

### 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

USA MARITIME ENTERPRISES, 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

P.O. Box 22723 Fort Lauderdale, FL  
Number / Street City/State/Zip 33335

Phone #

(954) 764-8360

E-mail address

Operations@USAMARITIME.US

Fax #:

(954) 761-7672

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

Name

Antonio Oreguela

Title

President (owner)

Business Address

2600 Eisenhower Blvd - Fort Lauderdale, FL  
Number / Street City/State/Zip 33316

Phone #

(954) 764-8360

E-mail address

Operations@USAMARITIME.US

Fax #:

(954) 761-7672

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

Antonio Oreguela

Representative's Title

President (owner)

Representative's Business Address

P.O. Box 22723 Fort Lauderdale, FL  
Number / Street City/State/Zip 33335

Representative's Phone #

(954) 868-2398 - cell

Representative's E-mail address

AOREGUELA@USAMARITIME.US

Representative's Fax #

(954) 761-7672

**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 ANTONIO Middle Name JOSE  
Last Name OREJUELA  
Business Street Address P.O. BOX 22723  
City, State, Zip Code FORT LAUDERDALE, FL, 33335  
Phone Number 954-764-8360 Fax Number 954-761-7672  
Email Address aorejuela@usamaritime.us.

Title VICE-PRESIDENT  
First Name AUGUSTO Middle Name \_\_\_\_\_  
Last Name MALDONADO  
Business Street Address P.O. BOX 22723  
City, State, Zip Code FORT LAUDERDALE, FL, 33335  
Phone Number 954-764-8360 Fax Number 954-761-7672  
Email Address amaldonado2003@aol.com.

Title CFO  
First Name CLAUDIA Middle Name PATRICIA  
Last Name OSORIO  
Business Street Address P.O. BOX 22723  
City, State, Zip Code FORT LAUDERDALE, FL, 33335  
Phone Number 954-764-8360 Fax Number 954-761-7672  
Email Address operations@usamaritime.us.

Title SECRETARY  
First Name VALERIE Middle Name THOMAS  
Last Name MALDONADO  
Business Street Address P.O. BOX 22723  
City, State, Zip Code FORT LAUDERDALE, FL, 33335  
Phone Number 954-764-8360 Fax Number 954-761-7672  
Email Address operations@usamaritime.us.

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 A**

**Antonio Orejuela has been in the maritime industry since 2002 when he started working with St. Johns Shipping. Worked in Usa Maritime Enterprises, Inc. since 2007 as Operations Manager/General Manager. Bachelor of Science Degree in Computer Engineering and Master in Management Systems.**

**SECTION A**

**Augusto Maldonado has been in the maritime field since 1974. Has owned and managed St. Johns Shipping Company Inc. since 1985 and operated in Port Everglades from 1985 to 2012.**

**SECTION A**

**Claudia Osorio is CFO for Usa Maritime Enterprises since March 2015.  
Worked for 14 years with Banks and Banking industry.**

**SECTION A**

**Valerie Maldonado has been in the maritime field since 1985 working as CFO of St. Johns Shipping Company Inc.**

**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 B**

The  
Minutes  
and  
By Laws

OF THE MEETINGS

— OF —

PUBLISHED BY  
**FLORIDA CORPORATION SUPPLIES**  
*"48 Hour Service For The Attorney"*  
Post Office Box 2087  
Hollywood, Florida



# State of Florida



Department of State

I certify that the attached is a true and correct copy of the Articles of Incorporation of USA MARITIME ENTERPRISES, INC., a corporation organized under the Laws of the State of Florida, filed on December 19, 1984, as shown by the records of this office.

The charter number of this corporation is H34771.

Given under my hand and the

COPY OF LETTER FROM DEPARTMENT OF STATE

SECTION B

SECTION-B

ARTICLES OF INCORPORATION  
OF  
USA MARITIME ENTERPRISES, INC.

DEC 19 1 25 PM '75  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned subscriber to these Articles of Incorporation, a natural person competent to contract, hereby forms a corporation under the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

USA MARITIME ENTERPRISES, INC.

The principal place of business of this corporation shall be 1800 Southeast 25th Avenue, Ft. Lauderdale, Florida 33316.

ARTICLE II. 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 III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 7,500 shares of common stock having a par value of \$1 per share.

ARTICLE IV. ADDRESS

The street address of the initial registered office of the corporation shall be 502 East Park Avenue, Tallahassee, Florida 32301, and the name of the initial registered agent of the corporation at that address is Corporation Information Services, Inc. - Gail Shelby.

ARTICLE V. TERM OF EXISTENCE

SECTION B

This corporation is to exist perpetually.

ARTICLE VI. SPECIAL PROVISION

It is the intent of the incorporator that the corporation will qualify under Section 1244 of the Internal Revenue Code and that the corporation will file as a Subchapter S corporation.

