

PORT EVERGLADES FRANCHISE APPLICATION

An application will not be deemed complete and ready for processing until all required documents and fees are received.

A separate application must be filed for each type of franchise applied for.

FRANCHISE TYPE
CHECK ONE

- STEAMSHIP AGENT STEVEDORE
 CARGO HANDLER TUGBOAT & TOWING VESSEL BUNKERING
 VESSEL OILY WASTE REMOVAL VESSEL SANITARY WASTE WATER REMOVAL
 MARINE TERMINAL SECURITY FIREARMS CARRYING SECURITY PERSONNEL MARINE TERMINAL SECURITY NON-FIREARMS CARRYING SECURITY PERSONNEL

Note: Applicant is the legal entity applying for the franchise. If the Applicant is granted the franchise, it will be the named franchisee. All information contained in this application shall apply only to the Applicant, and not to any parent, affiliate, or subsidiary entities.

Applicant's Name SEAPORT HUB AGENCIES, INC.

(Name as it appears on the certificate of incorporation, charter, or other legal documentation as applicable, evidencing the legal formation of the Applicant)

Applicant's Business Address 1110 BRICKELL AVE. SUITE 805, MIAMI, FL 33131
Number / Street City/State/Zip

Phone # (305) 372-9809 E-mail address cpaez@seaportagencies.com

Fax #: (305) 372-9856

Name of the person authorized to bind the Applicant (This person's signature must appear on Page 13.)

Name CAMPO ELIAS PAEZ MAAL

Title VICE PRESIDENT

Business Address 1110 BRICKELL AVE. SUITE 805, MIAMI, FL 33131
Number / Street City/State/Zip

Phone # (305) 372-9809 E-mail address cpaez@seaportagencies.com

Fax #: (305) 372-9856

Provide the Name and Contact Information of Applicant's Representative to whom questions about this application are to be directed (if different from the person authorized to bind the Applicant):

Representative's Name MARIA E. GARCIA

Representative's Title ADMINISTRATIVE

Representative's Business Address 1110 BRICKELL AVE. SUITE 805, MIAMI, FL 33131
Number / Street City/State/Zip

Representative's Phone # (305) 372-9809

Representative's E-mail address mgarcia@seaportagencies.com

Representative's Fax #: (305) 372-9856

PLEASE COMPLETE THIS APPLICATION AND LABEL ALL REQUIRED BACKUP DOCUMENTATION TO CLEARLY IDENTIFY THE SECTION OF THE APPLICATION TO WHICH THE DOCUMENTATION APPLIES (I.E., SECTION A, B, C, etc.).

Section A

1. List the name(s) of Applicant's officers, including, CEO, COO, CFO, director(s), member(s), partner(s), shareholder(s), principal(s), employee(s), agents, and local representative(s) active in the management of the Applicant.

Officers:

Title Vice President
First Name Campo Middle Name Elias
Last Name Paetz Haal
Business Street Address 1110 Brickell Ave. Suite 805
City, State, Zip Code Miami, FL 33131
Phone Number (305) 372-9809 Fax Number (305) 372-9856
Email Address cpaetz@seaportagencies.com

Title Manager of Operations
First Name Jorge Middle Name Enrique
Last Name Paetz Haal
Business Street Address 1110 Brickell Ave Suite 805
City, State, Zip Code Miami, FL 33131
Phone Number (305) 372-9181 Fax Number (305) 372-9856
Email Address jpaetz@seaportagencies.com

Title _____
First Name _____ Middle Name _____
Last Name _____
Business Street Address _____
City, State, Zip Code _____
Phone Number (____) _____ Fax Number (____) _____
Email Address _____@_____.

Title _____
First Name _____ Middle Name _____
Last Name _____
Business Street Address _____
City, State, Zip Code _____
Phone Number (____) _____ Fax Number (____) _____
Email Address _____@_____.

Attach additional sheets if necessary.

2. RESUMES: Provide a resume for each officer, director, member, partner, shareholder, principal, employee, agent, and local representative(s) active in the management of the Applicant, as listed above.

Section B

1. Place checkmark to describe the Applicant:
() Sole Proprietorship () Corporation () Partnership () Joint Venture () Limited Liability Company
2. Provide copies of the documents filed at the time the Applicant was formed including Articles of Incorporation (if a corporation); Articles of Organization (if an LLC); or Certificate of Limited Partnership or Limited Liability Limited Partnership (if a partnership). If the Applicant was not formed in the State of Florida, provide a copy of the documents demonstrating that the Applicant is authorized to conduct business in the State of Florida.

Section C

1. Has there been any change in the ownership of the Applicant within the last five (5) years? (e.g., any transfer of interest to another party)
Yes ___ No If "Yes," please provide details in the space provided. Attach additional sheets if necessary.
2. Has there been any name change of the Applicant or has the Applicant operated under a different name within the last five (5) years?
Yes ___ No If "Yes," please provide details in the space provided, including: Prior name(s) and Date of name change(s) filed with the State of Florida's Division of Corporations or other applicable state agency. Attach additional sheets if necessary.
3. Has there been any change in the officers, directors, executives, partners, shareholders, or members of the Applicant within the past five (5) years?
Yes ___ No If "Yes," please provide details in the space provided, including:
Prior officers, directors, executives, partners, shareholders, members
Name(s) _____
New officers, directors, executives, partners, shareholders, members
Name(s) _____
Also supply documentation evidencing the changes including resolution or minutes appointing new officers, list of new principals with titles and contact information, and effective date of changes. Attach additional sheets if necessary.

Section D

Provide copies of all fictitious name registrations filed by the Applicant with the State of Florida's Division of Corporations or other State agencies. If none, indicate "None" None.

Section E

1. Has the Applicant acquired another business entity within the last five (5) years?
Yes ___ No If "Yes," please provide the full legal name of any business entity which the Applicant acquired during the last five (5) years which engaged in a similar business activity as the business activity which is the subject of this Port Everglades Franchise Application.
If none, indicate "None" None.
2. Indicate in the space provided the date of the acquisition and whether the acquisition was by a stock purchase or asset purchase and whether the Applicant herein is relying on the background and history of the acquired firm's officers, managers, employees and/or the acquired firm's business reputation in the industry to describe the Applicant's experience or previous business history. Attach additional sheets if necessary.
3. Has the Applicant been acquired by another business entity within the last five (5) years?
Yes ___ No If "Yes," provide the full legal name of any business entity which acquired the Applicant during the last five (5) years which engaged in a similar business activity as the business activity which is the subject of this Port Everglades Franchise Application.
If none, indicate "None" None.
4. Indicate in the space provided the date of the acquisition and whether the acquisition was by a stock purchase or asset purchase and whether the Applicant herein is relying on the background and history of the parent firm's officers, managers, employees and/or the parent firm's business reputation in the industry to describe the Applicant's experience or previous business history. Attach additional sheets if necessary.

Section F

Provide the Applicant's previous business history, including length of time in the same or similar business activities as planned at Port Everglades.

Section G

1. Provide a list of the Applicant's current managerial employees, including supervisors, superintendents, and forepersons.
2. List the previous work history/experience of the Applicant's current managerial employees, including their active involvement in seaports and length of time in the same or similar business activities as planned at Port Everglades.

Section H

List all seaports, including Port Everglades (if application is for renewal), where the Applicant is currently performing the services/operation which is the subject of this Franchise application. Use this form for each seaport listed. Photocopy additional pages as needed (one page for each seaport listed).

If none, state "None" _____.

Seaport Attached _____ Number of Years Operating at this Seaport _____

List below all of the Applicant's Clients for which it provides services at the seaport listed above.

Client Name (Company)	Number of Years Applicant has Provided Services to this Client
Lukoil	15 years
Vitol	20 years
Glencore	20 years
Freeport	4 years
MATCON	6 years
TRANS GAS	10 years.
Petrahina	10 years.
BP	7 years.
Repsol	7 years.
Castleton	3 years.
Mexichem	2 years.

Section I

1. Provide a description of all past (within the last five (5) years) and pending litigation and legal claims where the Applicant is a named party, whether in the State of Florida or in another jurisdiction, involving allegations that Applicant has violated or otherwise failed to comply with environmental laws, rules, or regulations or committed a public entity crime as defined by Chapter 287, Florida Statutes, or theft-related crime such as fraud, bribery, smuggling, embezzlement or misappropriation of funds or acts of moral turpitude, meaning conduct or acts that tend to degrade persons in society or ridicule public morals.

