABLODLOPEZ1977@GMAIL.COM

DATE: 6/16/20

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PROFESSIONAL AFFILIATIONS.....	N/A
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CITY OF CORAL GABLES, FL

2800 SW 72nd Avenue, Miami, FL 33155
 Finance Department / Procurement Division
 Tel: 305-460-5102 / Fax: 305-261-1601

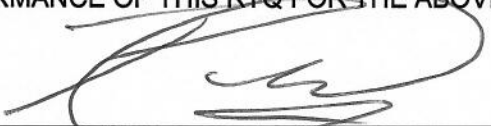
PROFESSIONAL'S ACKNOWLEDGEMENT

<p>RTQ Title: Professional Tennis Instructors</p> <hr/> <p>RTQ No. 2020-010</p> <p>A cone of silence is in effect with respect to this RTQ. The Cone of Silence prohibits certain communication between potential vendors and the City. For further information, please refer to the City Code Section 2-1027 of the City of Coral Gables Procurement Code.</p>	<p>Electronic submittals must be received prior to 2:00 p.m., Wednesday June 17, 2020 via PublicPurchase; and are to remain valid for 120 calendar days. Submittals received after the specified date and time will not be opened.</p> <p>Contact: Letrice Y. Smith Title: Procurement Specialist Telephone: 305-460-5121 Email: Lsmith@coralgables.com / contracts@coralgables.com</p>
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Professional's Name: <i>Pablo D. Lopez</i>	FEIN or SS Number: <i>591-04-6290</i>
Complete Mailing Address: <i>925 NW 97th Ave, Apt 207 Miami, FL 33172</i>	Telephone No.: <i>786-357-6393</i>
Indicate type of organization below: Corporation: <input type="checkbox"/> Partnership: <input type="checkbox"/> Individual: <input checked="" type="checkbox"/> Other: <input type="checkbox"/>	Cellular No.: <i>786-357-6393</i>
	Fax No.: <i>—</i>
	Email: <i>Pablodlopez1977@gmail.com</i>

ATTENTION: THIS FORM ALONG WITH ALL REQUIRED RTQ FORMS MUST BE COMPLETED, SIGNED (PERFERABLY IN BLUE INK), AND SUBMITTED WITH THE RESPONSE PRIOR TO THE SUBMITTAL DEADLINE. FAILURE TO DO SO MAY DEEM PROFESSIONAL AS NON-RESPONSIVE.

THE PROFESSIONAL CERTIFIES THAT THIS SUBMITTAL IS BASED UPON ALL CONDITIONS AS LISTED IN THE RTQ DOCUMENTS AND THAT THE PROFESSIONAL HAS MADE NO CHANGES IN THE RTQ DOCUMENT AS RECEIVED. THE PROFESSIONAL FURTHER AGREES IF THE RESPONSE IS ACCEPTED, THE PROFESSIONAL WILL EXECUTE AN APPROPRIATE AGREEMENT FOR THE PURPOSE OF ESTABLISHING A FORMAL CONTRACTUAL RELATIONSHIP BETWEEN THE PROFESSIONAL AND THE CITY OF CORAL GABLES FOR THE PERFORMANCE OF ALL REQUIREMENTS TO WHICH THIS RTQ PERTAINS. FURTHER, BY SIGNING BELOW PREFERABLY IN BLUE INK, ALL RTQ PAGES ARE ACKNOWLEDGED AND ACCEPTED AS WELL AS ANY SPECIAL INSTRUCTION SHEET(S) IF APPLICABLE. THE UNDERSIGNED HEREBY DECLARES (OR CERTIFIES) ACKNOWLEDGEMENT OF THESE REQUIREMENTS AND THAT HE/SHE IS AUTHORIZED TO BIND PERFORMANCE OF THIS RTQ FOR THE ABOVE PROFESSIONAL.


06/16/2020

Authorized Name and Signature
Title
Date

SOLICITATION SUBMISSION CHECKLIST

Request to Qualify (RTQ) No. 2020-010

COMPANY NAME: (Please Print): Learn 2 Love Tennis
Phone: 786-357-6393 Email: PabloDlopez1977@gmail.com

Please provide the PAGE NUMBER in the blanks provided as to where compliance information is located in your Submittal for each of the required submittal items listed below:

SUBMITTAL - SECTION I: TITLE PAGE, TABLE OF CONTENTS, REQUIRED FORMS, AND MINIMUM QUALIFICATION REQUIREMENTS.