ARTICLE VII. DIRECTORS

This corporation shall have one director, initially. The names and street addresses of the initial members of the Board of Directors are:

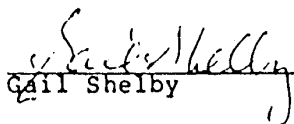
Philemon D'Herckers      1800 Southeast 25th Avenue  
Dir.                              Ft. Lauderdale, Florida 33316

ARTICLE VIII. SUBSCRIBER

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

Gail Shelby                      502 East Park Avenue  
   Tallahassee, Florida 32301

IN WITNESS WHEREOF, the undersigned has hereunto set her hand and seal on this 19th day of December, 1984.

 (SEAL)  
Gail Shelby

STATE OF FLORIDA

COUNTY OF LEON

The foregoing instrument was acknowledged before me this 19th day of December, 1984, by Gail Shelby.

  
Notary Public, State of Florida at Large

My Commission Expires: Notary Public, State of Florida  
My Commission Expires Jan. 24, 1988



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

## Detail by Entity Name

Florida Profit Corporation  
USA MARITIME ENTERPRISES, INC.

### Filing Information

**Document Number** H34771  
**FEI/EIN Number** 59-2484558  
**Date Filed** 12/19/1984  
**State** FL  
**Status** ACTIVE

### Principal Address

2600 eisenhower blvd  
FT. LAUDERDALE, FL 33316

Changed: 03/11/2015

### Mailing Address

po box 22723  
FT. LAUDERDALE, FL 33335

Changed: 03/11/2015

### Registered Agent Name & Address

OREJUELA, ANTONIO  
2600 eisenhower blvd  
FORT LAUDERDALE, FL 33316

Name Changed: 04/28/2016

Address Changed: 03/11/2015

### Officer/Director Detail

#### **Name & Address**

Title P

OREJUELA, ANTONIO J  
2600 EISENHOWER BLVD  
FORT LAUDERDALE, FL 33335

Title T

OSORIO, CLAUDIA P

**SECTION B**

2600 EISENHOWER BLVD  
FORT LAUDERDALE, FL 33335

Title S

MALDONADO, VALERIE T  
2600 EISENHOWER BLVD  
FT LAUDERDALE, FL 33316

Title VP

maldonado, agosto, vp  
2600 eisenhower blvd  
FT. LAUDERDALE, FL 33316

**Annual Reports**

Report Year	Filed Date
2018	03/02/2018
2019	02/11/2019
2020	03/01/2020

**Document Images**

<a href="#">03/01/2020 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/11/2019 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
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<a href="#">04/28/2016 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/22/2015 -- AMENDED ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/11/2015 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/12/2014 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/18/2013 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/15/2012 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/20/2011 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/18/2010 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/16/2009 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/24/2008 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/28/2007 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/24/2006 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">07/28/2005 -- REINSTATEMENT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/23/2004 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/26/2003 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/03/2002 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/19/2001 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/07/2000 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/03/1999 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/12/1998 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/12/1997 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/01/1996 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>

[03/14/1995 -- ANNUAL REPORT](#)

[View image in PDF format](#)

**SECTION B**

Florida Department of State, Division of Corporations

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H34771

**Entity Name:** USA MARITIME ENTERPRISES, INC.

**Current Principal Place of Business:**

2600 EISENHOWER BLVD  
FT. LAUDERDALE, FL 33316

**FILED**  
**Mar 01, 2020**  
**Secretary of State**  
**2507876853CC**

**SECTION B**

**Current Mailing Address:**

PO BOX 22723  
FT. LAUDERDALE, FL 33335 US

**FEI Number: 59-2484558**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

OREJUELA, ANTONIO  
2600 EISENHOWER BLVD  
FORT LAUDERDALE, FL 33316 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** ANTONIO OREJUELA

03/01/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name OREJUELA, ANTONIO J  
Address 2600 EISENHOWER BLVD  
City-State-Zip: FORT LAUDERDALE FL 33335

Title T  
Name OSORIO, CLAUDIA P  
Address 2600 EISENHOWER BLVD  
City-State-Zip: FORT LAUDERDALE FL 33335

Title S  
Name MALDONADO, VALERIE T  
Address 2600 EISENHOWER BLVD  
City-State-Zip: FT LAUDERDALE FL 33316

Title VP  
Name MALDONADO, AUGUSTO VP  
Address 2600 EISENHOWER BLVD  
City-State-Zip: FT. LAUDERDALE FL 33316

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANTONIO OREJUELA

PRESIDENT

03/01/2020

Electronic Signature of Signing Officer/Director Detail

Date

SECTION B

*State of Florida*  
*Department of State*

I certify from the records of this office that USA MARITIME ENTERPRISES, INC. is a corporation organized under the laws of the State of Florida, filed on December 19, 1984.

The document number of this corporation is H34771.

