

### 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 Christian Bay Shipping Co. dba Fillette, Green Shipping Services (USA) Corp

(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 5225 Katy Freeway, Suite 690 Houston, Texas 77007

Phone # (713) 453-5895 Ext 105 E-mail address fgssadmin@fillettegreen.com

Fax #: (713) 453-7658

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

Name Cherina Thomas

Title Chief Operating Officer

Business Address 7447 McV Hggy c{.Uwkg'8; 2"J qwuxp."Vgzcu"992; 7

Number / Street City/State/Zip

Phone # ( : 54 ) 58: /5535 E-mail address ej gtlpc0j qo cu @ hmgwgi tggp@qo

Fax #: (713) 453-7658

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 Ej gtlpc"Vj qo cu

Representative's Title Ej lgh'Qr gtcvpi "Qhleg

Representative's Business Address 7447 McV Hggy c{.Uwkg'8; 2"J qwuxp."Vgzcu"99229

Number / Street City/State/Zip

Representative's Phone # (832) 368-3313

Representative's E-mail address cherina.thomas@fillettegreen.com

Representative's Fax # (713) 453-7658

**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 Chief Executive Officer  
First Name Derrick Middle Name N  
Last Name Thomas  
Business Street Address 5225 Katy Freeway, Suite 690  
City, State, Zip Code Houston, Texas 77007  
Phone Number (713) 899-7046 Fax Number (713) 453-7658  
Email Address derrick.thomas @ fillettegreen.com.

Title Chief Operating Officer  
First Name Cherina Middle Name M  
Last Name Thomas  
Business Street Address 5225 Katy Freeway, Suite 690  
City, State, Zip Code Houston, Texas 77007  
Phone Number (832) 368-3313 Fax Number (713) 453-7658  
Email Address cherina.thomas @ fillettegreen.com.

Title Port Operations Representative  
First Name Joey Middle Name \_\_\_\_\_  
Last Name Gilley  
Business Street Address 2109 E. Palm Ave. Suite 206  
City, State, Zip Code Tampa, Florida 33605  
Phone Number (813) 348-1481 Fax Number ( )  
Email Address ptev @ fillettegreen.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.

Derrick N. Thomas  
Houston, Texas  
713.899.7046 (mobile)  
[derrick@fillettegreen.com](mailto:derrick@fillettegreen.com)

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**EXECUTIVE LEADERSHIP • CLIENT RELATIONS • MARKETING • TEAM BUILDING**

**SUMMARY**

Executive leader with over 30 years' experience in the vessel agency industry offering excellent interpersonal skills with strong client relationships. A highly motivated leader with strong maritime sales and marketing background, possessing excellent communication skills, and the ability to implement innovative maritime solutions.

**EDUCATION**

1992 – 1994, Southern University of New Orleans (Business Admin. Studies)

**CORE COMPETENCIES**

- Strategic Planning
- Business Development
- Merger & Acquisitions
- Team Building & Development
- Interpersonal Skills
- Innovation
- Problem Solving/Detail oriented
- Vessel Operations
- Client Relationships
- Maritime Solutions
- Quality Driven
- Written / Verbal Communications

**EXPERIENCE**

**President, Houston, Texas** **Feb 1995 - Present**

**Fillette, Green Shipping Services (USA) Corp**

Develop strategic plans to advance the company's mission and objectives and promote revenue, profitability, and growth. Oversee company operations to insure production efficiency, quality service, and cost-effective management of resources. Identify acquisition and merger opportunities and direct implementation activities. Responsible for facilitation and approving company operational procedures, policies, and best practice standards. Review activity reports and financial statements to determine progress and status in attaining objectives and revise objectives and plans in accordance with current conditions. Promote the company through strategic solicitation efforts, which includes extensive domestic and international travel to visit existing and potential clients.

**Operations/Boarding Agent, Houston, Texas**

**Dec 1985 – Jan 1995**

**Fillette, Green Shipping Services (USA) Corp**

Responsible for on-board vessel attendance consisting of conducting entrance and clearance procedures with government authorities; coordinated United States Coast Guard compliance inspections; monitored crew attendance; calculated and submitted performer disbursement accounts to clients; arranged crew medical evacuations, negotiated solutions to address operational problems; assisted vessel captains with personnel problems with crew members; coordinated emergency vessel repairs; selection of reputable shore labor and technicians to carry out vessel repairs; collection and delivery of spare parts; timely, efficient and economic coordination of ordering and delivery of stores, provisions, fresh water and bunkers (fueling); assisted crew joining or repatriating; and repairs to navigation equipment. Additional responsibility included any delays and delivery or completion of any vessel related duties.

# CHERINA THOMAS

HOUSTON, TEXAS  
MOBILE: 832-368-3313

## PROJECT MANAGEMENT / SOFTWARE INTEGRATION

### *Core competencies include:*

Data Analysis and Troubleshooting Business	Implement Communication
Process Redesign Workflow	Strategies Relationship Building &
Optimization Operational Effectiveness Proactive	Management System Automation Quality
Leadership & Management	Integration Liaison TJC Regulations
Technology Expertise	Governance Planning
Project Management	Team Building & Development
Strategic Planning & Implementation	Energetic & Motivated
Application System Administration	RFP and Vendor Selection
Strong Communication & Interpersonal Skills	Knowledge of Healthcare Processes Integrated
Clinical Information Systems	Health Delivery Networks Process Improvement

## PROFESSIONAL EXPERIENCE

### *Professional Highlights*

Thirty years of information system experience; Nineteen years of healthcare related experience; Excellent interpersonal, communication and leadership skills; Electronic Medical Record; Business Process Redesign; Software Integration.

### *Employment History*

*Fillette Green Shipping Services 2014 – Present*  
**Chief Operating Officer**

Participates in developing and implementing strategic plans that supports the organization's vision and goals; translates the strategic plan to staff to ensure support; and modifies the plan in response to changing internal and external factors. Collaborate with President and other leadership team members in setting policies and determining strategies to meet or exceed revenue, profit, and cash flow commitments to the company. Analyzes current and future trends and needs and accurately assesses functional responsibilities competitive strengths and vulnerabilities. Identifies opportunities for value creation.



