

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

MARINE TERMINAL SECURITY

FIREARMS CARRYING SECURITY PERSONNEL

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 MIAMI, FL 33131

Number /

Street

City/State/Zip

Phone # (305) 372-9181

E-mail address CPAEZ

@ SEAPORTAGENCIES.COM

Fax #: (305) 372-9856

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

Name

CAMPO E. PAEZ

Title

VICE PRESIDENT

Business Address

1110 BRICKELL AVE SUITE 805 MIAMI, FL 33131

Number /

Street

City/State/Zip

Phone # (305) 372-9181

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

Representative's Title

Representative's Business Address

Number /

Street

City/State/Zip

Representative's Phone # ()

Representative's E-mail address

@

Representative's Fax # ()

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 PRESIDENT
First Name DAMPO Middle Name ELIAS
Last Name PAEZ MUÑOZ
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 PRESIDENCIA @ SEAPORT.COM.VE.

Title VICE PRESIDENT
First Name DAMPO Middle Name ELIAS
Last Name PAEZ MAAL
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 CPAEZ @ SEAPORTAGENCIES.COM

Title MANAGER OPERATIONS
First Name JORGE Middle Name ENRIQUE
Last Name PAEZ MAAL
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 JPAEZ @ SEAPORTAGENCIES.COM

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" _____.

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" _____.

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 _____ 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	16 YRS
VITOL	21 YRS
GILENCORFE	21 YRS
FREEPOINT	5 YRS
MATCON	7 YRS
TRANSGAS	11 YRS
PETROCHINA	11 YRS
BP	8 YRS
REPSOL	8 YRS
CASTLETON	4 YRS
MEXICHEM	3 YRS

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, the following additional information is required:

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.

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.

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.

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.

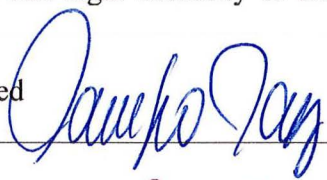
Applicant further understands that if there are any changes to the information provided herein (subsequent to this application submission) or to its officers, directors, senior management personnel, or business operation as stated in this application, Applicant agrees to provide such updated information 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.

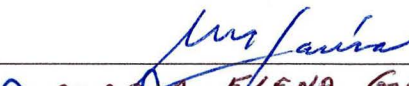
This application and all related records are subject to Chapter 119, F.S., the Florida Public Records Act.

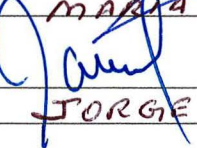
By its execution of this application, Applicant acknowledges that it has read and understands the rules, regulations, terms and conditions of the franchise it is applying for as set forth in Chapter 32, Part II, of the Broward County Administrative Code as amended, and agrees, should the franchise be 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 01/21/19

Signature name and title - typed or printed CAMPO ELIAS PAEL MAAL V.P.

Witness Signature (*Required*) 
Witness name-typed or printed MARIA ELENA GARCIA

Witness Signature (*Required*) 
Witness name-typed or printed JORGE E. PAEL

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

Name _____ Title _____

Address _____ Phone (____) _____

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

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PAGE 02

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FILED

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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:
2500 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.

No 5000 18 4766



[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
2017	04/21/2017
2017	10/24/2017
2018	01/25/2018

Document Images

01/25/2018 -- ANNUAL REPORT	View image in PDF format
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

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

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



Campo Elias Paez

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PAGE 04

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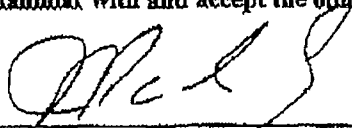
**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

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
TALLAHASSEE FLORIDA
SECRETARY OF STATE

FILED

H05000184766



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

Miami,

To Whom It May Concern:

Regarding **Section D** 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.

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



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

Miami,

To Whom It May Concern:

Regarding **Section 2** 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 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.1:** List of managerial employees, including supervisors, superintendents and forepersons.