I further certify that said corporation has paid all fees due this office through December 31, 2020, that its most recent annual report/uniform business report was filed on March 1, 2020, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this  
the First day of March, 2020*



*Ronald R. Be...*  
*Secretary of State*

Tracking Number: 2507876853CC

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>



**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 F**

**USA Maritime Enterprises, Inc. has been an established ship agency in Port Everglades, Florida since 1984. Our office is located at Lehigh Cement Building in Port Everglades, Florida with agency representatives in Ports of Miami, West Palm Beach, Canaveral, Tampa, Manatee, Jacksonville, FL, Houston, Texas, New Orleans, LA and Freeport, Bahamas.**

**Our agency is staffed with trained professionals with over 35 years of experience in the shipping industry in all phases of agency representation for all types of vessels, stevedores and management.**

**USA Maritime Enterprises, Inc. will continue to provide quality service to our principals and will strive to increase Port activity in order to bring additional business to the Port now and in the future.**

**SECTION G**

**Operations Manager: Stephen George, working with USA Maritime Enterprises, Inc. since 2009, previously with St. Johns Shipping company Inc. for 5 years.**

**Administrator Manager: Michelle Lorenzen, working with USA Maritime Enterprises, Inc. since 2000.**

**Boarding Agent: Gage Picariello, working with Usa Maritime since 2012.**

**SECTION G**

**Antonio Orejuela has been in the maritime industry since 2002 when he started working with St. Johns Shipping. Worked in Usa Maritime Enterprises, Inc. since 2007 as Operations Manager/General Manager.**

**Augusto Maldonado has been in the maritime field since 1974. Has owned and managed St. Johns Shipping Company Inc. since 1985 and operated in Port Everglades from 1985 to 2012.**

**Claudia Osorio is CFO for Usa Maritime Enterprises since March 2015. Worked for 14 years with Banks and Banking industry.**

**Valerie Maldonado has been in the maritime field since 1985 working as CFO of St. Johns Shipping Company Inc.**

**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" \_\_\_\_\_ "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

PAGE #1

**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 PORT EVERGLADES Number of Years Operating at this Seaport 35

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
Lehigh Cement	35 Years
Concrete Reinforcing Products (CRP)	20 Years
Marathon Petroleum Corp.	13 Years
Sol group Marketing/Asstex	14 Years
Intermetal Int'l	7 Years
BBC charters	20 Years
Commercial steel	12 Years
Accordia shipping	3 Years
Guice offshore	3 Years
University of Rhode Island Research Vessel	10 Years
Island MARINE	8 Years

PAGE #2

**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 Port Everglades Number of Years Operating at this Seaport 35

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
Bulk Atlantic	10 Years
ODFJell	8 Years
SEBA International	8 Years
Dean Shipping	2 Years
Allied Cement	1 Year
Bahama Ferries	4 months
RORO company Limited	4 months
Island site development	4 months
Project Cargo group	8 months
Best class shipping	1 month
SC SHIPMANAGEMENT LTD	4 months

PAGE # 3

**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 PORT EVERGLADES Number of Years Operating at this Seaport 35

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
Briese Schiffahrts	3 years
MORAN SHIPPING	1 year
Schuyler Line	1 year
Weeks MARINE	1 year



PAGE #1

**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 PORT OF PALM BEACH Number of Years Operating at this Seaport 4 years

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
MARATHON petroleum corp.	3 years
Gulf Harborshipping	1 year
MORAN shipping	1 year
Schuyler Line	1 year
Weeks MARINE	1 year

**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 X

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>.



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/02/2020

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

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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).**

<b>PRODUCER</b> Southern Agency, Inc. 4978 North Pine Island Rd. Lauderhill, FL 33351	<b>CONTACT NAME:</b> Jarrett Piersall <b>PHONE (A/C, No, Ext):</b> 954-749-1706 <b>FAX (A/C, No):</b> 954-749-7264 <b>E-MAIL ADDRESS:</b> jpiersall@southernagency.org
<b>INSURED</b> USA Maritime Enterprise, Inc. Po Box 22723 Fort Lauderdale, FL 33335	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b> INSURER A : Covington Specialty Insurance      13027 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

**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	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			VBA688288-01	04/02/20	04/02/21	EACH OCCURRENCE      \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ 100,000 MED EXP (Any one person)      \$ 5,000 PERSONAL & ADV INJURY      \$ 1,000,000 GENERAL AGGREGATE      \$ 2,000,000 PRODUCTS - COMP/OP AGG      \$ Excluded \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$ BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$						EACH OCCURRENCE      \$ AGGREGATE      \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N	N / A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 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 is is additional insured.