*Harris County Hospital District 2010 - 2014*

**Director of Quality Integration**

Provided quality measure reporting including implementing an automated Quality Measure Scorecard along with performance improvement plan and data dictionary documentation templates; Implemented software tools to establish efficient Quality processes; Served as IT Liaison for Quality Management department to ensure that all regulatory and workflow requirements were met; Responsible for data analysis, data mapping and trending of Quality indicators (Patient Safety, Core Measures, Infection Prevention); Generated clinical reports to meet regulatory requirements; Responsible for monitoring Quality Data Services functions and processes; Provided oversight for the collection of all Quality data requirements; Responsible for creating surveys for Quality and provided survey results and analysis; SharePoint development and ongoing maintenance for Quality Management Services; Project Management; Business Process Redesign; Best Practice Workflow Management; Software Implementations; **Process Improvement:** Workflow optimization; Identified solutions that were aligned with the goals of the organization; Technology automation; Operational effectiveness; **Governance:** Organized and facilitated governance committees; Implemented Communication strategies; **Application Support:** System Integration; Application System Administrators; Communication Plan; Change Management; Escalation procedures; Application Technical and Functional Knowledge transfer; **Clinical applications:** Epic Applications; Incident Reporting System; Infection Surveillance System; and Core Measures Reporting.

*Harris County Hospital District 2002 - 2010*

**Information Systems Clinical Manager**

Provided professional/technical leadership for HCHD Clinical areas. Monitored project prioritization based on global business perspective. Monitored resource allocation an availability; Managed and coordinated support of clinical applications; Organized and coordinated application user groups/governance activities; Participated in business process redesign; Provided decision-making data used for project approvals; Project planning; Managed application support; Monitored staff performance; RFP and vendor selection; procurement; vendor software; software contract reviews; Develop Clinical Application Deployment Strategies; Clinical Application Upgrades / Implementations; Project Request / SOW development; Recruiting; Project Tracking.

**EDUCATION**

**Master of Information Systems**

University of Phoenix, Phoenix AZ

**Bachelor of Science Information Technology**

University of Phoenix, Phoenix AZ.

Xavier University, Cincinnati OH

Louisiana State University, Baton Rouge LA

**Professional Training**

Harris County Leadership Institute (LEAD)

Project Management Professional Certification

**Joseph Gilley**  
Mulberry, Florida  
Josephgilley727@gmail.com

**Summary**

Vessel Agency Operations and Management with 7+ years of experience in importing and exporting cargos from the U.S.

**Professional History**

**Fillette, Green Shipping Services (USA) Corp.**

March 2019 – Present

- Responsible for preparing important and time sensitive paperwork for inward and outward clearance of foreign flagged vessels to discharge and/or load cargo.
- Coordination with Authorities and all respective parties involved to ensure timely commencement of operations
- Primary support for customer inquiries
- Sending daily operations updates

**American Marine Agencies Inc.**

August 2014 – January 2020

- Responsible for preparing important and time sensitive paperwork for inward and outward clearance of foreign flagged vessels to discharge and/or load cargo.
- Coordination with Authorities and all respective parties involved to ensure timely commencement of operations
- Primary support for customer inquiries
- Sending daily operations updates
- Creating and organizing invoices
- Sending accounts

**Skills:**

- Strong attention to detail
- Project Management
- Excellent Time Management
- Deadline Driven
- Microsoft Office

**Section B**

1. Place checkmark to describe the Applicant:  
( ) Sole Proprietorship (x) 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 x 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 x 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 x No     If "Yes," please provide details in the space provided, including:  
Prior officers, directors, executives, partners, shareholders, members  
Name(s) Robert Pundsack, Christian Pundsack  
New officers, directors, executives, partners, shareholders, members  
Name(s) Derrick Thomas, Cherina Thomas, Jessica Thomas  
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" \_\_\_\_\_.

M43462

ARTICLES OF INCORPORATION FILED

OF

CHRISTIAN BAY SHIPPING CO.

1986 DEC 17 PM 3:54

SECRETARY OF STATE  
MIAMI, FLORIDA

The undersigned, for the purpose of forming a corporation under the Florida General Corporation Act, does hereby adopt the following Articles of Incorporation:

Article 1. Name. The name of the Corporation is:  
CHRISTIAN BAY SHIPPING CO.

Article 2. Duration. The duration of the Corporation is perpetual.

Article 3. Purpose. The general purposes for which the Corporation is organized are the following:

1) To engage in the business of acting as steamship agents; ship brokers; vessel managers; marine insurance managers, agents and brokers; stevedores and all service necessary to maritime shipping.

2) To enter into any business lawful under the laws of the State of Florida, either for its own account, or for the account of others, as agents, and either as agent or principal, to enter upon or engage in any kind of business of any nature whatsoever, in which corporations organized under the Florida General Corporation Act may engage; and to the extent not prohibited thereby to enter upon and engage in any kind of business of any nature whatsoever in any other state of the United States of America, and foreign nation, and any territory of any country to the extent permitted by law or such other state, nation or territory. No other purpose limits this general purpose in any way.

3) To do such other things as are incidental to the purposes of the Corporation or necessary or desirable in order to accomplish them.

Article 4. Capital Stock. The aggregate number of shares which the Corporation is authorized to issue is 60 shares of common stock. Such shares shall be of a single class and shall have no par value.

Article 5. Initial Registered Office and Agent. The street address of the initial Registered Office of the Corporation is 901 S.E. 17th Street, Suite 208, Fort Lauderdale, FL 33316, and the name of its initial Registered Agent at that address is DANIEL D. DOUGLASS.

Article 6. Initial Board of Directors. The number of Directors constituting the initial Board of Directors is one (1). The number of Directors may be increased or decreased from time to time in accordance with the Bylaws but shall never be less than one. The name and address of each initial Director of the Corporation is as follows:

Daniel D. Douglass  
901 S.E. 17th Street, Suite 208  
Fort Lauderdale, FL 33316

Article 7. Incorporators. The name and address of each Incorporator is as follows:

Daniel D. Douglass  
901 S.E. 17th Street, Suite 208  
Fort Lauderdale, FL 33316

Article 8. Amendment. The Corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation or any amendment to them, and any right conferred upon the Shareholders is subject to this reservation.