The description must include all of the following:

- a) The case title and docket number
- b) The name and location of the court before which it is pending or was heard
- c) The identification of all parties to the litigation
- d) General nature of all claims being made

If none, indicate "None" "None".

2. Indicate whether in the last five (5) years the Applicant or an officer, director, executive, partner, or a shareholder, employee or agent who is or was (during the time period in which the illegal conduct or activity took place) active in the management of the Applicant was charged, indicted, found guilty or convicted of illegal conduct or activity (with or without an adjudication of guilt) as a result of a jury verdict, nonjury trial, entry of a plea of guilty or nolo contendere where the illegal conduct or activity (1) is considered to be a public entity crime as defined by Chapter 287, Florida Statutes, as amended from time to time, or (2) is customarily considered to be a white-collar crime or theft-related crime such as fraud, smuggling, bribery, embezzlement, or misappropriation of funds, etc. or (3) results in a felony conviction where the crime is directly related to the business activities for which the franchise is sought.

Yes ___ No

If you responded "Yes," please provide all of the following information for each indictment, charge, or conviction:

- a) A description of the case style and docket number
- b) The nature of the charge or indictment
- c) Date of the charge or indictment
- d) Location of the court before which the proceeding is pending or was heard
- e) The disposition (e.g., convicted, acquitted, dismissed, etc.)
- f) Any sentence imposed
- g) Any evidence which the County (in its discretion) may determine that the Applicant and/or person found guilty or convicted of illegal conduct or activity has conducted itself, himself or herself in a manner as to warrant the granting or renewal of the franchise.

Section J

The Applicant must provide a current certificate(s) of insurance. Franchise insurance requirements are determined by Broward County's Risk Management Division and are contained in the Port Everglades Tariff No. 12 as amended, revised or reissued from time to time. The Port Everglades Tariff is contained in the Broward County Administrative Code, Chapter 42, and is available for inspection on line at: <http://www.porteverglades.net/development/tariff>.

Section K

1. The Applicant must provide its most recent audited or reviewed financial statements prepared in accordance with generally accepted accounting principles, or other documents and information which demonstrate the Applicant's creditworthiness, financial responsibility, and resources, which the Port will consider in evaluating the Applicant's financial responsibility.

2. Has the Applicant or entity acquired by Applicant (discussed in Section E herein) sought relief under any provision of the Federal Bankruptcy Code or under any state insolvency law filed by or against it within the last five (5) year period?

Yes ___ No

If "Yes," please provide the following information for each bankruptcy or insolvency proceeding:

- a) Date petition was filed or relief sought
- b) Title of case and docket number
- c) Name and address of court or agency
- d) Nature of judgment or relief
- e) Date entered

3. Has any receiver, fiscal agent, trustee, reorganization trustee, or similar officer been appointed in the last five (5) year period by a court for the business or property of the Applicant?

Yes ___ No

If "Yes," please provide the following information for each appointment:

- a) Name of person appointed
- b) Date appointed
- c) Name and address of court
- d) Reason for appointment

4. Has any receiver, fiscal agent, trustee, reorganization trustee, or similar officer been appointed in the last five (5) year period by a court for any entity, business, or property acquired by the Applicant?

Yes ___ No

If "Yes," please provide the following information for each appointment:

- a) Name of person appointed
- b) Date appointed
- c) Name and address of court
- d) Reason for appointment

Section L

List four (4) credit references for the Applicant, one of which must be a bank. Use this format:

Name of Reference _____ Nature of Business _____
Contact Name _____ Title _____
Legal Business Street Address _____
City, State, Zip Code _____
Phone Number (____) _____

(Provide on a separate sheet.)

Section M

1. Security: Pursuant to Port Everglades Tariff 12, Item 960, all Franchisees are required to furnish an Indemnity and Payment Bond or Irrevocable Letter of Credit drawn on a U.S. bank in a format and an amount not less than \$20,000 as required by Broward County Port Everglades Department.
2. Has the Applicant been denied a bond or letter of credit within the past five (5) years?
Yes No
If "Yes," please provide a summary explanation in the space provided of why the Applicant was denied. Use additional sheets if necessary.

Section N

1. Provide a list and description of all equipment currently owned and/or leased by the Applicant and intended to be used by the Applicant for the type of service(s) intended to be performed at Port Everglades including the age, type of equipment and model number.
2. Identify the type of fuel used for each piece of equipment.
3. Indicate which equipment, if any, is to be domiciled at Port Everglades.
4. Will all equipment operators be employees of the Applicant, on the payroll of the Applicant, with wages, taxes, benefits, and insurance paid by the Applicant?
Yes No
If "No," please explain in the space provided who will operate the equipment and pay wages, taxes, benefits, and insurance, if the franchise is granted. Use additional sheets if necessary.

Section O

Provide a copy of the Applicant's current Broward County Business Tax Receipt (formerly Occupational License).

Section P

1. Provide a copy of Applicant's safety program.
2. Provide a copy of Applicant's substance abuse policy.
3. Provide a copy of Applicant's employee job training program/policy.
4. Provide information regarding frequency of training.
5. Include equipment operator certificates, if any.

Section Q

1. Has the Applicant received within the past five (5) years or does the Applicant have pending any citations, notices of violations, warning notices, or fines from any federal, state, or local environmental regulatory agencies?
Yes ___ No

2. Has the Applicant received within the past five (5) years or does the Applicant have pending any citations, notices of violations, warning notices, or civil penalties from the U.S. Coast Guard?
Yes ___ No

3. Has the Applicant received within the past five (5) years or does the Applicant have pending any citations, notices of violations, warning notices, or fines from the Occupational Safety and Health Administration?
Yes ___ No

If you responded "Yes" to any of this section's questions 1, 2, or 3 above, please provide a detailed summary for each question containing the following information:

- a) Name and address of the agency issuing the citation or notice
- b) Date of the notice
- c) Nature of the violation
- d) Copies of the infraction notice(s) from the agency
- e) Disposition of case
- f) Amount of fines, if any
- g) Corrective action taken

Attach copies of all citations, notices of violations, warning notices, civil penalties and fines issued by local, state, and federal regulatory agencies, all related correspondence, and proof of payment of fines.

4. Provide a statement (and/or documentation) which describes the Applicant's commitment to environmental protection, environmental maintenance, and environmental enhancement in the Port.

Section R

Provide written evidence of Applicant's ability to promote and develop growth in the business activities, projects or facilities of Port Everglades through its provision of the services (i.e., stevedore, cargo handler or steamship agent) it seeks to perform at Port Everglades. For first-time applicants (stevedore, cargo handler and steamship agent), the written evidence must demonstrate Applicant's ability to attract and retain new business such that, Broward County may determine in its discretion that the franchise is in the best interests of the operation and promotion of the port and harbor facilities. The term "new business" is defined in Chapter 32, Part II of the Broward County Administrative Code as may be amended from time to time.

If you have checked an Applicant box for VESSEL BUNKERING, VESSEL OILY WASTE REMOVAL, VESSEL SANITARY WASTE WATER REMOVAL, OR MARINE TERMINAL SECURITY, then the following additional information is required:

N/A VESSEL BUNKERING

Section T- A Letter of Adequacy from the U.S. Coast Guard and a copy of the applicant's operations manual approved by the U.S. Coast Guard.

Section V- A copy of the applicant's Oil Spill Contingency Plan for Marine Transportation Related Facilities approved by the U.S. Coast Guard.

Section W- A Terminal Facility Discharge Prevention and Response Certificate with a copy of an approved Oil Spill Contingency Plan from the Florida Dept. of Environmental Protection.

Section Z- An approved Discharge Cleanup Organization Certificate from the Florida Dept. of Environmental Protection which has been issued to the applicant or to its cleanup contractor with a copy of the cleanup contract showing the expiration date.

N/A VESSEL OILY WASTE REMOVAL

Section S - Certificate of Adequacy in compliance with the Directives of MARPOL 73/75 and 33 CFR 158, if applicable.

Section T- A Letter of Adequacy from the U.S. Coast Guard and a copy of the Applicant's operations manual approved by the U.S. Coast Guard.

Section U- A Waste Transporter License from the Broward County Environmental Protection Department identifying the nature of the discarded hazardous (or non-hazardous) material to be transported.

Section V- A copy of the Applicant's Oil Spill Contingency Plan for Marine Transportation Related Facilities approved by the U.S. Coast Guard.

Section W- A Terminal Facility Discharge Prevention and Response Certificate with a copy of an approved Oil Spill Contingency Plan from the Florida Dept. of Environmental Protection.