*Gary D. King*  
Risk Manager  
4/10/2020

**CERTIFICATE HOLDER**      **CANCELLATION**

Broward County 1850 Eller Drive Fort Lauderdale, Fl. 33316 portcoi@broward.org Fax: 954 525-1910	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)  
03/09/2020

<b>PRODUCER</b> SOUTHEAST INSURANCE BROKERAGE COMPANY 2665 SOUTH BAYSHORE DRIVE, SUITE 1001 COCONUT GROVE, FL 33133	305-442-1500	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
<b>INSURED</b> USA MARITIME ENTERPRISES INC. PO BOX 223723 SLIP #3 CONTINENTAL BLDG EISENHOWER BLVD FT LAUDERDALE, FL 33335	<b>INSURERS AFFORDING COVERAGE</b>	
	INSURER A: PMA / MANUFACTURERS ALLIANCE	NAIC # 36897 ✓
	INSURER B: AMERICAN LONGSHORE MUTUAL ASSOC	524126
	INSURER C:	
	INSURER D:	
		INSURER E:

## COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
		<b>GENERAL LIABILITY</b> <input type="checkbox"/> 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				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		<b>EXCESS / UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
A	B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below	Y/N <input type="checkbox"/> 0406512Y ALMA01957-03	3/7/2020	3/7/2021 ✓	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input checked="" 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
		<b>OTHER</b>				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

USL&H INCLUDED IN WORKERS COMP ✓

*Thomas Anderson*  
*Risk Manager*  
 3-17-2020

## CERTIFICATE HOLDER

BROWARD COUNTY, ✓  
 1850 ELLER DRIVE,  
 FORT LAUDERDALE, FL 33316  
 PORTCOI@BROWARD.ORG

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  
 AUTHORIZED REPRESENTATIVE  
 THOMAS ANDERSEN



## U.S.A. MARITIME ENTERPRISES, INC.

Mailing Address: P.O. Box 22723, Ft. Lauderdale, FL 33335  
Office: Slip #3, Continental Bldg., Eisenhower Blvd., Ft. Lauderdale 33316  
Tel: (954) 764-8360 Fax: (954) 761-7672 Telex: 505-444 Email: [usame009@aol.com](mailto:usame009@aol.com)

---

DATE: JULY 20, 2020

TO: PORT EVERGLADES SECRETARY SECRETARY/BUSINESS ADMINISTRATION  
ATTN: BIANCA ALEXANDER  
FROM: USA MARITIME ENTERPRISES  
SUBJECT: AUTOMOBILE LIABILITY COVERAGE

TO WHOM IT MAY CONCERN:

WE ARE SENDING THIS LETTER TO ADVISE YOUR OFFICE THAT U.S.A. MARITIME ENTERPRISES, INC. DOES NOT HAVE ANY COMPANY VEHICLES. WE ARE A SMALL COMPANY AND EACH PERSON HAS THEIR PERSONAL VEHICLE.

WE THANK YOU FOR YOUR ASSISTANCE

SINCERELY,

A handwritten signature in black ink, appearing to read 'Antonio Orejuela', written in a cursive style.

ANTONIO OREJUELA  
PRESIDENT

*Yago D. /  
Rush Mawry  
7.31-2020*

**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 K**

**Financial statements will be available for review in our office. Appointment will be requested with Port Everglades, Director of Finance, Lia Brasso.**

**SECTION L**

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

**Name of Reference : SUN TRUST BANK**  
**Nature of Business: BANK**  
**Contact Name: MINDY ROCHA**  
**Title: BUSINESS PERSONAL BANKER**  
**Legal Business Street Address: 1601 SOUTH FEDERAL HIGHWAY**  
**City, State, Zip Code: FORT LAUDERDALE, FL 33316**  
**Phone Number : 954-375-1483**

**Name of Reference : SEABULK TOWING**  
**Nature of Business: \_TOWING COMPANY**  
**Contact Name: JANE TUNER**  
**Title: ACCOUNT MANAGER**  
**Legal Business Street Address: 2200 ELLER DRIVE**  
**City, State, Zip Code: FORT LAUDERDALE, FL 33316**  
**Phone Number : 954-627-5209**

**Name of Reference : PORT EVERGLADES PILOTS**  
**Nature of Business: PORT PILOT ASSOCIATION**  
**Contact Name : MARY MYCHALCZUK**  
**Title: BILLING MANAGER**  
**Legal Business Street Address: 1833 SE 17TH STREET**  
**City, State, Zip Code : FORT LAUDERDALE, FL 33316**  
**Phone Number:954-522-4491**

**Name of Reference :LIGHTNING MARINE SERVICES, INC**  
**Nature of Business: TRANSPORTATION**  
**Contact Name :DANIEL REYES**  
**Title: MANAGER**  
**Legal Business Street Address : 2801 SW 3<sup>RD</sup> AVE. UNIT F-3**  
**City, State, Zip Code: FORT LAUDERDALE , FL 33316**  
**Phone Number: 954-706-2270**



RECEIVED BY  
PORT EVERGLADES DEPT.  
BUSINESS ADMINISTRATION

2015 DEC 18 AM 10: 59



## U.S.A. MARITIME ENTERPRISES, INC.

Mailing Address: P.O. Box 22723, Ft. Lauderdale, FL 33335  
Office: Slip #3, Lehigh Cement Bldg., Eisenhower Blvd., Ft. Lauderdale 33316  
Tel: (954) 764-8360 Fax: (954) 761-7672 Email: [operations@usamaritime.us](mailto:operations@usamaritime.us)