- 1) Title Page: Show the RTQ number and title, your full name, address, telephone number, contact information including telephone, e-mail address, and date. PAGE # 1
- 2) Provide a Table of Contents in accordance with and in the same order as the respective "Sections" listed below. Clearly identify the material by section and page number. PAGE # 2
- 3) Fill out, sign, and submit the Professional's Acknowledgement Form. PAGE # 3
- 4) Fill out and submit the Solicitation Submission Check List. PAGE # 4
- 5) Fill out, sign, notarize (as applicable), and submit the Professional's Affidavit and Schedules A through H. 5-6
- 6) Minimum Qualification Requirements: submit detailed verifiable information affirmatively documenting compliance with the Minimum Qualifications Requirements shown in Section 3. PAGE # 13-19
- 7) Indicate whether the Professional is a State of Florida and/or County Certified Small Business or Minority Business Enterprise. If so, indicate the certifying organization or jurisdiction and include a copy of the certification with your submittal. PAGE # _____

SUBMITTAL - SECTION II: EXPERIENCE AND QUALIFICATIONS

- 1) Provide a complete history and description of your experience with Tennis Employment, including, but not limited to; the number of years in tennis and list of places that you have worked/coached. Provide the names of at least three (3) references, not related to you that can verify your experience. Including their contact name, company name (if applicable), address, telephone number and email. PAGE # 14-17, 22
- 2) Provide evidence of any and all Professional Certifications with any and all Tennis organizations, including the United States Professional Tennis Association (USPTA), United States Tennis Association (USTA), and the Professional Tennis Registry (PTR). Evidence can be in the form of certificate copies, organization correspondence, or other organization documents. PAGE # 18-19

PROFESSIONAL'S AFFIDAVIT

SOLICITATION: PROFESSIONAL TENNIS INSTRUCTORS – RTQ 2020-010

SUBMITTED TO: City of Coral Gables
Procurement Division
2800 SW 72 Avenue
Miami, Florida 33155

The undersigned acknowledges and understands the information contained in response to this solicitation and the referenced Schedules A through H shall be relied upon by Owner awarding the contract and such information is warranted by the Professional to be true and correct. The discovery of any omission or misstatements that materially affects the Professional's ability to perform under the contract shall be cause for the City to reject the solicitation submittal, and if necessary, terminate the award and/or contract. I further certify that the undersigned name(s) and official signatures of those persons are authorized as (*Owner, Partner, Officer, Representative or Agent of the Professional that has submitted the attached Response*). Schedules A through H are subject to Local, State and Federal laws (as applicable); both criminal and civil.

- SCHEDULE A - STATEMENT OF CERTIFICATION
- SCHEDULE B - NON-COLLUSION AND CONTINGENT FEE AFFIDAVIT
- SCHEDULE C - DRUG-FREE STATEMENT
- SCHEDULE D - PROFESSIONAL'S QUALIFICATION STATEMENT
- SCHEDULE E - CODE OF ETHICS, CONFLICT OF INTEREST, AND CODE OF SILENCE
- SCHEDULE F - AMERICANS WITH DISABILITIES ACT (ADA)
- SCHEDULE G - PUBLIC ENTITY CRIMES
- SCHEDULE H - ACKNOWLEDGEMENT OF ADDENDA

This affidavit is to be furnished to the City of Coral Gables with its RTQ response. It is to be filled in, executed by the Professional and notarized. If the response is made by a Corporation, then it should be executed by its Chief Officer. This document MUST be submitted with the response.



Authorized Name and Signature

Title

06/16/2020

Date

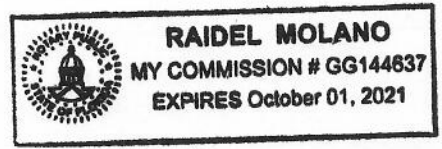
STATE OF FLORIDA

COUNTY OF MIAMI-DADE

On this 16 day of JUNE, 2020, before me the undersigned Notary Public of the State of FLORIDA, personally appeared PABLO DARIO LOPEZ
(Name(s) of individual(s) who appeared before Notary

And whose name(s) is/are subscribes to within the instrument(s), and acknowledges it's execution.