Section X- A Used Oil Collector, Transporter, and Recycler Certificate from the Florida Dept. of Environmental Protection.

Section Y- An Identification Certificate from the U.S. Environmental Protection Agency.

Section Z- An approved Discharge Cleanup Organization Certificate from the Florida Dept. of Environmental Protection which has been issued to the Applicant or to its cleanup contractor with a copy of the cleanup contract showing the expiration date.

N/A VESSEL SANITARY WASTE WATER REMOVAL

Section U- A Waste Transporter License from the Broward County Environmental Protection Department identifying the nature of the discarded hazardous (or non-hazardous) material to be transported.

Section Z1- A copy of the Applicant's operations manual.

Section Z2- A Septage Receiving Facility Waste Hauler Discharge Permit from the Broward County Water and Wastewater Services Operations Division.

N/A MARINE TERMINAL SECURITY

Section N1- A list of all metal detection devices, walk-through and hand held, as well as all luggage and carryon x-ray machines owned or leased, to be used or domiciled at Port Everglades. Listing must include brand name and model.

Section N2- A copy of all manufacturers recommended service intervals and name of company contracted to provide such services on all aforementioned equipment.

Section N3- A description of current method employed to assure all equipment is properly calibrated and functioning.

Section N4- current training requirements and training syllabus for employees operating

x-ray equipment. Highlight emphasis on weapon and contraband identification.
Include equipment operator certificates, if any.

Section O1- Provide copies of all local, state and federal licenses, including:

- a. A copy of the Applicant's State of Florida Business License.
- b. A copy of security agency's Manager's "M" or "MB" License and a copy of the security agency's "B" or "BB" License issued by the Florida Department of Agriculture and Consumer Services.

Section P3- SECURITY GUARDS / SUPERVISORS

- a. Provide Applicant's background requirements, education, training etc., for personnel hired as security guards.
- b. Provide historic annual turnover ratio for security guards.
- c. Provide a copy of Applicant's job training program/policy including a copy of training curriculum and copies of all manuals and take-home materials made available to security guards. Include information regarding frequency of training.
- d. Provide background requirements, experience, licensing and any and all advanced training provided to supervisory personnel.
- e. Provide present policy for individual communication devices either required of security guards or supplied by the employer.
- f. Provide procurement criteria and source as well as Applicant's certification requirements for K-9 workforce.
- g. Provide information on the number of security guards / supervisors currently employed or expected to be employed to provide security services at Port Everglades.

Supervisors _____
Class D Guards _____
Class G Guards _____
K-9 Handlers _____

Port Everglades Tariff 12

References to the Port Everglades Tariff 12 as amended or reissued: <http://www.porteverglades.net/development/tariff>

Application Fees

The following fees have been established for franchised businesses at Port Everglades. Initial processing fees are nonrefundable. A franchise is required for each category of business.

Stevedore

Initial processing fee, assignment fee, or reinstatement fee \$ 11,000.00

Annual Fee

\$ 4,000.00

Cargo Handler

Initial processing fee, assignment fee, or reinstatement fee \$ 11,000.00

Annual Fee

\$ 4,000.00

Steamship Agent

Initial processing fee, assignment fee, or reinstatement fee \$

4,000.00

Annual Fee

\$ 2,250.00

Tugboat and Towing

Initial processing fee, assignment fee, or reinstatement fee \$ 26,000.00

Annual Fee

By Contract

Vessel Bunkering, Vessel Oily Waste Removal,

Vessel Sanitary Waste Water Removal

Initial processing fee, assignment fee, or reinstatement fee \$ 4,000.00

Annual Fee

\$ 2,250.00

For first-time franchise Applicants, both the initial application fee and the annual fee must be submitted at time of application. Thereafter, annual franchise fees are due and payable each year on the franchise anniversary date, which is defined as the effective date of the franchise.

Note: Check(s) should be made payable to:

BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS and be mailed with this application to:

Port Everglades Business Administration Division

1850 Eller Drive, Fort Lauderdale, FL 33316

Required Public Hearing

Staff review of this application will not commence until such time as all of the above requested information and documentation has been provided and the franchise application has been determined by staff to be complete. All of the above requested information and Sections are required to be completed prior to the scheduling of the public hearing. Staff will request that the Broward County Board of County Commissioners set a public hearing to consider the franchise application and hear comments from the public. The Applicant will be notified of the Public Hearing date and must plan to attend the Public Hearing.

By signing and submitting this application, Applicant certifies that all information provided in this application is true and correct. Applicant understands that providing false or misleading information on this application may result in the franchise application being denied, or in instances of renewal, a franchise revoked. Applicant hereby waives any and all claims for any damages resulting to the Applicant from any disclosure or publication in any manner of any material or information acquired by Broward County during the franchise application process or during any inquiries, investigations, or public hearings.

Applicant further understands that if there are any changes to the information provided herein (subsequent to this application submission) or to its officers, directors, senior management personnel, or business operation as stated in this application, Applicant agrees to provide such updated information to the Port Everglades Department of Broward County, including the furnishing of the names, addresses (and other information as required above) with respect to persons becoming associated with Applicant after its franchise application is submitted, and any other required documentation requested by Port Everglades Department staff as relating to the changes in the business operation. This information must be submitted within ten (10) calendar days from the date of any change made by the Applicant.

Applicant certifies that all workers performing functions for Applicant who are subject to the Longshore and Harbor Workers' Act are covered by Longshore & Harbor Workers' Act, Jones Act Insurance, as required by federal law.

This application and all related records are subject to Chapter 119, F.S., the Florida Public Records Act.

By its execution of this application, Applicant acknowledges that it has read and understands the rules, regulations, terms and conditions of the franchise it is applying for as set forth in Chapter 32, Part II, of the Broward County Administrative Code as amended, and agrees, should the franchise be granted by Broward County, to be legally bound and governed by all such rules, regulations, terms and conditions of the franchise as set forth in Chapter 32, Part II, of the Broward County Administrative Code as amended.

The individual executing this application on behalf of the Applicant, personally warrants that s/he has the full legal authority to execute this application and legally bind the Applicant

Signature of Applicant's Authorized Representative  Date Signed _____

Signature name and title - typed or printed CAMPO ELIAS PAEZ - Vice President

Witness Signature (*Required*) 

Witness name-typed or printed Soraya Quintana Parra

Witness Signature (*Required*) Maria E. Garcia

Witness name-typed or printed _____

If a franchise is granted, all official notices/correspondence should be sent to:

Name Campo ELIAS PAEZ Title Vice President

Address 1110 Brickell Ave suite 805 Phone (305) 372 - 9809

Miami, FL 33131



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Detail By Document Number](#) /

Detail by Entity Name

Florida Profit Corporation
SEAPORT HUB AGENCIES, INC.

Filing Information

Document Number P05000107549
FEI/EIN Number 20-3318364
Date Filed 08/02/2005
State FL
Status ACTIVE

Principal Address

1110 BRICKELL AVE
STE. 805
MIAMI, FL 33131

Changed: 01/10/2014

Mailing Address

1110 BRICKELL AVE
STE. 805
MIAMI, FL 33131

Changed: 01/10/2014

Registered Agent Name & Address

PAEZ MAAL, CAMPO ELIAS
1110 BRICKELL AVE
STE. 805
MIAMI, FL 33131

Name Changed: 10/24/2017

Address Changed: 01/10/2014

Officer/Director Detail

Name & Address

Title President, Secretary, Director

PAEZ MAAL, CAMPO ELIAS
1110 BRICKELL AVE., STE: 805
MIAMI, FL 33131

Annual Reports

Report Year	Filed Date
2016	01/22/2016
2017	04/21/2017
2017	10/24/2017

Document Images

10/24/2017 -- AMENDED ANNUAL REPORT	View image in PDF format
04/21/2017 -- ANNUAL REPORT	View image in PDF format
01/22/2016 -- ANNUAL REPORT	View image in PDF format
01/09/2015 -- ANNUAL REPORT	View image in PDF format
01/10/2014 -- ANNUAL REPORT	View image in PDF format
01/28/2013 -- ANNUAL REPORT	View image in PDF format
03/19/2012 -- ANNUAL REPORT	View image in PDF format
02/10/2011 -- ANNUAL REPORT	View image in PDF format
02/04/2010 -- ANNUAL REPORT	View image in PDF format
04/28/2009 -- ANNUAL REPORT	View image in PDF format
03/20/2008 -- ANNUAL REPORT	View image in PDF format
03/26/2007 -- ANNUAL REPORT	View image in PDF format
09/27/2006 -- ANNUAL REPORT	View image in PDF format
02/20/2006 -- ANNUAL REPORT	View image in PDF format
08/02/2005 -- Domestic Profit	View image in PDF format