**DATE:** December 17, 2015

**Ms. Angela Osorno Belleme  
Franchise & Permit Manager  
Port Everglades Department  
Business Administration Division**

**Subject: USA MARITIME ENTERPRISES, INC. – Port Everglades Franchise Renewal –  
Financial Security - Indemnity and Payment Bond – USD 120,000.00**


**Dear Ms. Osorno**

**Please find attached in the Envelope The Financial Security – Indemnity and Payment Bond, increased to \$120,000.00 as per your recommendation for Port Everglades Franchise Renewal for USA MARITIME ENTERPRISES, INC.**

**Do not hesitate to contact us if you have any questions.**

**We thank you for your assistance.**

**Sincerely,**

  
**Antonio Orejuela  
USA Maritime Enterprises Inc.  
President**

**INDEMNITY AND PAYMENT BOND**

BOND NO. 1115949

KNOW ALL BY THESE PRESENTS:

That we, USA Maritime Enterprises, Inc. as INDEMNITOR and Lexon Insurance Company as SURETY, a surety company authorized to do business in the State of Florida, are held and firmly bound unto BROWARD COUNTY, as OBLIGEE, a political subdivision of the State of Florida, in the full sum of One Hundred and Twenty Thousand DOLLARS (\$120,000.00), for the payment of which we bind ourselves, our heirs, successors, assigns and personal representatives for the performance of the obligations hereinafter set forth:

NOW THEREFORE, the condition of this obligation is such that if INDEMNITOR, its heirs, executors, administrators, successors and assigns shall well and truly save harmless and keep indemnified BROWARD COUNTY, its successors and assigns, from and against all loss, costs, expenses, damages, injury, claims, actions, liabilities and demands of every kind (including but not limited to all reasonable attorney's fees to and through appellate, supplemental and bankruptcy proceedings) which arises from, is caused by, or results from or on account of:

- (i) failure of INDEMNITOR to pay to BROWARD COUNTY, when due, any and all tariff or other charges that have accrued at Port Everglades (whether relating to the furnishing of services or materials to INDEMNITOR, its principals, agents, servants or employees at Port Everglades; or, due to injury to property of Port Everglades; or, stemming from the use of Port Everglades facilities by INDEMNITOR, its principals, agents, servants or employees; or, otherwise); or
- (ii) non-compliance by INDEMNITOR, its principals, agents, servants or employees with applicable laws, ordinances, rules and regulations of the federal, state and local governmental units or agencies (including but not limited to the terms and provisions of the BROWARD COUNTY Code of Ordinances, Administrative Code, and all procedures and policies of the Port Everglades Department), as amended from time to time; or
- (iii) any act, omission, negligence or misconduct of INDEMNITOR, its principals, agents, servants or employees in Port Everglades (whether causing injury to persons or otherwise;

then these obligations shall be null and void, otherwise to remain in full force and effect.

AS A FURTHER CONDITION of this obligation that it shall remain in full force and effect until and unless the Surety provides at least ninety (90) days prior written notice to BROWARD COUNTY of its intention to terminate this Bond.

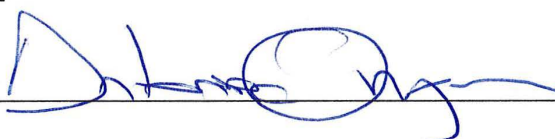
Any notices required herein shall be given in writing and be delivered to: Broward County's Port Everglades Department, Attn: Director of Administration, 1850 Eller Drive, Fort Lauderdale, Florida 33316, with a copy to: Broward County Administrator, Governmental Center, 115 S. Andrews Avenue, Fort Lauderdale, Florida 33301.

IN WITNESS WHEREOF, INDEMNITOR has caused this Bond to be executed by USA Maritime Enterprises, Inc., on this 1<sup>st</sup> day of January, 2016, and attested to by its Secretary and its corporate seal to be affixed, and the Surety has caused this Bond to be executed on this 1<sup>st</sup> day of January, 2016, in its name, by its Attorney-in-Fact, duly authorized to do so.

**INDEMNITOR:**

Company Name: USA Maritime Enterprises, Inc.

ATTEST:

By: 

\_\_\_\_\_  
Corporate Secretary

Antonio Orejuela  
(Print Name of Pres./Vice Pres.)

\_\_\_\_\_  
(Print Name of Secretary)

(SEAL)

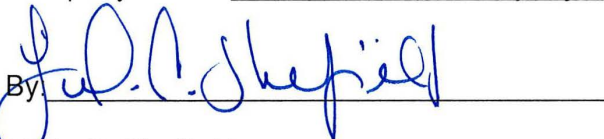
Title: President  
(Print)

1st day of January, 2016

**SURETY:**

Company Name: Lexon Insurance Company

ATTEST:

By: 

\_\_\_\_\_  
See Power of Attorney

Linda C. Sheffield  
(Print Name of Pres./Vice Pres.)