[Signature] 6/16/2020
NOTARY PUBLIC, STATE OF FLORIDA



RAIDEL MOLANO
(Name of notary Public; Print, Stamp or Type as Commissioned.)

NOTARY PUBLIC
SEAL OF OFFICE:

Personally know to me, or Produced Identification:

PERSONALLY KNOWN TO ME.
(Type of Identification Produced)

SCHEDULE "A" - CITY OF CORAL GABLES – STATEMENT OF CERTIFICATION

Neither I, nor the firm, hereby represented has:

- a. employed or retained for a commission, percentage brokerage, contingent fee, or other consideration, any firm or person (other than a bona fide employee working solely for me or the Professional) to solicit or secure this contract.
- b. agreed, as an express or implied condition for obtaining this contract, to employ or retain the services of any firm or person in connection with carrying out the contract, or
- c. paid, or agreed to pay, to any firm, organization or person (other than a bona fide employee working solely for me or the Professional) any fee, contribution, donation or consideration of any kind for, or in connection with, procuring or carrying out the contract except as here expressly stated (if any):

SCHEDULE "B" - CITY OF CORAL GABLES - NON-COLLUSION AND CONTINGENT FEE AFFIDAVIT

1. He/she is Pablo Lopez
(Owner, Partner, Officer, Representative or Agent)

of the Professional that has submitted the attached response.

- 2. He/she is fully informed with respect to the preparation and contents of the attached response and of all pertinent circumstances respecting such response;
- 3. Said response is made without any connection or common interest in the profits with any other persons making any response to this solicitation. Said response is on our part in all respects fair and without collusion or fraud. No head of any department, any employee or any officer of the City of Coral Gables is directly or indirectly interested therein. If any relatives of Professional's officers or employees are employed by the City, indicate name and relationship below.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

- 4. No lobbyist or other Professional is to be paid on a contingent or percentage fee basis in connection with the award of this Contract.

SCHEDULE "C" CITY OF CORAL GABLES – VENDOR DRUG-FREE STATEMENT

Preference may be given to vendors submitting a certification with their bid/proposal certifying they have a drug- free workplace in accordance with Section 287.087, Florida Statutes. This requirement affects all public entities of the State and becomes effective January 1, 1991. The special condition is as follows:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under solicitation a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under solicitation, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section. As the person authorized to sign the statement, I certify that this form complies fully with the above requirements.

The company submitting this solicitation has established a Drug Free workplace program in accordance with State Statute 287.087

SCHEDULE "D" CITY OF CORAL GABLES – PROFESSIONAL'S QUALIFICATION STATEMENT

The undersigned declares the truth and correctness of all statements and all answers to questions made hereinafter:

GENERAL COMPANY INFORMATION:

Company Name: Learn 2 Love Tennis

Address: 925 NW 97th Avenue Apt. 207 Miami FL 33172
Street City State Zip Code

Telephone No: (786) 357-6393 Fax No: () N/A Email: Rablodlopez1977@gmail.com

How many years has your company been in business under its present name? 3 Years

If Professional is operating under Fictitious Name, submit evidence of compliance with Florida Fictitious Name Statute:

N/A

Under what former names has your company operated? N/A

At what address was that company located? N/A

Is your Company Certified? Yes No If Yes, ATTACH COPY of Certification

Is your Company Licensed? Yes No If Yes, ATTACH COPY of License

Has your company or its senior officers ever declared bankruptcy?

Yes No If yes, explain: _____

LEGAL INFORMATION:

Please identify each incident **within the last five (5) years** where a civil, criminal, administrative, other similar proceeding was filed or is pending, if such proceeding arises from or is a dispute concerning the Professional's rights, remedies or duties under a contract for the same or similar type services to be provided under this RTQ **(A response is required. If applicable, please indicate "none" or list specific information related to this question. Please be mindful that responses provided for this question will be independently verified):**

N/A

Has your company ever been debarred or suspended from doing business with any government entity?

If Yes No If Yes, explain _____

SCHEDULE "E" CITY OF CORAL GABLES – CODE OF ETHICS, CONFLICT OF INTEREST, AND CONE OF SILENCE

THESE SECTIONS OF THE CITY CODE CAN BE FOUND ON THE CITY'S WEBSITE, UNDER GOVERNMENT, CITY DEPARTMENT, PROCUREMENT, PROCUREMENT CODE (CITY CODE CHAPTER 2 ARTICLE VIII); SEC 2-1023; SEC 2-606; AND SEC 2-1027, RESPECTIVELY.