To whom it may concern:

Regarding Section A in the Port Everglades Franchise Applications, the following are the names of the current officers of our company:

First Name: Campo
Last Name : Paez Munoz
Title: President
Business Address: 1110 Brickell Avenue, Suite 805
City, State, Zip Code: Miami, Florida 33131
Phone Number: (305)372-9809
Email address: presidencia@seaport.com.ve

Middle Name: Elias

Fax Number: (305)372-9856

First Name: Campo
Las Name: Paez Maal
Title: Vice-President
Business Address: 1110 Brickell Avenue, Suite 805
City, State, Zip Code: Miami, Florida 33131
Phone Number: (305)372-9809
Email address: cpaez@seaportagencies.com

Middle Name: Elias

Fax Number: (305)372-9856

First Name: Jorge
Las Name: Paez Maal
Title: Manager of Operations
Business Address: 1110 Brickell Avenue, Suite 805
City, State, Zip Code: Miami, Florida 33131
Phone Number: (305)372-9809
Email address: cpaez@seaportagencies.com

Middle Name: Elias

Fax Number: (305)372-9856

CAMPO ELÍAS PÁEZ MUÑOZ CURRICULUM VITAE

ADDRESS San Felipe Ave. Residencias Albarical, la Castellana,
Caracas, 1060 – Venezuela.

PHONE NUMBER 00 58 412/ 249.18.58

ID NUMBER 12.072.830

DATE OF BIRTH January 6th, 1949

PROFESSION Chemical Engineer

LANGUAGES Spanish/ English

Company: **SEAPORT AGENCIES, S.A.**
Av. Francisco de Miranda, Torre La Primera, piso 14,
oficina 14-A, Urb. Campo Alegre, Caracas 1060 –
Venezuela
00 58 212 953 56 94

Position: President

Experience: Attending more than 30 Conferences of The National
Petroleum Refinery

Attending 20 Conferences of the American Petroleum
Institute
Attending Conference of ASBA

From: 2001 to date

Company: **AIVEPET**

Position: President

Experience: 25 years in Oil Services

From: 1976 / 2001

Campo Elias Paez
355 Isla Dorada Blvd.
Coral Gables, FL 33143
(786) 239-6798
paezcampo@yahoo.com

EDUCATION

Florida International University, Miami, FL.
Bachelor of International Business.

EXPERIENCE

Seaport Hub Agencies, Inc. Miami, FL.
Vice President (2006 – Current)

Noble Americas Corp. Stamford, CT.
Operations for Latin America (2001 - 2006)

Aivepet, C.A. Caracas, Venezuela.
Marketing and Operations Manager (1999-2001)

Aivepet International, S.A. Miami, FL.
Administration Assistance.

LANGUAGES

Fluent in Spanish and English.

SKILLS

Proficiency in Microsoft Office applications.

RECOMMENDATIONS

Available Upon Request.

JORGE E PAEZ

185 SW 7th Street Apt 2906 Miami, FL 33130 • jorgepaez@gmail.com • cell: 305.505.5192

QUALIFICATIONS

Fully bilingual; Competent at multitasking and troubleshooting processes. Possess strong management abilities and finance comprehension, results-oriented professional with superior relationship building and project management skills. A team oriented individual, with high level of literacy and clarity when communicating trading ideas/complex concepts. Continuously expose and accustomed to working under a fast-paced demanding environment, as well able to adjust to any situation that demand effective and swift resolution.

PROFESSIONAL EXPERIENCE

VESSEL AGENTS, Seaport Hub Agencies, Inc, Miami Florida
Operations – Operations Coordinator

Jul 2006- Current

- Responsible for establishing and maintaining client relationships with corporations, agencies and vendors. Served as point of contact for different clients
- Identified and evaluated new opportunities that would translate into profits and at the same time expand our services to our clientele.
- Coordinated and supervise the effective operations of our offices within the US, as well as dealing with subcontracted services globally. Effective at breaching cultural differences in order to keep our Global service performances fitting to the demands and expectations of our clients.
- Traveled to the Caribbean and throughout our US Offices to support and evaluate the services rendered to our customers.
- Responsible of preparing proforma estimates that would reflect the upcoming cost incurred prior to the services to be performed on behalf of our clients. Effectively manage to build a strong and trustworthy relationship with service suppliers in order to obtain considerable discounts and effective reliable service that benefited all parties involved.
- Formulated policies, manage daily operations, and plan the use of the company human resource in order to improve the exchange of information with our clients and service providers.
- Monitored operations, including quality control, to ensure the optimal service provided by our different offices and sub contracted agents nationally and worldwide.

CUSTOMER RELATIONS, Free Phone Factory, Inc, Hollywood Florida
Retail - Store Manager

Jan 2003 – May 2005

- Organize and operate the store with approximately \$10,000 per month in transactions.
- Carry out necessary measures for recruiting, training and coordinating 3 store personnel.
- Responsible for merchandising and ordering features along with necessary cash and inventory control.
- Conducted essential measures for coordinating particular events and promotions.
- Formulate daily and weekly sales and activities reports.
- Participant in local market enhancement program along with making advertising planning.

EDUCATION

FLORIDA INTERNATIONAL UNIVERSITY, Miami, Florida
Master of Business Administration (Professional MBA)
Balance full-time employment and graduate studies

March, 2011

FLORIDA INTERNATIONAL UNIVERSITY, Miami Florida
Bachelor in Management Information Systems
Balance full-time employment and graduate studies

Jan, 2006

SKILLS:

Computer: Windows, MAC OS. Proficiency in Microsoft Office applications, SQL, SQL Services, Quick books 2011
Languages: Fluent in English and Spanish

State of Florida



Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation of SEAPORT HUB AGENCIES, INC., a corporation organized under the laws of the State of Florida, filed on August 2, 2005, as shown by the records of this office.

The document number of this corporation is P05000107549.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Fourteenth day of January, 2015



CR2EO22 (1-11)

Ken Detzner

Ken Detzner
Secretary of State

07/30/2005 12:52 8502970283

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PAGE 02

No 5000 18 4766

FILED

2005 AUG -2 AM 10:45

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**ARTICLES OF INCORPORATION
OF
SEAPORT HUB AGENCIES, INC**

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation:

**ARTICLE I
NAME**

The name of the corporation shall be SEAPORT HUB AGENCIES, INC. the existence of this corporation shall commence upon the filing of these Articles of Incorporation and shall continue perpetually unless dissolved by law.

**ARTICLE II
PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:
2600 S. Douglas Road, PH-6, Coral Gables, Florida 33134

**ARTICLE III
NATURE OF BUSINESS**

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

**ARTICLE IV
CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000 shares of common stock with par value of one (\$1.00) dollar per share.

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PAGE 03

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**ARTICLE V INITIAL
REGISTERED AGENT AND ADDRESS**

The name of the initial registered agent is:

Jose L. Padial, CPA
2600 S. Douglas Road PH-6
Coral Gables, Florida 33134

**ARTICLE VI
INCORPORATOR**

The name and street address of the incorporator to these Articles of Incorporation is:

Campo Elias Paez
2600 S. Douglas Road PH-6
Coral Gables, Florida 33134

ARTICLE VII OFFICERS AND DIRECTORS

The initial board of directors of the corporation shall be composed of one director. The name and address of the initial officers and directors who shall hold office for the first year of the corporation, or until a successor is elected or appointed is:

Campo Elias Paez 2600 S. Douglas Rd PH-6 Coral Gables, Florida, 33134	President and Secretary
---	-------------------------

The undersigned Incorporator has executed these Articles of Incorporation this 30th day of July 2005



Campo Elias Paez

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PAGE 04

H05000184766

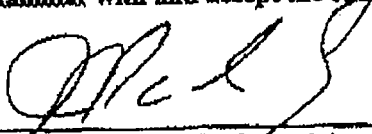
**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provision of sections 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: SEAPORT HUB AGENCIES, INC.
2. The name and address of the registered agent and office is:

Jose L Padial, CPA
2600 S. Douglas Road PH- 6
Coral Gables, Florida 33134

Having been named as Registered Agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of the statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.



Jose L. Padial, CPA, Registered Agent

Dated: July 30, 2005

2005 AUG -2 AM 10:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

H05000184766



Campo Elias Paez jr.
Tel: 305 372 9809
Fax: 305 372 9856

Miami, December 29, 2017.