(SEAL)

Title: Attorney in Fact  
(Print)

1st day of January, 2016

POWER OF ATTORNEY

LX- 252908

**Lexon Insurance Company**

KNOW ALL MEN BY THESE PRESENTS, that **LEXON INSURANCE COMPANY**, a Texas Corporation, with its principal office in Louisville, Kentucky, does hereby constitute and appoint: Clark Fitz-Hugh, Darlene Bornt, Linda C. Sheffield, Catherine Kehoe, Kristine Donovan, Conway C. Marshall, Elizabeth K. Wright, Stephen Beahm, Emily G. Lapeyre, David C. Joseph, Jessica Palmeri, Elizabeth Schott its true and lawful Attorney(s)-In-Fact to make, execute, seal and deliver for, and on its behalf as surety, any and all bonds, undertakings or other writings obligatory in nature of a bond.

This authority is made under and by the authority of a resolution which was passed by the Board of Directors of **LEXON INSURANCE COMPANY** on the 1<sup>st</sup> day of July, 2003 as follows:

Resolved, that the President of the Company is hereby authorized to appoint and empower any representative of the Company or other person or persons as Attorney-In-Fact to execute on behalf of the Company any bonds, undertakings, policies, contracts of indemnity or other writings obligatory in nature of a bond not to exceed \$ 2,500,000.00, Two Million Five Hundred Thousand dollars, which the Company might execute through its duly elected officers, and affix the seal of the Company thereto. Any said execution of such documents by an Attorney-In-Fact shall be as binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company. Any Attorney-In-Fact, so appointed, may be removed for good cause and the authority so granted may be revoked as specified in the Power of Attorney.

Resolved, that the signature of the President and the seal of the Company may be affixed by facsimile on any power of attorney granted, and the signature of the Assistant Secretary, and the seal of the Company may be affixed by facsimile to any certificate of any such power and any such power or certificate bearing such facsimile signature and seal shall be valid and binding on the Company. Any such power so executed and sealed and certificate so executed and sealed shall, with respect to any bond of undertaking to which it is attached, continue to be valid and binding on the Company.

IN WITNESS THEREOF, **LEXON INSURANCE COMPANY** has caused this instrument to be signed by its President, and its Corporate Seal to be affixed this 20th day of July, 2015.



**LEXON INSURANCE COMPANY**

BY [Signature]  
David E. Campbell  
President

**ACKNOWLEDGEMENT**

On this 20th day of July, 2015, before me, personally came David E. Campbell to me known, who be duly sworn, did depose and say that he is the President of **LEXON INSURANCE COMPANY**, the corporation described in and which executed the above instrument; that he executed said instrument on behalf of the corporation by authority of his office under the By-laws of said corporation.



AMY L. TAYLOR  
Notary Public- State of Tennessee  
Davidson County  
Mv Commission Expires 01-09-16

BY [Signature]  
Amy L. Taylor  
Notary Public

**CERTIFICATE**

I, the undersigned, Assistant Secretary of **LEXON INSURANCE COMPANY**, A Texas Insurance Company, DO HEREBY CERTIFY that the original Power of Attorney of which the forgoing is a true and correct copy, is in full force and effect and has not been revoked and the resolutions as set forth are now in force.

Signed and Seal at Mount Juliet, Tennessee this 16<sup>th</sup> Day of January, 20 16.



BY [Signature]  
Andrew Smith  
Assistant Secretary

**"WARNING: Any person who knowingly and with intent to defraud any insurance company or other person, files and application for insurance of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."**

**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 X  
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.  
**NO EQUIPMENT REQUIRED FOR STEAMSHIP AGENCY**
2. Identify the type of fuel used for each piece of equipment.  
**N/A**
3. Indicate which equipment, if any, is to be domiciled at Port Everglades.  
**N/A**
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 \_\_\_ **N/A**  
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.  
**N/A**

**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.

POWER OF ATTORNEY

LX- 4351

Lexon Insurance Company

SECTION M

KNOW ALL MEN BY THESE PRESENTS, that LEXON INSURANCE COMPANY, a Texas Corporation, with its statutory home office in Austin, Texas, does hereby constitute and appoint: Clark Fitz-Hugh, Darlene Bornt, Linda C. Sheffield, Catherine Kehoe, Kristine Donovan, Conway C. Marshall, Elizabeth Kearney, Stephen Beahm, David C. Joseph, Jessica Palmeri, Elizabeth Schott, Margaret Schatzman, Roxanne Craven, Andrea Becker its true and lawful Attorney(s)-In-Fact to make, execute, seal and deliver for, and on its behalf as surety, any and all bonds, undertakings or other writings obligatory in nature of a bond.