Article 9. Indemnification. The Corporation shall indemnify each Officer and Director, including former Officers and Directors, to the full extent permitted by law.

Article 10. Preemptive Rights. Each Shareholder of the Corporation shall have the right to purchase, subscribe for, or receive a right or rights to purchase or subscribe for, at the price for which it is offered to others, that Shareholder's pro rata portion of the following:

A. Any stock of any class that the Corporation may issue or sell, whether or not exchangeable for any stock of the Corporation of any class or classes, and whether or not of unissued shares authorized by the Articles of Incorporation as originally filed or by any amendment thereof or out of shares of stock of the Corporation acquired by it after the issuance thereof, and whether issued for cash or other consideration; or

B. Any obligation that the Corporation may issue or sell which is convertible into or exchangeable for any stock of the Corporation of any class or classes, or to which is attached or pertinent any warrant or warrants or other instruments conferring on the holder the right to subscribe for or purchase from the Corporation any shares of its stock of any class or classes.

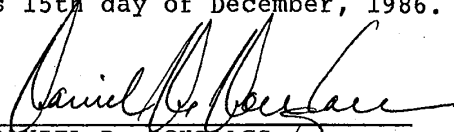
This right shall be deemed waived by any Shareholder who does not exercise it and pay for the shares preempted within thirty (30) days after receipt of written notice from the

Corporation stating the price, terms and conditions of the issue of shares and inviting the Shareholder to exercise this preemptive right. This right may also be waived by a written waiver signed by the Shareholder.

Article 11. Bylaws. The power to adopt, alter, amend and repeal the Bylaws shall be vested in the Board of Directors, but all alterations, amendments and repeals of the Bylaws must be approved by a majority of the Shareholders.

Article 12. Commencement of Corporate Existence. In accordance with Section 607.167, Florida Statutes, the date when corporate existence shall commence is the date of subscription and acknowledgement of these Articles of Incorporation.


IN WITNESS WHEREOF, the undersigned has signed these Articles of Incorporation on this 15th day of December, 1986.

  
DANIEL D. DOUGLASS

STATE OF FLORIDA     )  
COUNTY OF BROWARD    )

Before me personally appeared DANIEL D. DOUGLASS to me well known and known to me to be the person described in and who executed the foregoing Articles of Incorporation and acknowledged to and before me that he executed said instrument for the purposes therein expressed.

WITNESS my hand and official seal this 15th day of December, 1986.

  
NOTARY PUBLIC  
State of Florida at Large

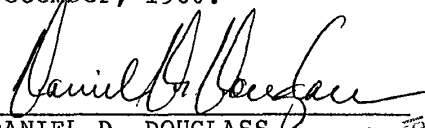
My Commission Expires:

NOTARY PUBLIC STATE OF FLORIDA  
MY COMMISSION EXP JUNE 30, 1990  
BONDED THRU GENERAL INS. UND.

ACCEPTANCE BY REGISTERED AGENT

The undersigned hereby accepts the appointment as Registered Agent of CHRISTIAN BAY SHIPPING CO., which is contained in the foregoing Articles of Incorporation.

Dated this 15th day of December, 1986.



DANIEL D. DOUGLASS  
Registered Agent

FILED  
1986 DEC 17 PM 3:54  
SECRETARY OF STATE  
MIAMI, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State

January 18, 1991

Allen von Spiegelfeld  
Fowler, White  
501 East Kennedy Blvd.  
Tampa, Florida 33601

Re: Document Number M43462

Dear Mr. Spiegelfeld:

This will acknowledge receipt of your Amendment to the Articles of Incorporation for CHRISTIAN BAY SHIPPING CO., a Florida corporation, which was filed on January 14, 1991. We have received your remittance totaling \$87.50. Enclosed please find your certificate(s).

Should you have any questions regarding this matter please telephone (904) 487-6050, the Amendment Filing Section.

KELLEY SHANK  
Division of Corporations



# State of Florida



## Department of State

I certify that the attached is a true and correct copy of the Articles of Amendment, filed on January 14, 1991, to Articles of Incorporation for CHRISTIAN BAY SHIPPING CO., a Florida corporation, as shown by the records of this office.

The document number of this corporation is M43462.

Given under my hand and the  
Great Seal of the State of Florida,  
at Tallahassee, the Capital, this the  
18th day of January, 1991.



CR2EO22 (6-88)

Handwritten signature of Jim Smith in cursive script.

Jim Smith  
Secretary of State

AMENDMENT TO ARTICLES OF INCORPORATION  
OF  
CHRISTIAN BAY SHIPPING CO.

WHEREAS, the Articles of Incorporation of CHRISTIAN BAY SHIPPING CO. were filed with and approved by the Secretary of State of the State of Florida on the 17th day of December, 1989;

WHEREAS, it is the intention of the directors and the stockholders of CHRISTIAN BAY SHIPPING CO. that the Articles of Incorporation of CHRISTIAN BAY SHIPPING CO. be amended, in accordance with the proposed amendment hereinafter set forth; and

WHEREAS, the proposed amendment was approved and adopted by the directors of CHRISTIAN BAY SHIPPING CO., at a Special Meeting of the Board of Directors and Stockholders, held on November 28, 1990, pursuant to the provisions of Florida Statutes, Section 607.0820; and

WHEREAS, the proposed amendment was approved and adopted by the stockholders comprising the only voting group of stockholders of CHRISTIAN BAY SHIPPING CO., pursuant to the provisions of Florida Statutes, Section 607.1003, on the 28th day of November, 1990; and

WHEREAS, the approval of the Secretary of State of the State of Florida of the proposed amendment hereinafter set forth is hereby requested.

FILED  
1991 JAN 14 AM 9:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOW, THEREFORE, the Articles of Incorporation of CHRISTIAN BAY SHIPPING CO. are hereby amended, by deleting in its entirety the present Article 4. and by substituting therefor the following, to-wit:

"Article 4. Capital Stock. The total number of shares of capital stock authorized to be issued by the corporation shall be 1,000 shares having no par value. Each of the said shares of stock shall entitle the holder thereof to one (1) vote at any meeting of the stockholders. All or any part of said capital stock may be paid for in cash, in property or in labor or services actually performed for the corporation and valued at a fair valuation to be fixed by the Board of Directors at a meeting called for such purpose. All stock when issued shall be paid for and shall be nonassessable."