To Whom It May Concern:

Regarding **Section C** on the Port Everglades Franchise Application, the section is not applicable to our Company since the only name it has and always was Seaport Hub Agencies, Inc., so there are none fictitious names name registrations filed by our company with the State of Florida's Division of Corporations or other State agencies.

Sincerely yours.

A handwritten signature in blue ink that reads "Campo Paez Jr." in a cursive script.

Campo Elias Paez Jr.
Vicepresident of Seaport Hub Agencies, Inc.



Campo Elias Paez jr.
Tel: 305 372 9809
Fax: 305 372 9856

To Whom It May Concern:

Regarding **Section 6** on the Port Everglades Franchise Application, the section is not applicable to our Company since none of the components of the section mention before apply to our company.

Sincerely yours.

Campo Elias Paez Jr.
Vicepresident of Seaport Hub Agencies, Inc



Campo Elias Paez jr.
Tel: 305 372 9809
Fax: 305 372 9856

Miami, *December 29, 2017.*

To Whom It May Concern:

Regarding **Section D** on the Port Everglades Franchise Application, the section is not applicable to our Company in parts 1 and 2, since there is none legal name of any business entity acquired by our company during the last 5 (five) years which engaged in a similar business activity as the business activity which is the subject of this Port Everglades Franchise Application. Therefore it is also non applicable for our company to indicate the date of the acquisition and whether the acquisition was by a stock purchase or asset and whether our company is relying on the background and history of the acquired firm's officers, managers, employees and/or the acquired firm's business reputation in the industry to describe our company's experience or previous business history.

Sincerely yours.

Campo Elias Paez Jr.
Vicepresident of Seaport Hub Agencies, Inc.

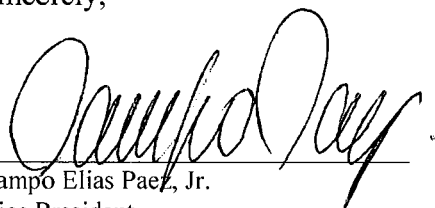


Seaport Hub Agencies, Inc.

To whom it may concern

Regarding **Section E** on the Port Everglades Franchise Application, the section is not applicable to our Company since none of the components of the section mentioned before apply to our company.

Sincerely,



Campo Elias Paez, Jr.
Vice President



Seaport Hub Agencies, Inc.

To whom it may concern:

Regarding **Section F Business History** on the Port Everglades Franchise Application, this section will be better addressed with the following:

Seaport Agencies was founded in Puerto La Cruz-Venezuela in 1998. After a short time became one of the biggest and best structured shipping agency company in Venezuela. Today Seaport Agencies is an international company, having operations in four countries with offices in Amuay/Punta Cardon, El Palito/Puerto Cabello, Caracas (Headquarters), Curacao, Maracaibo, Freeport Bahamas, and recently, our Hub Agency in Miami, Florida.

With an experienced and professional team with more than 18 years in agency services, shipping, inspection, and oil transportation, Seaport Agencies has become one of the most reliable and identifiable agency Service Company in Venezuela and the Caribbean ports.

Its key strengths are handling tankers of Crude and petroleum products, LPG, Petroleum Coke, Sulfur, Asphalt, Urea and a wide variety of Dry Bulk Cargoes.

Our unique mission is to provide our customers with a professional ship's agency service with valuable information 24 hours a day, 7 days a week, 365 days a year. We are particularly conscious of our professional and ethical image by watching over our customers' interests, while cost effectively managing their funds contacting them with prompt, relevant and complete information so we can adapt to changes as required.

The president of the company, Mr. Campo Elias Paez, is a Chemical Engineer graduated from Atlantic University in Colombia. Has over 28 years of experience in the Petroleum Industry. He was previous partner and President of an Inspection company in Venezuela. Languages: English and Spanish.

The Vice President of the company, Mr. Campo Elias Paez Jr., is a Bachelor in International Business graduated from Florida International University in Miami, Florida. Has over eight years of experience in the Petroleum Industry (five years in Noble Americas Corporation, a trading company and three years in Aivepet, a Petroleum Inspection Company in Venezuela). Languages: English and Spanish.



Seaport Hub Agencies, Inc.

Regarding Section G

Below, length of time where Seaport currently operates:

SEAPORT AGENCIES, S.A. (Headquarters in Caracas).
Av. Francisco de Miranda. Torre La Primera. Piso 14. Oficina 14-A.
Campo Alegre - Caracas 1060 - Venezuela.
Phone: 58-212-953 5694 (Master)
Fax: 58-212-954 1132

(20 years in operation)

Contact: Campo Elías Páez- President

Mobile: 58- 412- 2491858

Via U.S.A: 305- 394 9058

presidencia@seaport.com.ve

opsmanager@seaport.com.ve

Contact: Michael Roberts- Vice president, Operations

Mobile: 58416- 580 4702

Via USA: 305-394-97-04

SEAPORT AGENCIES, S.A (Puerto La Cruz).

(20 years in operation)

Calle Libertad- Torre Unión - Piso 7 - Oficina 7-4. Puerto La Cruz - Edo. Anzoátegui - Venezuela

Phone: 58-281- 267 0111 (Master)

Fax: 58-281- 265 7282 / 268 5527

Via USA: 305-394-8267

opsdept@seaport.com.ve

seaportteam@seaportagencies.com

Contact: Arturo Zea – Branch Manager

Mobile: 58- 416- 680 4115

SEAPORT AGENCIES, S.A (Amuay/ Punta Cardon).

(20 years in operation)

Avenida Raul Leoni c/c San Luis - Hotel Brisas Paraguaná Ofic. 4 - Mezanina 1- Punto Fijo 4201-Edo. Falcón - Venezuela

Phone: 58-269- 246 6944

Fax: 58-269- 247 2795

Via USA: 305-394- 9096

seaportpfo@seaport.com.ve

seaportteam@seaportagencies.com

Contact: Julian Álvarez - Branch Manager

Mobile: 58- 416- 669 0083



Seaport Hub Agencies, Inc.

Business History-Section 6-Continued from page 2

SEAPORT AGENCIES , S.A. (Maracaibo).

(17) years in operation)

Edificio General de Seguros - Piso 3 - Local 37
Esquina Sur-Este de la Intersección de la calle 67
(antes Cecilio Acosta) y Avenida 4 (antes Bella Vista).
Parroquia Olegario Villalobos - Maracaibo - Edo. Zulia - Venezuela
Phone: 58-261- 792 0060
Fax: 58-261 792 3832
Via USA: 305-394-6665
seaportmbo@seaport.com.ve
seaportteam@seaportagencies.com
Contact: Julio Peña- Branch Manager
Contact: German Rodríguez - Area Coordinator
Mobile: 58- 416- 661 3610
Mobile: 58- 416- 622 53 94

SEAPORT AGENCIES, S.A. (Puerto Cabello).

(17) years in operation)

Avenida Segrestaa con Calle Bolívar - Centro Comercial Madefer -Piso 2 -Oficina N° 14. Puerto Cabello.
Edo. Carabobo - Venezuela
Phone: 58-242- 361 8844/ 0604/ 3408
Fax: 58-242- 361 4622
Via USA: 305-394-6341
seaportpbl@seaport.com.ve
seaportteam@seaportagencies.com
Contact: Gustavo Gutierrez - Area Coordinator
Mobile: 58- 414- 405 8635

SEAPORT AGENCIES, N.V. (Curacao).

(15) years in operation)

World Trade Center Curacao - Piscadera Bay- 2º Floor
Unit TM-II-19 - Curacao - Netherlands Antilles
Phone: 599- 9- 463 6197
Fax: 599- 9- 463 6564
Via U.S.A: 305- 394- 6570
seaportcuracao@wtc.an
seaportteam@seaportagencies.com
seaportcuracao@seaportagencies.com
Contact: Horace Pandt - Area Coordinator
Mobile: (599-9) 560 78 64

FREEPORT BAHAMAS OFFICES

(12) years in operation)

DBA SEAPORT AGENCIES (Bahamas).
Cedar Street, Office No 1 Sun Plaza West
P.O.Box: F- 40553 - Freeport - Bahamas
Phone: 242- 352 6516
Fax: 242- 352 6519
Via U.S.A: 1-561-228-1672
seaportbahamas@seaport.com.ve
seaportteam@seaportagencies.com
Contact: Roseliano Bascon - Area Coordinator
Mobile: 242- 727 2260



Seaport Hub Agencies, Inc.

Business History-Section  Continued from page 3

SEAPORT HUB AGENCIES, Inc (Miami - USA).