This authority is made under and by the authority of a resolution which was passed by the Board of Directors of LEXON INSURANCE COMPANY on the 1st day of July, 2003 as follows:

Resolved, that the President of the Company is hereby authorized to appoint and empower any representative of the Company or other person or persons as Attorney-In-Fact to execute on behalf of the Company any bonds, undertakings, policies, contracts of indemnity or other writings obligatory in nature of a bond not to exceed \$5,000,000.00, Five Million dollars, which the Company might execute through its duly elected officers, and affix the seal of the Company thereto. Any said execution of such documents by an Attorney-In-Fact shall be as binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company. Any Attorney-In-Fact, so appointed, may be removed for good cause and the authority so granted may be revoked as specified in the Power of Attorney.

Resolved, that the signature of the President and the seal of the Company may be affixed by facsimile on any power of attorney granted, and the signature of the Assistant Secretary, and the seal of the Company may be affixed by facsimile to any certificate of any such power and any such power or certificate bearing such facsimile signature and seal shall be valid and binding on the Company. Any such power so executed and sealed and certificate so executed and sealed shall, with respect to any bond of undertaking to which it is attached, continue to be valid and binding on the Company.

IN WITNESS THEREOF, LEXON INSURANCE COMPANY has caused this instrument to be signed by its President, and its Corporate Seal to be affixed this 22nd day of June, 2018.

LEXON INSURANCE COMPANY



BY *Brian Beggs*  
Brian Beggs  
President

ACKNOWLEDGEMENT

On this 22nd day of June, 2018, before me, personally came Brian Beggs to me known, who be duly sworn, did depose and say that he is the President of LEXON INSURANCE COMPANY, the corporation described in and which executed the above instrument; that he executed said instrument on behalf of the corporation by authority of his office under the By-laws of said corporation.



AMY TAYLOR  
Notary Public- State of Tennessee  
Davidson County  
My Commission Expires 07-08-19

BY *Amy Taylor*  
Amy Taylor  
Notary Public

CERTIFICATE

I, the undersigned, Assistant Secretary of LEXON INSURANCE COMPANY, A Texas Insurance Company, DO HEREBY CERTIFY that the original Power of Attorney of which the forgoing is a true and correct copy, is in full force and effect and has not been revoked and the resolutions as set forth are now in force.

Signed and Seal at Mount Juliet, Tennessee this 26TH Day of DECEMBER, 2019.



BY *Andrew Smith*  
Andrew Smith  
Assistant Secretary

"WARNING: Any person who knowingly and with intent to defraud any insurance company or other person, files and application for insurance of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."

**SECTION M**

**CONTINUATION CERTIFICATE**

In consideration of premium charged,

LEXON INSURANCE COMPANY hereby continues in force

BOND No. 1115949

Dated JANUARY 1, 2016,

in the amount of \$ 120,000.00 Dollars

on behalf of USA MARITIME ENTERPRISES, INC. as Principal,

in favor of BROWARD COUNTY,

and has been continued for the period beginning JANUARY 1, 2020

and ending JANUARY 1, 2021 subject to all terms and conditions of said bond;

PROVIDED that the liability of LEXON INSURANCE COMPANY shall not exceed in the aggregated amount above written, whether the loss shall have occurred during the term of said bond or during any continuation or continuations thereof, or partly during said term and partly during any continuation or continuations thereof.

SIGNED AND SEALED THIS: DECEMBER 26, 2019

By:



JESSICA PALMERI, ATTORNEY IN FACT  
LEXON INSURANCE COMPANY

**BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT**  
115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-831-4000  
**VALID OCTOBER 1, 2020 THROUGH SEPTEMBER 30, 2021**

**DBA:** USA MARITIME ENTERPRISES INC  
**Business Name:**

**Receipt #:** 322-10905  
**Business Type:** BOAT REPAIR/MOBILE CAR DETAIL (MARITIME SERVICE)

**Owner Name:** AUGUSTO MALDONADO  
**Business Location:** SLIP 3 EISENHOWER BLVD  
FT LAUDERDALE  
**Business Phone:** 954-764-8360

**Business Opened:** 12/31/1984  
**State/County/Cert/Reg:**  
**Exemption Code:**

Rooms                      Seats                      Employees                      Machines                      Professionals  
3

For Vending Business Only						
Number of Machines:				Vending Type:		
Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid
33.00	0.00	0.00	0.00	0.00	0.00	33.00

**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:**

AUGUSTO MALDONADO  
P O BOX 22723  
FORT LAUDERDALE, FL 33335

**Receipt #** WWW-19-00195765  
**Paid** 07/13/2020 33.00

**2020 - 2021**

**BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT**  
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3

For Vending Business Only						
Number of Machines:				Vending Type:		
Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid
33.00	0.00	0.00	0.00	0.00	0.00	33.00

**Receipt #** WWW-19-00195765  
**Paid** 07/13/2020 33.00



## SECTION P

- 1- USA Maritime Enterprises, Inc. has a general safety program for minor first Aid issues said instructions are included.
- 2- In the event of any suspected substance abuse, personnel would be tested. If positive results are found then employment would be terminated. Testing is only on a need basis, no regular scheduled test is done.
- 3- Employee training is done for all employees by our personnel as needed.
- 4- Same as "3".
- 5- USA Maritime Enterprises, Inc. does not own or operate any equipment.