IN WITNESS WHEREOF, this Amendment to Articles of Incorporation is hereby executed on behalf of CHRISTIAN BAY SHIPPING CO., by its President and Secretary this 30 day of November, 1990.

CHRISTIAN BAY SHIPPING CO.

By: Robert N. Pundsack  
Robert N. Pundsack, President

By: John T. Moore  
John T. Moore, Secretary

SWORN TO BEFORE ME THIS  
30 NOVEMBER, 1990

Robert N. Pundsack  
NOTARY PUBLIC - STATE OF FLORIDA

NOTARY PUBLIC STATE OF FLORIDA  
BY COMMISSION EXP. MAR. 30, 1994  
BONDED THRU GENERAL INS. UND.

STATE OF FLORIDA

COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 30  
day of November, 1990, by ROBERT N. PUNDSACK and JOHN T. MOORE,  
President and Secretary, respectively, of CHRISTIAN BAY SHIPPING  
CO., a Florida corporation, on behalf of the corporation.

  
\_\_\_\_\_  
Notary Public

My Commission Expires:

\_\_\_\_\_  
NOTARY PUBLIC STATE OF FLORIDA  
MY COMMISSION EXP. MAR. 30, 1994  
BONDED THRU GENERAL INS. UND.

docs\006

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M43462

**Entity Name:** CHRISTIAN BAY SHIPPING CO.

**Current Principal Place of Business:**

5225 KATY FREEWAY  
SUITE 690  
HOUSTON, TX 77007

**Current Mailing Address:**

5225 KATY FREEWAY  
SUITE 690  
HOUSTON, TX 77007 US

**FEI Number:** 59-2747995

**Certificate of Status Desired:** No

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

UNITED STATES CORPORATION AGENTS, INC.  
5575 S. SEMORAN BLVD.  
SUITE 36  
ORLANDO,, FL 32822 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	PRESIDENT	Title	VP, COO, TREASURER
Name	THOMAS, DERRICK N	Name	THOMAS, CHERINA
Address	5225 KATY FREEWAY SUITE 690	Address	5225 KATY FREEWAY SUITE 690
City-State-Zip:	HOUSTON TX 77007	City-State-Zip:	HOUSTON TX 77007
Title	SECRETARY		
Name	EDWARDS, JESSICA		
Address	5225 KATY FREEWAY SUITE 690		
City-State-Zip:	HOUSTON TX 77007		

*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:** CHERINA THOMAS

\_\_\_\_\_  
COO

\_\_\_\_\_  
03/31/2020

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

[Florida Department of State](#)

DIVISION OF CORPORATIONS



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

### **Detail by Entity Name**

Florida Profit Corporation  
CHRISTIAN BAY SHIPPING CO.

#### **Filing Information**

**Document Number** M43462  
**FEI/EIN Number** 59-2747995  
**Date Filed** 12/17/1986  
**State** FL  
**Status** ACTIVE  
**Last Event** REINSTATEMENT  
**Event Date Filed** 10/02/2003

#### **Principal Address**

5225 Katy Freeway  
Suite 690  
Houston, TX 77007

Changed: 03/31/2020

#### **Mailing Address**

5225 Katy Freeway  
Suite 690  
Houston, TX 77007

Changed: 02/19/2019

#### **Registered Agent Name & Address**

UNITED STATES CORPORATION AGENTS, INC.  
5575 S. SEMORAN BLVD.  
SUITE 36  
ORLANDO,, FL 32822

Name Changed: 06/26/2017

Address Changed: 01/21/2020

#### **Officer/Director Detail**

##### **Name & Address**

Title President

THOMAS, DERRICK N

## Detail by Entity Name

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5225 Katy Freeway  
Suite 690  
Houston, TX 77007

Title VP, COO, Treasurer

Thomas, Cherina  
5225 Katy Freeway  
Suite 690  
Houston, TX 77007

Title Secretary

Edwards, Jessica  
5225 Katy Freeway  
Suite 690  
Houston, TX 77007

### **Annual Reports**

<b>Report Year</b>	<b>Filed Date</b>
2018	04/30/2018
2019	02/19/2019
2020	03/31/2020

### **Document Images**

<a href="#">03/31/2020 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">02/19/2019 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">04/30/2018 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">06/26/2017 -- Reg. Agent Change</a>	View image in PDF format
<a href="#">03/06/2017 -- AMENDED ANNUAL REPORT</a>	View image in PDF format
<a href="#">03/01/2017 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">01/27/2016 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">03/17/2015 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">02/14/2014 -- ANNUAL REPORT</a>	View image in PDF format
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<a href="#">02/27/2008 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">05/09/2007 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">04/18/2007 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">03/06/2007 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">12/12/2006 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">04/21/2006 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">03/29/2005 -- ANNUAL REPORT</a>	View image in PDF format
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## Detail by Entity Name

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<a href="#">01/31/2000 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">04/13/1999 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">05/05/1998 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">04/11/1997 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">07/08/1996 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">03/08/1995 -- ANNUAL REPORT</a>	View image in PDF format

Florida Department of State, Division of Corporations



DIVISION OF CORPORATIONS



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Fictitious

[Filing History](#)

---

## Fictitious Name Detail

### Fictitious Name

FILLETTE GREEN SHIPPING SERVICES (USA) CORP.

### Filing Information

**Registration Number** G00299900244  
**Status** ACTIVE  
**Filed Date** 10/25/2000  
**Expiration Date** 12/31/2020  
**Current Owners** 1  
**County** HILLSBOROUGH  
**Total Pages** 5  
**Events Filed** 4  
**FEI/EIN Number** NONE

### Mailing Address

2109 E PALM AVE  
SUITE 206  
TAMPA, FL 33602

### Owner Information

CHRISTIAN BAY SHIPPING CO.  
2109 E PALM AVE, SUITE 206  
TAMPA, FL 33602  
**FEI/EIN Number:** 59-2747995  
**Document Number:** M43462

### Document Images

[10/25/2000 -- Fictitious Name Filing](#)

[View image in PDF format](#)

**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.

N/A

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.