IT IS HEREBY ACKNOWLEDGED THAT THE ABOVE NOTED SECTIONS OF THE CITY OF CORAL GABLES CITY CODE ARE TO BE ADHERED TO PURSUANT TO THIS SOLICITATION.

SCHEDULE "F" CITY OF CORAL GABLES - AMERICANS WITH DISABILITIES ACT (ADA) DISABILITY NONDISCRIMINATION STATEMENT

I understand that the above named firm, corporation or organization is in compliance with and agreed to continue to comply with, and assure that any sub-contractor, or third party contractor under this project complies with all applicable requirements of the laws listed below including, but not limited to, those provisions pertaining to employment, provision of programs and service, transportation, communications, access to facilities, renovations, and new construction.

The American with Disabilities Act of 1990 (ADA), Pub. L. 101-336, 104 Stat 327, 42 U.S.C. 12101,12213 and 47 U.S.C. Sections 225 and 661 including Title I, Employment; Title 11, Public Services; Title III, Public Accommodations and Services Operated by Private Entities; Title IV, Telecommunications; and Title V, Miscellaneous Provisions.

The Florida Americans with Disabilities Accessibility Implementation Act of 1993, Sections 5553.501-553.513, Florida Statutes

The Rehabilitation Act of 1973, 229 U.S.C. Section 794

The Federal Transit Act, as amended, 49 U.S.C. Section 1612

The Fair Housing Act as amended, 42 U.S.C. Section 3601-3631

SCHEDULE "G" CITY OF CORAL GABLES - STATEMENT PURSUANT TO SECTION 287.133 (3) (a), FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES

1. I understand that a "public entity crime" as define in Paragraph 287.133(1)(g), **Florida Statutes**, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any Proposal or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
2. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), **Florida Statutes**, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, non-jury trial, or entry of a plea of guilty or nolo contendere.

3. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), **Florida Statutes**, means:
1. A predecessor or successor of a person convicted of a public entity crime; or 2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
4. I understand that a "person" as defined in Paragraph 287.133(1)(e), **Florida Statutes**, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which Proposals or applies to Proposal on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.
5. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. **[Must indicate which statement below applies.]**

Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list.

[Attach a copy of the final order]

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

SCHEDULE "H" CITY OF CORAL GABLES - ACKNOWLEDGEMENT OF ADDENDA

1. The undersigned agrees, if this RTQ is accepted, to enter in a Contract with the CITY to perform and furnish all work as specified or indicated in the RTQ, any associated addendum and Contract Documents within the contract time indicated in the RTQ and in accordance with the other terms and conditions of the solicitation and contract documents.
2. Acknowledgement is hereby made of the following Addenda, if any (identified by number) received since issuance of the Request for Proposal.

Addendum No: _____ Date: _____ Addendum No: _____ Date: _____

Addendum No: _____ Date: _____ Addendum No: _____ Date: _____

Addendum No: _____ Date: _____ Addendum No: _____ Date: _____

Failure to adhere to changes communicated via any addendum may render your response non-responsive.

Pablo D. Lopez
925 NW 97th Avenue, Apt. 207
Miami, FL 33172
Phone: 786-357-6393 email address: pablodlopez1977@gmail.com

MINIMUM QUALIFICATIONS REQUIREMENTS:

There will be presented on the next pages the required documents regarding "Minimum Qualification Requirements" as per the following Table of Contents of this Section:

PROFESSIONAL RESUME.....	p.14-17
PROFESSIONAL CERTIFICATION USPTR.....	p.18
EDUCATIONAL CREDITS REPORT USPTR.....	p. 19
YEARS OF SERVICE CERTIFICATE USPTR.....	p.19

PABLO DARIO LOPEZ

925 NW 97th Avenue, Apt. 207
Miami, FL 33172
786-357-6393
pablodlopez1977@gmail.com

Professional Summary

Accomplished and energetic Tennis foundation with a solid history of achievement in developing players. Motivated leader with strong organizational and prioritization abilities. Areas of expertise include working well with others, good listener and making the job enjoyable for everyone. Goal-oriented Tennis Instructor dedicated to high levels of client satisfaction and meeting aggressive business goals. Responsible and Loyal with specialized knowledge in Adult and Child training. USPTR Member for 20 years. 5.0 Rating