(12 years in operation)

1110 Brickell Av. Suite 605.

Miami- FL. 33131. U.S.A

Phone: 305- 372 9181

Fax: 305- 372 9856

cpaez@seaportagencies.com

Contact: Campo Elías Páez Maal- Executive Vice President

Mobile: 786- 2396798

SEAPORT HUB AGENCIES, S.A. (Houston, TX – U.S.A.).

(3 years in operation)

15421 Vantage Parkway West. Suite 116.

Houston –Texas 77032

Phone: 713-589-9899

Fax: 713-680-2668

seaporthou@seaportagencies.com

operationshub@seaportagencies.com

Contact: Blair Ault

Mobile: 832-654-8218

SEAPORT HUB AGENCIES, S.A. (New Orleans)

(2 years in operation)

510 N. Clark Ave.,

Magnolia, MS 39652

Phone: 504-208-9624

Fax: 305-372-9856

Cell: 985-590-7381

seaportnola@seaportagencies.com

operationshub@seaportagencies.com

Contact: Gary Swindle

Mobile: 504-3770228

SEAPORT AGENCIES, NV (Bonaire)

(10 year in operation)

Kaya Gob. N. Debrot N° 67,

Harbour Village Marina, Bonaire

seaportteam@seaportagencies.com

seaportbonaire@seaportagencies.com

Contact: Horace Pandt, 00 5999 463 61 97

Contact: Gino Martis , Phone: 5997 17 45 59 / 59 97 / 45 57 - Mobile: 599 7 700 88 78

Contact: Campo Elías Páez Maal,

Via U.S.A : 305 372 91 81

Contact: Michael Roberts, 00 58 0212 953 56 94

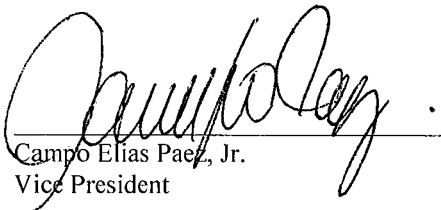


Seaport Hub Agencies, Inc.

To whom it may concern

Regarding **Section I** on the Port Everglades Franchise Application, the section is not applicable to our Company since none of the components of the section mentioned before apply to our company. Neither our company or any of our active personnel have past or pending litigations, legal claims, or violations in which Seaport Hub Agencies is a named party, whether in the State of Florida or in another jurisdiction, involving environmental laws, rules or regulations or a public entity crime as defined by Chapter 287, Florida Statutes, or theft-related crimes such as fraud, bribery, smuggling, embezzlement or misappropriation of funds or acts of moral turpitude, meaning conduct or acts that tend to degrade persons in society or ridicule public morals, and results of felony conviction.

Sincerely,



Campo Elias Paez, Jr.
Vice President



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
 12/14/2017

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 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).

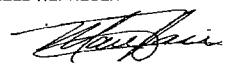
PRODUCER Golden Global Insurance 19950 W. Country Club Dr # 902 Aventura, FL 33180 MARC HAIME	CONTACT NAME: MARC HAIME PHONE (A/C, No, Ext): 305-899-5125 E-MAIL ADDRESS: MARC@GOGLO.NET	FAX (A/C, No): 305-899-5135
	INSURER(S) AFFORDING COVERAGE INSURER A: National Specialty Ins Comp	
INSURED Seaport Hub Agencies Inc 1110 Brickell Ave # 605 Miami, FL 33131	INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC #

COVERAGES **CERTIFICATE NUMBER:** **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	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR MARINE GEN LIABIL			USC3200057	06/19/2017	06/19/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ EXCLUDED
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> 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)

CERTIFICATE HOLDER BROCCOUN BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS DEPARTMENT OF PORT EVERGLADES 1850 ELLER DRIVE FORT LAUDERDALE, FL 33316	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 
--	--



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/14/2017

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		CONTACT NAME: Marc Rovner	
Rovner Insurance Group		PHONE (A/C No, Ext): (561) 287-6279	FAX (A/C No): (561) 287-6279
11098 Biscayne Blvd, #100		E-MAIL ADDRESS: mrovner@rovnerco.com	
Miami FL 33161		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Hartford	NAIC # 30104
INSURED		INSURER B:	
Seaport Hub Agencies, Inc.		INSURER C:	
1110 Brickell Ave Ste 805		INSURER D:	
Miami FL 33131		INSURER E:	
		INSURER F:	

COVERAGES CERTIFICATE NUMBER: 952 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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	57WBCZQ3931	07/21/2017	07/21/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

CERTIFICATE HOLDER

CANCELLATION

BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS DEPARTMENT OF PORT EVERGLADES 1850 ELLER DRIVE FT. LAUDERDALE FL 33316	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 <i>Marc Rovner</i>

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3:25 PM

Seaport Hub Agencies, Inc.

Balance Sheet

As of December 31, 2016

06/06/17

Accrual Basis

	<u>Dec 31, 16</u>
ASSETS	
Current Assets	
Checking/Savings	
First Bank Puerto Rico	1,104.80
Cash - Citibank	<u>835,324.72</u>
Total Checking/Savings	836,429.52
Accounts Receivable	
Accounts Receivable	<u>1,574,824.14</u>
Total Accounts Receivable	1,574,824.14
Other Current Assets	<u>35,631.42</u>
Total Current Assets	2,446,885.08
Fixed Assets	
Equipment - St Croix	15,217.13
Equipment	34,280.13
Furniture & Fixtures	18,137.71
Leasehold Improvements	189,762.45
Accumulated Depreciation	<u>-84,460.68</u>
Total Fixed Assets	172,936.74
Other Assets	
Security Deposits	<u>3,136.50</u>
Total Other Assets	<u>3,136.50</u>
TOTAL ASSETS	<u><u>2,622,958.32</u></u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	<u>1,912,945.86</u>
Total Accounts Payable	1,912,945.86
Other Current Liabilities	
Federal Income Taxes Payable	-339.00
State Income Taxes Payable	<u>-762.00</u>
Total Other Current Liabilities	<u>-1,101.00</u>
Total Current Liabilities	<u>1,911,844.86</u>
Total Liabilities	1,911,844.86
Equity	
Capital Stock	1,000.00
Paid In Capital	582,333.56
Retained Earnings	118,580.31
Net Income	<u>9,199.59</u>
Total Equity	<u>711,113.46</u>
TOTAL LIABILITIES & EQUITY	<u><u>2,622,958.32</u></u>



Seaport Hub Agencies, Inc.

To whom it may concern:

Regarding **Section L** on the Port Everglades Franchise Application, the following four credit references for our company are:

Credit Reference #1

Name of reference: Citibank

Nature of Business: Finance and Banking

Contact Name: Carole Manrufo

Title: Business Banking Officer

Legal Business Street Address: 120 Biscayne Blvd.

City, State, Zip Code: Miami, Florida 33131

Phone Number: (305) 530-3273

Credit Reference #2

Name of reference: HSBC Private Bank

Nature of Business: Banking

Contact Name: Gabriel Porzecanski

Title: Business Banking Officer

Legal Business Street Address: 1441 Brickell Avenue, 17th Floor

City, State, Zip Code: Miami, Florida 33131

Phone Number: (305) 539-4715



Seaport Hub Agencies, Inc.

Credit References (Contn'd)

Credit Reference #3

Name of reference: Jose I. Padial, P.A. **Nature of Business:** Public Accountant

Contact Name: Jose I. Padial **Title:** President/Owner

Legal Business Street Address: 2600 Douglas Road PH6

City, State, Zip Code: Coral Gables, Florida 33134

Phone Number: (305) 443-8010

Credit Reference #4

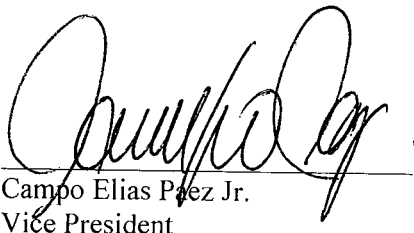
Name of reference: Cantor & Webb P.A. **Nature of Business:** Law Firm

Contact Name: Steven L. Cantor **Title:** Attorney at Law

Legal Business Street Address: 1001 Brickell Bay Drive, Suite 3112

City, State, Zip Code: Miami, Florida 33131

Phone Number: (305) 374-3886



Campo Elias Paez Jr.
Vice President

3:11 PM

Seaport Hub Agencies, Inc.