N/A

**Section F - See Page 59**

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 - See Page 59**

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 Port Canaveral Number of Years Operating at this Seaport 28

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
Carnival Cruise Line	28 years
NOSAT	10 years
SMT	15 years
Martin Marietta	18 years
Canadian Steamship Lines	15 years

**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 Tampa Number of Years Operating at this Seaport 33

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
BBC Chartering	20 years
World Direct Shipping	6 years
Clipper Bulk AS	7 years
Conagra/Gavilon	30 years
Fugro	10 years
Ismas	30 years
Sea Tankers	10 years
United Bulk Carriers	7 years
PMI/Polsteam	17 years
SMT	15 years
Transammonia	30 + years

**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 33

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
Chiquita/Great White Fleet	25 years
EXMAR Shipmanagement	5 years
Trama	30+ years
Woship	15 years
Fleet Management	5 years
Stemcor	11 years
Western Geco	11 years
World Direct Shipping	5 years
Stella Line S.A.	5 years

**Section I**

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

The description must include all of the following:

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

If none, indicate "None" None.

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

Yes \_\_\_ No 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>.

See attached





FILLGRE-01

IMORALES

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
6/18/2020

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

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

<b>PRODUCER License # 4682</b> Houston, TX-Hub International Insurance Services PO Box 1770 El Paso, TX 79949	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (713) 978-6668 FAX (A/C, No): (713) 978-6799 E-MAIL ADDRESS: Houston.Service@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : North American Specialty Insurance Company 29874 INSURER B : National Casualty Company 11991 INSURER C : Signal Mutual Indemnity Association Ltd. INSURER D : Underwriters at Lloyd's London 15792 INSURER E : INSURER F :	
<b>INSURED</b> Christian Bay Shipping Inc. dba Fillette, Green Shipping Services (USA) Corp. 5225 Katy Freeway Suite 690 Houston, TX 77007		

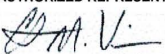
**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			DDM000010001	6/19/2020	6/19/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPIOP AGG \$ 2,000,000 \$ \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			DDC000004301	6/19/2020	6/19/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 25,000			DDU000008901	6/19/2020	6/19/2021	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$ \$
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below			WCSIG35035301	6/19/2020	6/19/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Workers Comp (USL&H)			N073738	6/19/2020	6/19/2021	Limit 1,000,000
D	Maritime Empl Liab			N06M8M16476220	6/19/2020	6/19/2021	Limit 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 The General Liability and Automobile policies include a blanket automatic additional insured endorsement or policy terms that provide additional insured status to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status subject to policy terms and conditions.

The General Liability policy includes a blanket automatic additional insured endorsement or policy terms that provide additional insured status to the certificate holder including the "products-completed operations" hazard only when there is a written contract between the named insured and the certificate holder that requires such status subject to policy terms and conditions.  
 SEE ATTACHED ACORD 101

<b>CERTIFICATE HOLDER</b>  Broward County Attn: Port Everglades Department Business Administration Division 1800 Eller Dr Fort Lauderdale, FL 33316	<b>CANCELLATION</b>  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 
---	---

AGENCY CUSTOMER ID: FILLGRE-01

IMORALES

LOC #: 1



**ADDITIONAL REMARKS SCHEDULE**

Page 1 of 1

AGENCY Houston, TX-Hub International Insurance Services		License # 4682	NAMED INSURED Christian Bay Shipping Inc. dba Fillette, Green Shipping Services (USA) Corp. 5225 Katy Freeway Suite 690 Houston, TX 77007
POLICY NUMBER SEE PAGE 1		NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1
CARRIER SEE PAGE 1			

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

**Description of Operations/Locations/Vehicles:**

The General Liability, Automobile, Workers Compensation, and Maritime Employers Liability policies include a blanket automatic waiver of subrogation endorsement that provides a waiver of subrogation only when there is a written contract between the named insured and the certificate holder that requires it subject to policy terms and conditions.

The General Liability policy contains a special endorsement with "Primary and Noncontributory" wording subject to policy terms and conditions.

The General Liability, Workers Compensation, and Maritime Employers Liability policies include a blanket notice of cancellation to certificate holder's endorsement, providing for 30 days' advance notice if the policy is canceled by the company other than for nonpayment of premium, 10 days' notice after the policy is canceled for nonpayment of premium. Notice is sent to certificate holders with mailing addresses on file with the agent or the company.

The Workers Compensation and Maritime Employers Liability policies include a Blanket Alternate Employer endorsement subject to policy terms and conditions.

The Umbrella policy is follow form of the underlying coverages.



## **TT Club Mutual Insurance Ltd**

From the London agent of the Managers  
International Transport Intermediaries Management Company Ltd.  
90 Fenchurch Street  
London EC3M 4ST  
Tel: 020-7338-0150  
Email: ITIM@thomasmiller.com

## **CERTIFICATE OF ENTRY 0222 /TTI**

In the name of:

**Christian Bay Shipping Company dba: Fillette, Green Shipping Services**  
**5225 Katy Freeway, Suite 690**  
**Houston, TX 77007**  
**U.S.A.**

We confirm that you are insured by TT Club Mutual Insurance Limited ("TTI") but are not a member but are registered as a senior member of International Transport Intermediaries Club Ltd ("ITIC") and as such you are a member of ITIC.

This insurance is subject to the 2017 Rules of International Transport Intermediaries Club Ltd ("ITIC").

All ITIC Rules 2017 (Rules) under parts 1, 5, 6, 7, 8, 9, 10 and 11 apply to this certificate of entry. Specific Rules in Parts 2, 3, and 4 apply as noted in the terms and conditions to this certificate of entry.

The ITIC Rules applying to this certificate are amended to the extent, and only to the extent, necessary to give effect to the fact that the certificate represents an insurance contract between you and TTI which is reinsured by ITIC. Without limitation to the generality of this, TTI is bound under the reinsurance contract to follow any exercise of discretions reserved to ITIC Managers and Directors under the Rules.

### **Your period of insurance is:**

**1st June, 2019 to 31st May, 2021 and your account year commences 0.00 G.M.T. 1st June, 2019**

Your insurance broker, subject to Rule 31, is noted as :

**HUB International Insurance Services**  
**10777 Westheimer, Suite 300**  
**Houston, Texas**  
**77042-3454**  
**United States of America**

This certificate of entry supersedes any previous certificates of entry and endorsements relating to insurance provided to you. Words and phrases used in this certificate of entry and any subsequent endorsements shall have the same meaning as those given to them in Rule 34, unless inconsistent with the subject of context. Your attention is drawn to Rule 1.1 which lists those sections of the Insurance Act 2015 which are excluded from your cover.