Skills

Bilingual (Spanish/English)
Coaching
Judgment and Decision Making
Complex Problem Solving
Coordination
Time Management
Client and Personal Service
Operation Monitoring
Leader

Professional Experience

Salvadore Park & Biltmore Tennis Center Tennis Instructor

July 2019-present

- Conduct private lessons and group lessons.
- Participate in monthly staff meetings.
- Conduct after school programs
- Develop Adult Practice
- Monitor the academic eligibility of student athletes.
- Provide training direction, encouragement, motivation, and nutritional advice to prepare athletes for matches, competitive events, or tours.
- Plan, organize, and conduct practice sessions.
- Explain and enforce safety rules and regulations.
- Plan and direct physical conditioning programs that will enable athletes to achieve maximum performance.

- Instruct individuals or groups, game strategies, and performance principles, such as specific ways of moving the body, hands, or feet, to achieve desired results.
- Evaluate athletes' skills and review performance records to determine their fitness and potential in a particular area of athletics.
- Monitor athletes' use of equipment to ensure safe and proper use.
- Adjust coaching techniques, based on the strengths and weaknesses of athletes.
- Keep abreast of changing rules, techniques, technologies, and philosophies relevant to their sport.
- Develop and arrange competition schedules and programs.
- Contact the parents of players to provide information and answer questions.
- Counsel student athletes on academic, athletic, and personal issues.

Adults Head Pro at Cherry Hill Health and Racquet Club

August 2018-July 2019

- Conduct adult clinic.
- Manage High Intensity Tennis Program.
- Conduct private lessons and group lessons.
- Participate in weekly staff meetings.
- Plan and manage schedule for staff HIT program.
- Instruct individuals or groups, game strategies, and performance principles, such as specific ways of moving the body, hands, or feet, to achieve desired results.
- Evaluate athletes' skills and review performance records to determine their fitness and potential in a particular area of athletics.

**Salvadore Park Head Tennis Pro & Biltmore Tennis Center Head Pro
City of Coral Gables**

May 2010 — July 2018
Coral Gables, FL

- Director in the Adult Advanced Program
- Director of Summer Camp
- Conduct after school Programs
- Develop Adult Practice
- Monitor the academic eligibility of student athletes.
- Provide training direction, encouragement, motivation, and nutritional advice to prepare athletes for matches, competitive events, or tours.
- Plan, organize, and conduct practice sessions.
- Explain and enforce safety rules and regulations.
- Plan and direct physical conditioning programs that will enable athletes to achieve maximum performance.
- Instruct individuals or groups, game strategies, and performance principles, such as specific ways of moving the body, hands, or feet, to achieve desired results.
- Evaluate athletes' skills and review performance records to determine their fitness and potential in a particular area of athletics.
- Monitor athletes' use of equipment to ensure safe and proper use.
- Adjust coaching techniques, based on the strengths and weaknesses of athletes.

- Keep abreast of changing rules, techniques, technologies, and philosophies relevant to their sport.
- Develop and arrange competition schedules and programs.
- Contact the parents of players to provide information and answer questions.
- Hire, supervise, and work with extended coaching staff.
- Counsel student athletes on academic, athletic, and personal issues.
- Serve as organizer, leader, instructor, or referee for outdoor and indoor games, such as volleyball, football, and soccer.

Miami Open Fun Zone Coordinator FILA

March 2012-March 2016
Crandon Park, FL

- Coordinate events and activities for families attending the Miami Open
- Provide instruction to families
- Volunteer for Kids Day at the Miami Open

Tennis Instructor

June 2006-May 2010
Coral Gables, FL

Coral Gables Country Club

- Plan, organize, and conduct adult practice sessions.
- Director of Summer Camp of student athletes.
- Teach instructional courses and advise students.
- Monitor athletes' use of equipment to ensure safe and proper use.
- Adjust coaching techniques, based on the strengths and weaknesses of athletes.
- Develop and arrange competition schedules and programs.
- Analyze the strengths and weaknesses of opposing adult teams to develop game strategies.
- Coordinate travel arrangements and travel with team to away contests.
- Arrange and conduct sports-related activities, such as training camps, skill improvement courses, clinics, and pre-season try-outs.
- Select, acquire, store, and issue equipment and other materials as necessary.