Mr. Campo Elias Paez, Sr., President
Mr. Campo Elias Paez, Jr., Vice President
Ms. Mara Curi, General Manager
Mr. Jorge E. Paez, Operations Manager

Regarding **Section G.2:** List the previous work history/experience of Applicant's current managerial employees, including their active involvement in seaports and length of time in the same or similar business activities as planned for Port Everglades.

The President of the company, Mr. Campo Elias Paez, is a Chemical Engineer graduated from Atlantic University in Colombia. Has over 30 years of experience in the Petroleum Industry. He was previous partner and president of an Inspection Company in Venezuela.

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 10 years of experience in the petroleum industry (5 years in Noble Americas Corp a trading company and 3 years in Aivepet a petroleum inspection company in Venezuela.

The General Manager of the company, Ms. Mara Curi is a Bachelor in Corporation and Organizational Studies graduated from the Universiti of Connecticut. Has over 15 years of experience in Marketing, Public Relations and service companies.

The Operations Manager, Mr. Jorge Paez Maal has an MBA graduated from Florida International Univerty in Miami, Florida. Has over 10 years of experience in the petroleum Industry and previous experience in Customer Relations.

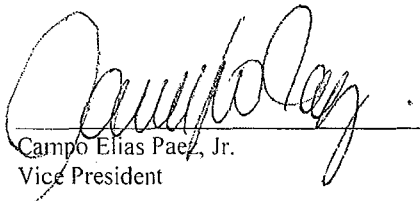


Seaport Hub Agencies, Inc.

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

SEAPO-1

EXHIBIT 2

Page 29 of 52

OF ID: DUDA

DATE (MM/DD/YYYY)

01/11/2019

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 Golden Global Insurance 3323 NE 163 ST STE 505 NORTH MIAMI BEACH, FL 33160 MARC HAIME		CONTACT NAME: MARC HAIME PHONE (A/C, No, Ext): 305-899-5125		FAX (A/C, No): 305-899-5135	
305-899-5125		E-MAIL ADDRESS: MARC@GOGLO.NET			
INSURER(S) AFFORDING COVERAGE					
INSURER A: National Specialty Ins Comp					
INSURER B: Amtrust North America					
INSURER C:					
INSURER D:					
INSURER E:					
INSURER F:					
INSURED Seaport Hub Agencies Inc 1110 Brickell Ave # 805 Miami, FL 33131					

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 CERTIFICATION 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 INSP	SUBR WVP	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			USC3200065	06/19/2018	06/19/2019	EACH OCCURRENCE \$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000	
	<input checked="" type="checkbox"/> MARINE GEN LIAB						MED EXP (Any one person) \$ 1,000	
	<input checked="" type="checkbox"/> HIRED & NON OWNED						PERSONAL & ADV INJURY \$ 1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 2,000,000	
<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							PRODUCTS - COMP/OP AGG \$ EXCLUDED	
<input type="checkbox"/> OTHER:							\$	
A	AUTOMOBILE LIABILITY			USC3200065	06/19/2018	06/19/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
								PROPERTY DAMAGE (Per accident) \$
							\$	
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE \$	
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$	
	DED	RETENTION \$					\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			TWC3762897	12/20/2018	12/20/2019	PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A					E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							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)

SHIPS AGENT
WORKERS COMPENSATION / USL&H

Yermagan Dylo
Risk Manager
1/17/19

CERTIFICATE HOLDER Broward County Florida 1850 Eller Drive Suite# 603 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 