## TERMS AND CONDITIONS

### 1.0 Nature of Cover

Your insurance under Part 2 of the Rules, professional indemnity insurances, is on a claims made policy as described in Rule 3.1.

Your insurance under Part 3 of the Rules, cargo and related liabilities, is also on a claims made policy as described in Rule 9.1.

### 2.0 Insured Risks and Services

2.1 When you provide the following services, either directly or through your subcontractors:

ship agent

you are insured (unless otherwise stated) under Part 2 of the Rules, professional indemnity insurances, for:

liability for negligent performance	Rule 2.1 (a)
liability for fraudulent acts of employees	Rule 2.1 (b)
liability for libel, slander etc	Rule 2.1 (c)
liability for loss of documents	Rule 2.1 (d)
liability for breach of warranty of authority	Rule 2.1 (e)
liability as an unintentional principal	Rule 2.1 (f)
liability of principals attaching to agents	Rule 2.1 (g)
liability to authorities	Rule 2.1 (h)
damages	Rule 2.2
costs	Rule 2.3

subject to the exclusions and qualifications Rules 3 and 13

2.2 When you provide the services listed below, either directly or through your subcontractors, using as the main mode of transport that stated (and other modes if incidental) and within the geographical area also stated

<u>Services</u>	<u>Transport mode</u>	<u>Geographical area</u>
forwarding agent / AMS	not applicable	United States of America

you are insured (unless otherwise stated) under Part 3 of the Rules, cargo and related liabilities, for:

liability for physical loss of or damage to cargo	Rule 4	NOT INSURED
liability for delays and other financial losses	Rule 5	
third party liabilities	Rule 6	NOT INSURED
liabilities for fines, penalties and duty	Rule 7	
costs	Rule 8.1	

subject to the exclusions and qualifications Rules 9 and 13

2.3 Under part 4 of the Rules, ancillary insurances, you are insured (unless otherwise stated) for:

additional legal expenses insurance and debt collection	Rule 10	ship agent services ONLY
discretionary insurance	Rule 11	all insured services
loss of commission	Rule 12	NOT INSURED
cash in transit/money	Rule 12	NOT INSURED
subject to the exclusions and qualifications	Rule 13	

**3.0 Limits of liability**

Subject to Rule 1.6:

3.1	Your general limit of liability each occurrence is:	USD 1,000,000
3.2	Except that a special limit of liability each occurrence will apply to:	
	(a) Claims under Rule 10 are also subject to the relevant provisions in other terms and conditions listed here in paragraph 5.0.	USD 250,000
	(b) Claims under Rule 5 and in total each account year:	USD 100,000

**4.0 Deductibles**

Subject to Rule 1.5:

4.1	Your general deductible each occurrence is:	USD 10,000
4.2	Except that a special deductible each occurrence will apply to:	
	(a) Costs paid under Rules 2.3.1 (a) and (b), 8.1 and 10	No deductible

**5.0 Other terms and conditions**

- (a) The minimum sum in dispute for cover to apply under Rule 10, additional legal expenses insurance and debt collection, is USD 3,500.
- (b) This insurance excludes any liability, loss, damage, costs and expenses in respect of which you are insured under a contract previously entered into with either Transport Intermediaries Mutual Insurance Association Ltd, or the Chartered & International Shipbrokers' P. & I. Club Ltd.
- (c) You are insured for your liability and costs arising out of the breakdown or malfunction, by virtue of a failure in electronic date recognition, of any computer programme, system, network, software or equipment, but only to the extent that you can evidence that you have taken adequate steps to ensure that your equipment and/or any equipment for which, although not in your possession or ownership, you may be responsible under the terms of any contract with a principal or other party, is in all material respects compliant. The Directors' decision as to what shall constitute a valid claim in these circumstances shall be final.

**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: Hancock/Whitney Nature of Business: Business Banker  
Contact Name: Stephanie Sparacino Title: Commercial Client Admin  
Legal Business Street Address: 2510 14th  
City, State, Zip Code: Gulfport, Gulfport, MS, 39501  
Phone Number: (228)563-5696

Name of Reference: Bank of America Nature of Business: Business Banker  
Contact Name: Patricia L. Walker Title: Vice President  
Legal Business Street Address: 2600 W. Big Beaver Rd.,  
City, State, Zip Code: Troy, MI 48084  
Phone Number: (248)845-1892

Name of Reference: Port Everglades Pilots Nature of Business: Pilots  
Contact Name: Lauren Nadel Title: Accounts Department  
Legal Business Street Address: P.O. Box 13017  
City, State, Zip Code: Port Everglades, FL 33316  
Phone Number: (954)522-4491

Name of Reference: Seabulk Towing Nature of Business: Tugs  
Contact Name: Jane Turner Title: Accounts Department  
Legal Business Street Address: P.O. Box 123320  
City, State, Zip Code: Dallas, TX. 75312-3320  
Phone Number: (954)627-5209

**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. N/A
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.



March 10, 2020

Broward County – Port Everglades Business Admin Div.  
1850 Eller Drive, Suite 603  
Fort Lauderdale, FL 33316  
Attn: Bianca Alexander

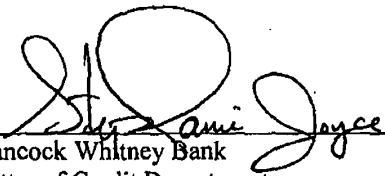
**RE: Our Irrevocable Standby Letter of Credit No. SB20236**  
**Applicant: Christian Bay Shipping Co.**  
**Amount: USD\$50,000.00**

Ladies & Gentlemen:

As per the automatic renewal condition of this Letter of Credit, we confirm that it has renewed for an additional period. The expiration date is now February 25<sup>th</sup>, 2021.

Should you have any questions, you may call our Letter of Credit Operations Department at (504) 586-7301.