Profit & Loss

January through December 2016

08/08/17

Accrual Basis

	<u>Jan - Dec 16</u>
Ordinary Income/Expense	
Income	
Administration Fees	108,000.00
Marketing Consulting Income	140,000.00
Ship Brokerage Income	<u>20,118,264.73</u>
Total Income	<u>20,366,264.73</u>
Cost of Goods Sold	<u>18,785,284.60</u>
Gross Profit	1,600,980.13
Expense	<u>1,605,193.00</u>
Net Ordinary Income	-4,212.87
Other Income/Expense	
Other Income	
Income on Investments	13,788.00
Income	<u>829.48</u>
Total Other Income	14,627.48
Other Expense	
Loss on Investments	241.00
Provision for Income Taxes	<u>974.00</u>
Total Other Expense	<u>1,215.00</u>
Net Other Income	<u>13,412.48</u>
Net Income	<u><u>9,199.59</u></u>



Seaport Hub Agencies, Inc.

To whom it may concern:

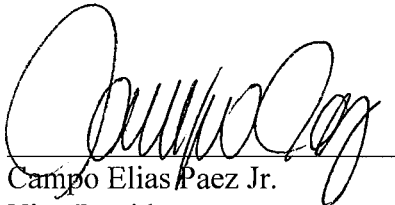
Regarding **Section N** Part 1 on the Port Everglades Franchise Application, the following equipment owned by Seaport will be provided to the employees in order to be used as personal equipment:

- Chemical Resistance gloves
- Hard hat
- Industrial boots
- Laptop
- Personal Flotation Device

Regarding **Section N** Part 2 on the Port Everglades Franchise Application, this section does not apply to the items above since fuel is not required for their function.

Regarding **Section N** Part 3 on the Port Everglades Franchise Application, this section does not apply to our Company since no equipment is domiciled by Port Everglades.

Regarding **Section N** Part 4 on the Port Everglades Franchise Application, all personnel using the equipment will be employed by the Company and be paid wages, deducted taxes, awarded benefits and offered insurance.



Campo Elias Paez Jr.
Vice President

BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-831-4000

VALID OCTOBER 1, 2017 THROUGH SEPTEMBER 30, 2018

DBA:
Business Name: SEAPORT HUB AGENCIES INC

Receipt #: 379-288041
Business Type: ALL OTHERS (VESSEL AGENT)

Owner Name: CAMPO E PAEZ
Business Location: 1110 BRICKELL AVE S-805
MIAMI DADE COUNTY

Business Opened: 12/18/2017
State/County/Cert/Reg:
Exemption Code:

Business Phone: 305-372-9181

Rooms Seats Employees Machines Professionals

Tax Amount	For Vending Business Only				Collection Cost	Total Paid
	Number of Machines:		Vending Type:			
	Transfer Fee	NSF Fee	Penalty	Prior Years		
45.00	0.00	0.00	0.00	0.00	0.00	45.00

THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

**THIS BECOMES A TAX RECEIPT
WHEN VALIDATED**

This tax is levied for the privilege of doing business within Broward County and is non-regulatory in nature. You must meet all County and/or Municipality planning and zoning requirements. This Business Tax Receipt must be transferred when the business is sold, business name has changed or you have moved the business location. This receipt does not indicate that the business is legal or that it is in compliance with State or local laws and regulations.

Mailing Address:

SEAPORT HUB AGENCIES INC
1110 BRICKELL AVE S-805
MIAMI, FL 33131

Receipt # 20C-17-0000665
Paid 12/18/2017 45.00

2017 - 2018



Seaport Hub Agencies, Inc.

To whom it may concern:

Regarding Section P on the Port Everglades Franchise Application, this section will be better addressed with the following:

The safety and health of every employee of Seaport is our main priority. We are committed to furnishing a safe and healthful work environment. Employees are expected to use required safety equipment, follow safe work practices in the office and on every terminal, caution any employee observed working unsafely, and cooperate in all safety and health matters. Compliance with this policy will enable us to work together in a productive and accident free environment.

It is the policy of Seaport to provide a safe and healthful workplace for all of our employees and to observe all applicable safety and health regulations. Management and our employees have and will continue to maintain a safety and health program in which all employees follow safe work practices, are able to recognize unsafe conditions, and timely hazard control is achieved. Safety and health is a necessary part of each employee's job and active participation and adherence to this program is a condition of employment at our company. No employee is required to work at a job which is not safe. It is our goal to completely eliminate accidents and injuries at our workplace. On account of the many different potentially hazardous conditions associated with our industry, we must all maintain a constant safety and health awareness to achieve this goal. This policy has equal importance with other company policies of providing the best quality and most productive service in our industry.

Each employee has a personal responsibility for accident and incident prevention; not only for oneself but for the co-workers as well. Remember no job activity is so urgent that it cannot be done safely. Therefore, it is up to each and every employee of this company to maintain safe work habits and always remain alert to potential hazards.

We are committed to compliance with applicable safety and health laws and regulations and strongly believe that (1) work related injuries and illnesses can be prevented, (2) management and employees are jointly responsible for incident prevention and creating a safe and healthful work environment, (3) hazards can be prevented, (4) well trained personnel are essential, and (5) safety and health makes good business sense.

We must all join together in promoting safety and health and take every reasonable measure to assure safe working conditions exist throughout our company.



Seaport Hub Agencies, Inc.

Regarding Section P Part 2 on the Port Everglades Franchise Application:

Substance Abuse Policy

Since our employees are our most valuable resources, and the safety of our employees and the public are important to us, we have developed and published this substance abuse policy to help us contribute to the solution of this very difficult health and social problem. Our policy is intended to accurately detect and deter the use and abuse of drugs and alcohol in our workplace, while respecting the dignity and privacy of all of our employees.

The Company establishes its policy with regards to the use of illegal drugs and the consumption of alcohol and applies to all personnel that might work or visit this Company.

DRUGS

The use of any illegal drugs, possession, distribution or selling is strictly prohibited in this establishment. The Company will not employ anyone that has a record of using illegal drugs or prescribed drugs abuse. Should any employee be found violating this company drug policy, said employee will be dismissed immediately and turned over to the authorities.

ALCOHOL

The consumption of alcohol is prohibited in this establishment. The excess consumption of alcohol takes a serious effect on your health and habits. It makes an individual not able to give an effective function in his/her working program which gives a lower standard of principles to the owner of this company and likewise, to the owners of vessels.

BEWARE

This Company will not employ anyone who is in usage or has had any record of illegal drugs or abusive consumption of alcohol.

All employees are subject to be tested at any time to detect drugs and alcohol abuse.



Seaport Hub Agencies, Inc.

Regarding Section P Part 3 on the Port Everglades Franchise Application:

Employee Job Training Program/Policy

At Seaport Agencies, every employee has room to expand upon their skills by learning from their co-workers, training programs and other independent means. When the individual is selected as an employment candidate, we expect them to possess some of the skills required to perform the basic necessities of the position. We will develop the employee's skills beyond this foundation.

During the first three months of employment with us, the employee will be trained by one or more peers in the daily requirements of the position. We will expect them to learn the training materials and policies given during this time. We understand it can be overwhelming, however we expect new employees to "hit the ground running" as our work environment is quite competitive and fast paced.

Our goal is to qualify employees during training-not disqualify them. We expect the employee to ask questions or let a manager know immediately if he/she is falling behind, receiving contradictory information or do not understand any aspect of the responsibilities given him/her.

As a new recruit the employee will have the opportunity to enhance his/her knowledge through different courses that we offer or send the individual to complete. Such as:

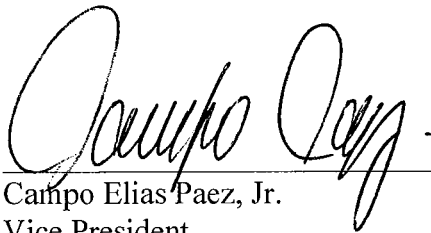
- Business of Shipping Intensive
- ISO 9001:2000 Quality Standards
- BIMCO Training
- Master Class Workshop
- Maritime Security Officer Training
- Tanker Operations
- International Ship and Port Facilities Security Code (ISPS).



Seaport Hub Agencies, Inc.

Regarding Section P Part 4 on the Port Everglades Franchise Application:

The personnel in our company are part of a yearly seminar that Seaport dictates to all of our employees, as well as courses that are needed or will help the employee's performance.



Campo Elias Paez, Jr.
Vice President



Seaport Hub Agencies, Inc.

To Whom it may concern

Regarding Section P.5 – Equipment Operator Certificates. The Section is not applicable to our Company.

Sincerely,

A handwritten signature in black ink, written in a cursive style. The signature appears to read "Campo Paéz".