6:35 PM
01/18/19
Accrual Basis

Seaport Hub Agencies, Inc.
Balance Sheet
As of December 31, 2018

	<u>Dec 31, 18</u>
ASSETS	
Current Assets	
Checking/Savings	
CHASE	-25.00
First Bank Puerto Rico	1,680.39
Cash - Citibank	1,288,460.73
Total Checking/Savings	<u>1,290,116.12</u>
Accounts Receivable	
Accounts Receivable	2,721,641.41
Total Accounts Receivable	<u>2,721,641.41</u>
Other Current Assets	96,892.60
Total Current Assets	<u>4,108,650.13</u>
Fixed Assets	
Furniture & Equipment - Aruba	3,067.01
Vehicles	16,410.03
Equipment - St Croix	15,217.13
Equipment	34,280.13
Furniture & Fixtures	18,137.71
Leasehold Improvements	189,762.45
Accumulated Depreciation	-91,873.33
Total Fixed Assets	<u>185,001.13</u>
Other Assets	
St Croix Fundings	3,050.00
Security Deposits	3,136.50
Total Other Assets	<u>6,186.50</u>
TOTAL ASSETS	<u><u>4,299,837.76</u></u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	3,517,163.37
Total Accounts Payable	<u>3,517,163.37</u>
Other Current Liabilities	-1,101.00
Total Current Liabilities	<u>3,516,062.37</u>
Total Liabilities	3,516,062.37
Equity	
Capital Stock	1,000.00
Paid In Capital	582,333.56
Retained Earnings	130,592.75
Net Income	69,849.08
Total Equity	<u>783,775.39</u>
TOTAL LIABILITIES & EQUITY	<u><u>4,299,837.76</u></u>

6:38 PM
01/18/19
Accrual Basis

Seaport Hub Agencies, Inc.
Profit & Loss
January through December 2018

	<u>Jan - Dec 18</u>
Ordinary Income/Expense	
Income	
Ship Brokerage Income	18,994,007.88
Total Income	18,994,007.88
Cost of Goods Sold	
Ship Brokerage Costs	16,997,893.79
Shipping Services	80.00
Total COGS	16,997,973.79
Gross Profit	1,996,034.09
Expense	1,925,463.41
Net Ordinary Income	70,570.68
Other Income/Expense	
Other Income	
Income	8,278.40
Total Other Income	8,278.40
Other Expense	
Other Expenses	9,000.00
Total Other Expense	9,000.00
Net Other Income	-721.60
Net Income	<u><u>69,849.08</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

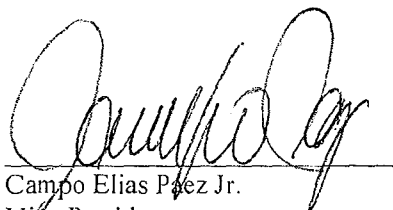
Contact Name: Steven L. Cantor

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 Páez Jr.
Vice President

MISCELLANEOUS INDEMNITY BOND

Bond No 9166780

KNOW ALL MEN BY THESE PRESENTS:

That Seaport Hub Agencies, Inc. as Principal (hereinafter called the Principal), and Washington International Insurance Company a corporation of the State of New Hampshire, having its principal place of business at 1450 American Lane Ste. 1100 Schaumburg, IL 60173 and authorized to do business in the State of New York, as Surety (hereinafter called the Surety), are held and firmly bound unto MIAMI-DADE COUNTY - PORT MIAMI (hereinafter called the Obligee) in the penal sum of Twenty Thousand ~~_____~~ xx DOLLARS (\$20,000.00), for which payment, well and truly to be made, the Principal and Surety hereby binds themselves, their respective legal representatives, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Principal has entered into Agreement

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, That, if the Principal shall well and truly perform and carry out the covenants, terms and conditions of said agreement, then this obligation is to be void, otherwise to remain in full force and effect.

In the event of failure by the Principal to carry out and perform any of said covenants, terms and conditions, then the Obligee shall, as soon as practical, but no later than 180 days, or when notice of intention to terminate is sent to principal, send written notice of such default to the Surety at their office at 1450 American Lane Ste. 1100 Schaumburg, IL 60173

It is understood by and between the parties hereto that this bond may be canceled by the Obligee at any time and by the Surety by mailing written notice of such cancellation to Seaport Hub Agencies, Inc. and the

MIAMI-DADE COUNTY - PORT MIAMI when, not less than 30 days thereafter, such cancellation shall be effective. Cancellation of this bond shall not, however, affect any liability incurred prior to such cancellation.