Very truly yours,

  
\_\_\_\_\_  
Stephanie Jayce  
Hancock Whitney Bank  
Letter of Credit Department





## Certificate of Membership

We hereby certify that

**Fillette, Green Shipping  
Services (USA) Corp.**

is a registered member of BIMCO  
for

**2019**

A handwritten signature in black ink that reads "Angus Frew".

Angus Frew  
Secretary General & CEO, BIMCO



**Association of Ship Brokers & Agents (USA) Inc.**



**Certified Agent Company**

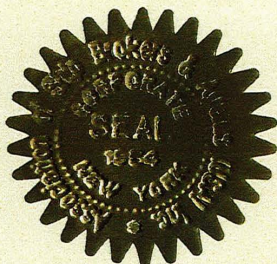
This certifies that

**FILLETTE GREEN SHIPPING  
SERVICES (USA) CORP.**

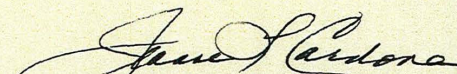
has successfully complied with criteria for certification as per

**Article XIII**

Valid July 1, 2020 ~ June 30, 2021



  
President

  
Executive Director





THE FEDERATION OF  
NATIONAL ASSOCIATIONS OF SHIP  
BROKERS AND AGENTS

**FONASBA**



QUALITY STANDARD  
FOR  
SHIP BROKERS AND AGENTS

This is to certify that:

***Fillette Green Shipping  
Services (USA) Corp.***

Member of  
**ASBA**

has been awarded the FONASBA Quality Standard  
with effect through:  
July 1, 2020 ~ June 30, 2021

  
Executive Director

**Association of Ship Brokers & Agents (USA) Inc. - ASBA**

Duly authorised by the Executive Committee of FONASBA to issue this certificate.  
This certificate remains the property of FONASBA and shall be returned to FONASBA  
immediately should the above-mentioned company no longer comply with the  
requirements of the Quality Standard.







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CHRISTIAN BAY SHIPPING CO

# Injury and Illness Prevention Program



Revision Date: 3/31/17

### Company Safety Guiding Principle

To our employees:

The personal health and safety of our employees is our primary objective. A successful health and safety program must embody proper attitudes toward injury and illness prevention on the part of all employees. It requires cooperation in all health and safety matters, between supervisor and employee, and between each employee and co-workers. Only through a cooperative effort can we establish and preserve a health and safety program in the best interest of all.

Employees are asked to inform their supervisor or management of any work hazards or unsafe work practices. No employee should fear reprisal for notifying management of any safety hazards. In fact, we encourage all employees to inform us immediately of any hazard, no matter how small it may seem.

We will give thorough consideration to all suggestions and recommendations made by employees to improve workplace safety. Similarly, we will take disciplinary action against any employee who willfully or repeatedly violates our workplace safety rules.

Sincerely,

**DERRICK THOMAS**  
**PRESIDENT**



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## Injury and Illness Prevention Program (IIPP)

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## Injury and Illness Prevention Program (IIPP)

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### 1.0 INTRODUCTION

Our company is committed to providing a safe environment for our employees. It is our policy to maintain, as it is reasonably within the control of our company to do so, a work environment that will not adversely affect our employees' health and safety or subject them to avoidable risks of accidental injury. To accomplish this, we have developed this Injury and Illness Prevention Program (IIPP).

The goal of our IIPP is to assist our employees in identifying hazards in the workplace, determining how to control hazards that may occur, and taking steps to prevent them from contributing to the cause of an employee injury or illness. The following describes specific requirements for program responsibility, compliance, communication, hazard assessment, accident investigations, hazard correction, training and recordkeeping. The IIPP is intended to achieve the following objectives:

- Assign authority and responsibility for implementing the program.
- Develop compliance strategies.
- Communicate with employees regarding health and safety matters.
- Provide procedures for identifying and evaluating hazards and unsafe conditions.
- Investigate accidents and incidents.
- Develop procedures for controlling and correcting hazards and unsafe conditions.
- Provide safety and health training.
- Maintain records and documentation for the program.

### 2.0 ROLES AND RESPONSIBILITIES

#### 2.1 Program Administrator

Our Injury and Illness Prevention Program (IIPP) Administrator is: **COO**

The IIPP Administrator has the authority and responsibility for implementing the provisions of this program. Additional responsibilities of the IIPP Administrator include:

- Advising senior management on safety and health issues.
- Working with senior management to develop safety and health guidelines and policies.
- Preparing and distributing safety and health guidelines, policies and procedures.
- Maintaining current information on local, state and federal safety and health regulations.
- Serving as a liaison with governmental agencies, insurance companies and medical providers.
- Planning, organizing and coordinating safety trainings.
- Developing procedures for safe work practices and inspection guidelines.
- Arranging for safety and health inspections and following-up to ensure necessary corrective action is completed.
- Coordinating responses to employee health or safety-related complaints or concerns.
- Establishing, conducting and maintaining an injury, illness and accident report and investigation program.



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- Ensuring that injury and illness trends are reviewed over time so that patterns with common causes can be identified and eliminated.
- Coordinating and maintaining injury and illness records.
- Establishing a system to maintain records of inspections, employee safety training and medical evaluations.
- Ensuring OSHA compliance.
- Assigning specific responsibilities among employees with the appropriate interest, related responsibilities or training.

### 2.2 Senior Management

Senior Management is committed to instilling a culture of safety in the workplace and is responsible for:

- Providing appropriate financial, human and organizational resources.
- Issuing a written safety and health policy as a core value of the organization.
- Integrating safety and health goals and objectives into business systems and processes.
- Discussing safety and health processes and improvements regularly during staff or employee meetings.
- Ensuring management is held accountable for accident-prevention processes.
- Encouraging employees to take an active role in maintaining a safe and healthful workplace.
- Following established safety and health rules and procedures.
- Recognizing employees for their safety and health efforts.