**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.



**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:

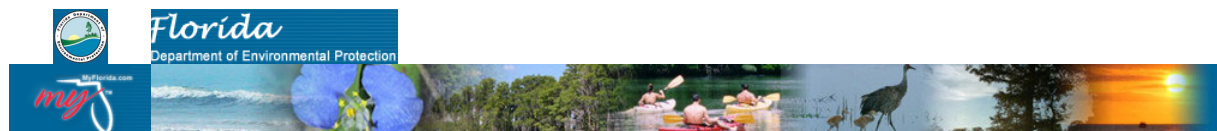
[Help on this page](#)  
Screen ID: 23473



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



# Florida Hazardous Waste Handler Search Results



Florida Department of Environmental Protection

## Hazardous Waste Facilities Search Results

### Selection Criteria for This Handler Search:

EPAID: % ; Name: USA MARITIME ENTERPRISES, INC% ; Address: % ; City: % ; County: %

#### For Facility Data Links:

**A**ctivities -- provides a list of RCRA compliance activities and violations.

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

**D**ocuments -- this provides a list of electronic documents available online.

**E**rror Reporting -- send us feedback to address data errors.

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

#### For a Generator Status History:

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

[Legend of Status Types](#)

EPA ID	Name	County	Address	Contact	Status	As of	Data Links
<b>Search has retrieved 0 Facilities</b>							

### 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



## Occupational Safety and Health Administration

Menu

SEARCH OSHA

- OSHA ▾
- STANDARDS ▾
- TOPICS ▾
- HELP AND RESOURCES ▾
- Contact Us
- FAQ
- A to Z Index
- English
- Español

## Establishment Search

### Reflects inspection data through 10/08/2020

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   
(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

OSHA Office

Site Zip Code

Case Status  All  Closed  Open

Violation Status  All  With Violations  Without Violations

Inspection Date

Start Date

End Date

**Can't find it?**  
 Wildcard use %  
 Basic Establishment Search Instructions  
 Advanced Search Syntax

### NOTE TO USERS

## Establishment Search Page | Occupational Safety and Health Administration Page 2 of 2

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 is entered as 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](http://www.OSHA.gov)

#### FEDERAL GOVERNMENT

[White House](#)  
[Severe Storm and Flood Recovery Assistance](#)  
[Disaster Recovery Assistance](#)  
[DisasterAssistance.gov](#)  
[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](#)  
[Read the OSHA Newsletter](#)  
[Subscribe to the OSHA Newsletter](#)  
[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](#)

## **SECTION Q**

**USA Maritime Enterprises, Inc. is committed to protecting the environment. We use “green” products in our office and recycle all possible waste. All hazardous waste from office machine is properly disposed. Employees are instructed to reduce electrical usage as much as possible and recycle all paper waste. USA Maritime Enterprises, Inc. is sensitive to maintaining a clean and natural habitat in Port Everglades, FL.**

## SECTION R

**USA Maritime Enterprises, Inc. has been an established ship agency in Port Everglades, Florida since 1984. Our office is located at Lehigh Cement Building with agency representatives in Ports of Miami, West Palm Beach, Canaveral, Tampa, Manatee, Jacksonville, FL, Houston, Texas, New Orleans, LA and Freeport, Bahamas.**

**Our agency is staffed with trained professionals with over 35 years of experience in the shipping industry in all phases of agency representation for all types of vessels, Stevedores and management.**

**USA Maritime Enterprises, Inc. will continue to provide quality service to our principals and will strive to increase Port activity in order to bring additional business to the Port now and in the future.**



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

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:

**N/A** VESSEL BUNKERING

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**N/A** VESSEL OILY WASTE REMOVAL

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**N/A** VESSEL SANITARY WASTE WATER REMOVAL

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**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 \_\_\_\_\_

N/A

**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.

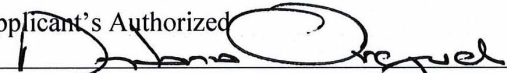
Applicant further understands that if there are any changes to the information provided herein (subsequent to this application submission) or to its officers, directors, senior management personnel, or business operation as stated in this application, Applicant agrees to provide such updated information 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 09/28/2020

Signature name and title - typed or printed Antonio Orejuela - president

Witness Signature (\*Required\*)   
Witness name-typed or printed Stephen George

Witness Signature (\*Required\*)   
Witness name-typed or printed Gage Picariello

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

Name Antonio Orejuela Title President

Address P.O. Box 22723 Phone 954 868-2388  
Fort Lauderdale, FL  
33335