Provided, however, that irrespective of any of the provisions of the agreement to the contrary, no suit or action shall be had or maintained against the Surety on this bond unless same is brought or instituted within 2 years after the termination of the bond or such shorter period of time for filing suit as may be provided by statute.


Provided, however, that the term of this bond shall be for a period commencing 29th day of January 2019 and ending 28th day of January 2020.

It is understood by and between the parties hereto that any renewals or change in bond limit shall be at the discretion of the Surety Company.

Signed and sealed by the Principal and the Surety on this 29th day of January, 2019

By: _____
Name: Campo E. Paez, Sr.
Title: President

Washington International Insurance Company

By: Marisol Gasca
Marisol Gasca, Attorney-in-Fact


SWISS RE CORPORATE SOLUTIONS

NORTH AMERICAN SPECIALTY INSURANCE COMPANY
WASHINGTON INTERNATIONAL INSURANCE COMPANY

GENERAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, THAT North American Specialty Insurance Company, a corporation duly organized and existing under laws of the State of New Hampshire, and having its principal office in the City of Overland Park, Kansas, and Washington International Insurance Company, a corporation organized and existing under the laws of the State of New Hampshire and having its principal office in the City of Overland Park, Kansas, each does hereby make, constitute and appoint:

MAYA MACKAY, DOMINICA RUBEK, MEGAN LEAHY, DANIELLE CARLBORG, JENNA STEWART, DEBRA McNEIL, KATHLEEN DORMAN, JAMES LAI, JANET ACEVEDO, THOMAS O'BRIEN, TAMI ANDREWS, CANDACE STOKES, BETH LINGLE, MARISOL GASCA, GLENN PATTON, MONTERRAT HERNANDEZ, NORMA MENJIVAR, AND PATRICE LAFAYETTE

JOINTLY OR SEVERALLY

Its true and lawful Attorney(s)-in-Fact, to make, execute, seal and deliver, for and on its behalf and as its act and deed, bonds or other writings obligatory in the nature of a bond on behalf of each of said Companies, as surety, on contracts of suretyship as are or may be required or permitted by law, regulation, contract or otherwise, provided that no bond or undertaking or contract or suretyship executed under this authority shall exceed the amount of:

FIVE HUNDRED THOUSAND (\$500,000.00) DOLLARS

This Power of Attorney is granted and is signed by facsimile under and by the authority of the following Resolutions adopted by the Boards of Directors of both North American Specialty Insurance Company and Washington International Insurance Company at meetings duly called and held on the 9th of May, 2012:

“RESOLVED, that any two of the Presidents, any Managing Director, any Senior Vice President, any Vice President, any Assistant Vice President, the Secretary or any Assistant Secretary be, and each or any of them hereby is authorized to execute a Power of Attorney qualifying the attorney named in the given Power of Attorney to execute on behalf of the Company bonds, undertakings and all contracts of surety, and that each or any of them hereby is authorized to attest to the execution of any such Power of Attorney and to attach therein the seal of the Company; and it is

FURTHER RESOLVED, that the signature of such officers and the seal of the Company may be affixed to any such Power of Attorney or to any certificate relating thereto by facsimile, and any such Power of Attorney or certificate bearing such facsimile signatures or facsimile seal shall be binding upon the Company when so affixed and in the future with regard to any bond, undertaking or contract of surety to which it is attached.”



By [Signature]
Steven P. Anderson, Senior Vice President of Washington International Insurance Company
& Senior Vice President of North American Specialty Insurance Company



By [Signature]
Michael A. Ito, Senior Vice President of Washington International Insurance Company
& Senior Vice President of North American Specialty Insurance Company

IN WITNESS WHEREOF, North American Specialty Insurance Company and Washington International Insurance Company have caused their official seals to be hereunto affixed, and these presents to be signed by their authorized officers this 17th day of October, 2017.