Campo Elias Paéz Maal
President

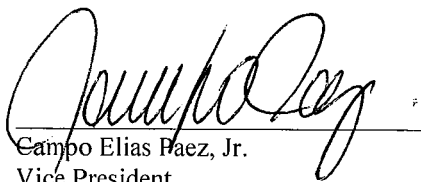


Seaport Hub Agencies, Inc.

To whom it may concern:

Regarding **Section Q** on the Port Everglades Franchise Application, the section is not applicable to our Company since none of the components of the section mentioned before apply to our company. Our company has never received any citations, notices of violations, warning notices, or fines from any federal, state, or local environmental regulatory agencies, the Coast Guard or from the Occupational Safety and Health Administration.

Sincerely,



Campo Elias Paez, Jr.
Vice President


OSHA English | Spanish

Find it in OSHA



A TO Z INDEX

[ABOUT OSHA](#) ▾ [WORKERS](#) ▾ [EMPLOYERS](#) ▾ [REGULATIONS](#) ▾ [ENFORCEMENT](#) ▾ [TOPICS](#) ▾ [NEWS & PUBLICATIONS](#) ▾ [DATA](#) ▾ [TRAINING](#) ▾

Establishment Search

Reflects inspection data through 01/29/2018

This page enables the user to search for OSHA enforcement inspections by the name of the establishment. Information may also be obtained for a specified inspection or inspections within a specified SIC.

Note: Please read important information below regarding interpreting search results before using.

Search By:

Your Establishment search returned 0 results.

Establishment

(This box can also be used to search for a State Activity Number for the following states: NC, SC, KY, IN, OR and WA)

State

All States



Fed & State



OSHA Office

All Offices



Case Status

 All Closed Open

Violation Status

 All With Violations Without Violations

Inspection Date

Start Date

January



1



2012



End Date

January



31



2017



Submit

Reset

Can't find it?

[Wildcard use %](#)
[Basic Establishment Search Instructions](#)
[Advanced Search Syntax](#)

NOTE TO USERS

The Integrated Management Information System (IMIS) was designed as an information resource for in-house use by OSHA staff and management, and by state agencies which carry out federally-approved OSHA programs. Access to this OSHA work product is being afforded via the Internet for the use of members of the public who wish to track OSHA interventions at particular work sites or to perform statistical analyses of OSHA enforcement activity. It is critical that users of the data understand several aspects of the system in order to accurately use the information.

The source of the information in the IMIS is the local federal or state office in the geographical area where the activity occurred. Information entered as events occur in the course of agency activities. Until cases are closed, IMIS entries concerning specific OSHA inspections are subject to correction and updating, particularly with regard to citation items, which are subject to modification by amended citations, settlement agreements, or as a result of contest proceedings. THE USER SHOULD ALSO BE AWARE THAT DIFFERENT COMPANIES MAY HAVE SIMILAR NAMES AND CLOSE ATTENTION TO THE ADDRESS MAY BE NECESSARY TO AVOID MISINTERPRETATION.

The Integrated Management Information System (IMIS) is designed and administered as a management tool for OSHA to help it direct its resources. When IMIS is put to new or different uses, the data should be verified by reference to the case file and confirmed by the appropriate federal or state office. Employers or employees who believe a particular IMIS entry to be inaccurate, incomplete or out-of-date are encouraged to contact the OSHA field office or state plan agency which originated the entry.

UNITED STATES DEPARTMENT OF LABOR

Occupational Safety and Health Administration
200 Constitution Ave., NW,
Washington, DC 20210
☎ 800-321-6742 (OSHA)
TTY
www.OSHA.gov

FEDERAL GOVERNMENT

White House
Affordable Care Act
Disaster Recovery Assistance
USA.gov
Disability.gov
Plain Writing Act
Recovery Act
No Fear Act
U.S. Office of Special Counsel

OCCUPATIONAL SAFETY AND HEALTH

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Disclaimers
Important Web Site Notices
Plug-ins Used by DOL
RSS Feeds from DOL
Accessibility Statement



Florida Department of Environmental Protection

Hazardous Waste Facilities Search Results

Selection Criteria for This Handler Search:

EPAID: % ; **Name:** SEAPORT HUB AGENCIES, INC.% ; **Address:** % ; **City:** % ; **County:** %

For Facility Data Links:

Activities -- provides a list of RCRA compliance activities and violations.

Mapping in GIS -- this opens a **[NEW IMPROVED]** GIS mapping tool focused on the facility.

Documents -- this provides a list of electronic documents available online.

Error Reporting -- send us feedback to address data errors.

County Verification -- County or RPC verification of Facility and Waste for this site.

For a Generator Status History:

click on the **Status**. - **NOT** indicates a facility is a Non-Notifier and may not have been issued the associated EPAID - **Check with DEP before using that EPAID!**

[Legend of Status Types](#)

EPA ID	Name	County	Address	Contact	Status	As of	Data Links
--------	------	--------	---------	---------	--------	-------	------------

Search has retrieved 0 Facilities

Legend of Status Types:

- LQG - Large Quantity Generator
- SQG - Small Quantity Generator
- CES - Conditionally Exempt Small Quantity Generator
- UOT - Used Oil Transporter
- TRA - Hazardous Waste Transporter
- TSD - Treatment/Storage/Disposal Facility
- CLO - Closed
- NHR - Non-Handler of Hazardous Waste



Search County Government

Home | County Commission | Doing Business | Visiting

ENVIROS

Enforcement Action Advanced Search

Search Reset

No information was found matching your selection criteria. Please try again.

Enforcement Action Number:

House Number: To:

Street:
Direction Street Name Street Type Suite

City: Zip:

Section: Township: Range:

Respondent:

[Help on this p...](#)
Screen ID: 2347



- Contact Us
- Comments and Suggestions
- Report a Complaint
- Site Map
- Broward.org
- Terms of Use
- Subscribe

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*Seaport Hub Agencies, Inc.
1110 Brickell Ave. S-805
Miami, Florida 33131
T. +1-305-372-9809
F. +1305-372-9856*

Section R.

SEAPORT AGENCIES

Seaport Agencies was founded in 1998 and today is an international steamship agency company, with 16 offices operating in 8 countries as Venezuela, Aruba, Bahamas, Bonaire, Curacao, Trinidad, Panama, and the United States. We have built a world-class international business by stressing service and performance, connecting customers to the global economy mainly in the Caribbean for two decades.

We count with a professional team with more than 30 years of experience in the agency services, shipping, inspection, and oil transportation.

The Company have 130 employees based in different countries, in USA we have strong presence in St. Croix, Houston and New Orleans. Seaport has a long-term perspective reason why we would like to increase our presence at USA Ports .

We aim to create sustained shared value while earning the trust of our customers and service partners. By knowing the port, being active here, we are pretty sure that could bring more business into your area.

At this moment we have several customers that regularly call your port and the services were performed by Wilhemsen, but knowing that they are considering leaving the area, we are talking to them to represent them locally with our team.

From: [Osorno-Belleme, Angela](#)
To: [Osorno-Belleme, Angela](#)
Subject: FW: Steamship Agent Franchise Application - Seaport Hub Agencies, Inc.
Date: Thursday, February 22, 2018 9:45:43 AM
Attachments: [image002.png](#)
[image003.png](#)
[image004.png](#)
[image005.png](#)

From: seaporthub@seaportagencies.com [mailto:seaporthub@seaportagencies.com]
Sent: Tuesday, February 20, 2018 4:53 PM
To: Osorno-Belleme, Angela <AOSORNOBELLEME@broward.org>
Cc: squintana@seaportagencies.com; operationshub@seaportagencies.com
Subject: RE: Steamship Agent Franchise Application - Seaport Hub Agencies, Inc.

Hello Angela,

As per our telephone conversation in regard to the section (R) see below

A regular customer is Cross Chartering N.V. , Wagenborg N.A. , and MV Alucia,
Also, there are several customer which Wilhelmsen represent as owner representative.
Leonhardt & Blumbers Reederi,
Seaspan Ship Management ;
Fleet Ship Management
Wallenius Wilhelmsen

Let me know if you need additional information.

Regards,

Salvador Valdez
Seaport Hub Agencies, Inc.
Agent

1110 Brickell Av. Suite 805. Miami, FL 33131
W +1 (305) 372-9181 F +1 (305) 372-9856 C +1(305) 680-7003 /+1 (786) 271-9880
seaporthub@seaportagencies.com
operationshub@seaportagencies.com
www.seaportagencies.com