Traveling Tennis Instructor

June 1997 — June 2006
Pembroke Pines, FL

Pierre Arnold tennis Academy

- Monitor the academic eligibility of student athletes.
- Plan and conduct afterschool programs.
- Explain and enforce safety rules and regulations, when traveling.
- Plan and direct physical conditioning programs that will enable athletes to achieve maximum performance, away from home.
- Identify and recruit potential athletes by sending recruitment letters, meeting with recruits, and arranging and offering incentives, such as athletic scholarships.
- File scouting reports that detail player assessments, provide recommendations on athlete recruitment, and identify locations and individuals to be targeted for future recruitment efforts.
- Develop and arrange competition schedules and programs.

- Analyze the strengths and weaknesses of opposing teams to develop game strategies.
- Contact the parents of players to provide information and answer questions.
- Coordinate travel arrangements and travel with team to away contests.
- Supervise, and work with extended coaching staff.
- Counsel student athletes on academic, athletic, and personal issues.

Education

High School Diploma
Hialeah-Miami Lakes Senior High School

Hialeah, FL
June 1995

Miami Dade College

Jan 1996-Jan 1998



certifies that according to the guidelines and standards

Pablo Dario Lopez

has completed all requirements and is PTR Certified as

Instructor - 10 & Under
Associate Instructor - Adult Development

This Certification is valid

September 2000 - December 2005
August 2009 - August 2020

Dan Santorum
Dan Santorum, CEO

Karl Heib
PTR President

Continuing Education Report

Sunday, June 14, 2020



Pablo Dario Lopez

Member Number: 36233

Member Type: Non-Certified Full Member

Join Date: September 11, 2000

Membership Expires: August 31, 2020

Continuing Education Requirement

2022 Requirement Not Met

Hours Needed: 5

Continuing Education Summary

Total Accumulated Hours: 29

Award Level: Founder

Certifications

Adult Development - Associate Instructor

10 & Under - Instructor

Continuing Education Hours on file

Please note that not all activities may be individually recorded in our system.

<u>Date</u>	<u>Hours</u>	<u>Description</u>
2/3/2017	12.00	FL - Pembroke Pines 10 & Under Certification (SPANISH)
1/1/2014	17.00	Conversion of Points to Hours (Previous Activities)

Pablo D. Lopez
925 NW 97th Avenue, Apt. 207
Miami, FL 33172
Phone: 786-357-6393 email address: pablodlopez1977@gmail.com

SECTION 2:

A.) EXPERIENCE AND QUALIFICATIONS

As per the following Table of Contents for Section 2 regarding the "Experience and Qualifications" documents requested are duly listed as below:

PROFESSIONAL RESUME.....	p.14-17
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/14/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Coastal Plains Insurance PO Box 6869 Hilton Head Island SC 29938	CONTACT NAME: Erica James, AINS PHONE (A/C, No, Ext): (888) 668-8082 E-MAIL ADDRESS: erica@coastalplains.com	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Philadelphia Indemnity Insurance Company	NAIC # 18058
INSURED Professional Tennis Registry Professional Pickleball Registry P. O. Box 4739 Hilton Head Island SC 29938	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL1971597044 **REVISION NUMBER:**

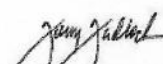
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK2011024	09/01/2019	09/01/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ EXCLUDED PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			PHUB685688	09/01/2019	09/01/2020	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Pablo Dario Lopez

Effective: September 20, 2019

CERTIFICATE HOLDER Pablo Dario Lopez Miami, FL	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

Pablo D. Lopez
925 NW 97th Avenue, Apt. 207
Miami, FL 33172
Phone: 786-357-6393 email address: pablodlopez1977@gmail.com

LIST OF REFERENCES:

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NAME: Kevin Chow

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EMAIL ADDRESS: Kmc1975@yahoo.com

REFERENCE #2:

NAME: Franco Aller

PHONE NUMBER: 914-565-6417

ADDRESS: 2275 Biscayne Blvd., Penthouse 104, Miami, FL 33137

EMAIL ADDRESS: Franco_Aller@hotmail.com

REFERENCE #3:

NAME: Leandro Gutierrez

PHONE NUMBER: 305-205-5531

ADDRESS: 2410 Brickell Avenue, Apt 304C, Miami, FL 33129

EMAIL ADDRESS: Leandrotennispro@gmail.com