North American Specialty Insurance Company
Washington International Insurance Company

State of Illinois
County of Cook ss:

On this 17th day of October, 2017, before me, a Notary Public personally appeared Steven P. Anderson, Senior Vice President of Washington International Insurance Company and Senior Vice President of North American Specialty Insurance Company and Michael A. Ito, Senior Vice President of Washington International Insurance Company and Senior Vice President of North American Specialty Insurance Company, personally known to me, who being by me duly sworn, acknowledged that they signed the above Power of Attorney as officers of and acknowledged said instrument to be the voluntary act and deed of their respective companies.



[Signature]
M. Kenny, Notary Public

I, Jeffrey Goldberg, the duly elected Assistant Secretary of North American Specialty Insurance Company and Washington International Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney given by said North American Specialty Insurance Company and Washington International Insurance Company, which is still in full force and effect.

IN WITNESS WHEREOF, I have set my hand and affixed the seals of the Companies this 29th day of January, 2019.

[Signature]
Jeffrey Goldberg, Vice President & Assistant Secretary of
Washington International Insurance Company & North American Specialty Insurance Company



Seaport Hub Agencies, Inc.

To whom it may concern:

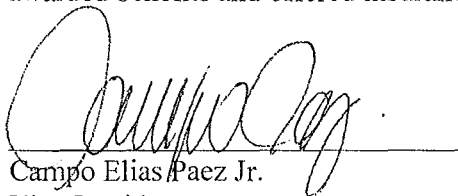
Regarding **Section N** Part 1 on the Port Everglades Franchise Application, the following equipment owned by Seaport will be provided to the employees in order to be used as personal equipment:

- 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 Page 37 of 52

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

VALID OCTOBER 1, 2018 THROUGH SEPTEMBER 30, 2019

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 Phone: 305-372-9181

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

Rooms Seats Employees Machines Professionals

Tax Amount	Number of Machines:			Vending Type:		Total Paid
	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	
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 # 1CP-17-00014672
Paid 07/18/2018 45.00
07/17/2018 Effective Date

2018 - 2019

BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

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Rooms Seats Employees Machines Professionals

Signature	Number of Machines:			Vending Type:		Total Paid
	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	
	0.00	0.00	0.00	0.00	0.00	45.00

Receipt # 1CP-17-00014672
Paid 07/18/2018 45.00
07/17/2018 Effective Date



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:

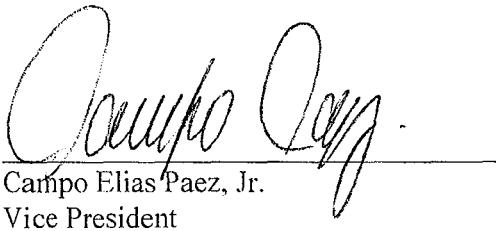
- Business of Shipping Intensive
- ISO 9001:2000 Quality Standards
- BIMCO Training
- Master Class Workshop
- Maritime Security Officer Training
- Tanker Operations
- International Ship and Port Facilities Security Code (ISPS).



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,

Campo Elias Paez Maal
President

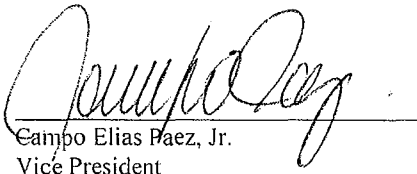


Seaport Hub Agencies, Inc.

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



Search County Government

Home | County Commission | Doing Business | Visiting

ENVIROS

Facilities Advanced Search

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

EPD Site Number:

Facility Name:

House Number: To:

Street:
Direction Street Name Street Type Suite

City: Zip:

Operator Name:

Storage Tank Facility Type:

Waste Facility Type:

Enter Latitude and Longitude in Deg-Min-Sec format.

Facility Latitude:

Facility Longitude:

DEP Site Number:

State AIRS ID Number:

[Search By Section Township Range](#)

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



- Contact Us
- Comments and Suggestions
- Report a Complaint
- Site Map

- Broward.org
- Terms of Use
- Subscribe





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 click on the **S**tatus. - **N**NOT indicates a facility is a Non-Notifier and may not have been issued the associated EPAID - violations.

For a Generator Status History:

Check with DEP before using that EPAID!

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

[Legend of Status Types](#)

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.

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

DERM

Q Search



seaport hub agencies, Inc.

Search returned 0 results

No Results

Attribute Search

Facility Name

seaport hub agencies, inc.

Case Number

Folio (Exclude Dashes)

Less Fields ▼

House Number

Street Direction

Street Name

Street Type

Unit

Zip Code

Document Type

Date ⓘ

From:

To:

Scan Date ⓘ

From:

To:

Description

Search

Reset



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 01/28/2019

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 search did not return any results.

Establishment

seaport hub agencies, inc.

(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



Site Zip Code

Case Status

All Closed Open

Violation Status

All With Violations Without Violations

Inspection Date

Start Date

January



1



2014



End Date

January



30



2019



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.

events occur in the course of agency activities. Until cases are closed, IMIS entries concerning specific OSHA inspections are subject to continuing 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
Disaster Recovery Assistance
USA.gov
No Fear Act Data
U.S. Office of Special Counsel

OCCUPATIONAL SAFETY AND HEALTH

Frequently Asked Questions
A - Z Index
Freedom of Information Act
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OSHA Publications
Office of Inspector General

ABOUT THE SITE

Freedom of Information Act
Privacy & Security Statement
Disclaimers
Important Website Notices
Plug-Ins Used by DOL
Accessibility Statement

From: efoia@uscg.mil
To: [Osorno-Belleme, Angela](#)
Subject: RE: Your Freedom of Information Act (FOIA)/Privacy Act (PA) 2019-CGFO-00756
Date: Tuesday, January 22, 2019 1:16:21 PM
Attachments: [Non-DoD Source Freedom of Information Act Request1.msg](#)

Ms. Osorno-Belleme,

This acknowledges receipt of your January 22, 2019, Freedom of Information Act (FOIA) request to the U.S. Coast Guard (USCG). Your request was received on January 22, 2019 and has been assigned FOIA[PA] number 2019-CGFO-00756.

We have queried the appropriate component of the USCG for responsive records. If any responsive records are located, they will be reviewed for determination of releasability. Please be assured that one of the processors in our office will respond to your request as expeditiously as possible. We appreciate your patience as we proceed with your request.

Please note that due to a lapse in federal funding a delay in processing will occur.

You may check the status of your request by entering FOIA[PA] request number 2019-CGFO-00756 into the following site: <http://www.dhs.gov/foia-status>. Request status is updated and refreshed on a nightly basis electronically.

You may contact this office via telephone at 202-475-3522 or via email at EFOIA@uscg.mil if you have any further questions.

Sincerely,

U.S. Coast Guard
FOIA/PA Office



Seaport Hub Agencies, Inc.

Regarding **Section Q.4:** Applicant's commitment to environmental responsibilities.

Seaport provides full agency services for principals and charterers of container, dry bulk, Petroleum tankers and specialized carriers. Our domestic and worldwide customers consist of principals who nominate and appoint us on vessels of all types and sizes and which carry just about every commodity presently commercialized in the port of Port Everglades. We represent the vessel owners (The Principal). The type of services that we provide are: supply potable water to the vessel, supply spare parts, arrange for transportation for the crew of the vessel, coordinate the services of a marine chemist or a specialized professional when needed for repairs to the vessel, we arrange for food delivery to the vessel via a shiphandler, we arrange for medical assistance for crew members if needed etc.

By providing an outstanding service to our customers, we facilitate the job performance at every level. We at Seaport are committed to comply and abide by all the rules and regulations at Port Everglades therefore maintaining the environmental enhancement of the Port.



*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.