### 2.3 Managers and Supervisors

Managers and supervisors are responsible for implementing and maintaining the IIPP in their work areas and for answering employee questions about the IIPP. A copy of this IIPP is available from each manager and supervisor. Additional responsibilities of managers and supervisors include:

- Ensuring work areas and equipment are safe, well maintained and in compliance with external agency regulations and our company's policies, programs and practices.
- Ensuring workplace safety and health practices and procedures are clearly communicated and understood by employees.
- Enforcing health and safety rules fairly and uniformly.
- Evaluating employees on compliance with safe work practices.
- Acknowledging employees who make a significant contribution to maintaining a safe workplace and disciplining employees who fail to follow safe work practices.
- Encouraging employees to report workplace hazards without fear of reprisal.
- Ensuring scheduled periodic workplace inspections are conducted and identified health and safety deficiencies are corrected in a timely manner.
- Ensuring workplace injuries and illnesses are reported and investigated and corrective actions are taken promptly.
- Assigning specific responsibilities to employees with the appropriate interest, related responsibilities or training.





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### 2.4 Employees

Employees must comply with all applicable health and safety regulations, company policies and established work practices.

This includes, but is not limited to:

- Observing health and safety-related signs, posters, warnings, signals and directions.
- Following all safe operating procedures and precautions.
- Using proper personal protective and other required safety equipment.
- Participating in appropriate health and safety training.
- Learning about and understanding the potential hazards of assigned tasks and work areas.
- Participating in workplace safety inspections.
- Reporting unsafe conditions immediately to a supervisor.
- Stopping work if an imminent hazard is present.
- Reporting all work-related injuries and illnesses to their immediate supervisor.

Working under the influence of alcohol or illegal drugs is specifically forbidden. Employees must report the use of prescription drugs that may affect alertness or work abilities to their supervisor.

Failure to comply with or enforce health and safety rules and regulations may result in disciplinary action up to and including dismissal. Violation of work rules is a job performance issue addressed through the job performance and disciplinary process.

## 3.0 COMPLIANCE

### 3.1 Management

Management is responsible for ensuring that all safety and health policies and procedures are clearly communicated and understood by all employees. Managers and supervisors are expected to follow and enforce the rules fairly and uniformly.

### 3.2 Employees

Employees are responsible for using safe work practices; following all directives, policies and procedures; and assisting in maintaining a safe work environment.

To ensure all employees comply with our program, our company will:

- Inform employees of the provisions of our IIPP.
- Enforce rules and procedures fairly and consistently.
- Evaluate the safety performance of all employees.
- Recognize employees who demonstrate safe and healthful work practices.
- Provide training to employees whose safety performance is deficient.
- Discipline employees for failure to comply with safe and healthful work practices.



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### 3.3 Safety Disciplinary Policy

Allowing an unsafe act or condition to continue not only jeopardizes employees, but it also undermines the entire safety and health program. To enforce our program, our company believes that employees who violate safety practices, rules and procedures should be held accountable through a disciplinary policy.

## 4.0 SAFETY COMMUNICATIONS

Management recognizes that open, two-way communication between management and employees on health and safety issues is essential to an injury-free workplace. The following system of communication is designed to facilitate a continuous flow of safety and health information between management and employees in a form that is readily understandable and consists of one or more of the following methods. To ensure effective communication of safety and health matters, translation will be provided when appropriate.

### 4.1 Training

- New employee orientation, including a discussion of safety and health policies and procedures.
- Review of the IIPP.
- Workplace safety and health training programs.

### 4.2 Safety and Health Material and Publications

- Posted or distributed safety and health information.

### 4.3 Safety meetings

- Regularly scheduled safety meetings.
- Discussion of safety in departmental employee meetings.

### 4.4 Anonymous Hazard Reporting

- A system for employees to anonymously inform management about workplace hazards.

### 4.5 Open Door Policy

Our company encourages employees to report workplace hazards without fear of reprisal, and as such, we have an open door policy for employees to bring forward any safety and health issues, concerns, questions, comments and suggestions to management.

### 4.6 Anti-Reprisal Policy

Our company will not discharge or discriminate against any employee in any manner for reporting unsafe or unhealthy work conditions and practices. We will hold any manager who violates this policy accountable by means of our established progressive disciplinary procedures. Employees who have knowledge of unsafe or unhealthy work conditions or practices and intentionally conceal this information are in violation of our policy and are subject to our established progressive disciplinary procedures.



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### 5.0 HAZARD ASSESSMENT

#### 5.1 Purpose

The purpose of hazard assessment is to evaluate the workplace for conditions or work practices that may contribute to the cause of an employee injury or illness. The information gained from hazard assessments will help identify and eliminate actual and potential hazards, as well as monitor accepted safety standards, procedures and equipment.

#### 5.2 IIPP Administrator

The IIPP Administrator is responsible for ensuring that hazard assessment procedures are effectively implemented.

#### 5.3 Procedures

Hazard assessment procedures include:

- Scheduled periodic workplace assessments
- Hazard correction
- Imminent danger
- Employee training
- Annual review
- Recordkeeping

##### 5.3.1 Scheduled Periodic Workplace Assessments

Scheduled periodic assessments to identify and evaluate workplace hazards are performed by the following competent observer(s) in the following areas of our workplace.

<b>Competent Observer</b>	<b>Area</b>
Operations Manager	Houston office
Operations Manager	Corpus Christi office
Operations Manager	Port Canaveral office
Office Manager	Tampa office

Periodic assessments are performed according to the following schedule:

- When the program is initially established.
- Whenever new substances, processes, procedures or equipment are introduced to the workplace that represent a new occupational safety and health hazard.
- When new, previously unidentified hazards are recognized.
- When occupational injuries and illnesses occur.
- When permanent or intermittent workers are hired and/or reassigned to processes, operations or tasks for which a hazard evaluation has not been previously conducted.
- Whenever workplace conditions warrant an assessment.



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We will use applicable sections of the Hazard Assessment Checklist (Appendix A) and any other effective methods to complete our assessments to identify and evaluate workplace hazards.

The IIPP Administrator will verify workplace hazard assessments are conducted per the workplace hazard assessment schedule and that suitable action is taken to adequately control hazards discovered during the hazard assessments. The IIPP Administrator will make available the results of the inspections to other employees, as appropriate, to alert of hazards identified and to solicit feedback.

The IIPP Administrator will review and revise the Hazard Assessment Checklist and other documents used as inspection guides as deemed necessary and when new equipment is purchased, new procedures are instituted, or when injuries or illnesses reveal previously unsuspected hazards.

Records of hazard assessments will be maintained for five years.

### 5.3.2 Hazard Correction

In order for the assessment to contribute to hazard reduction, the IIPP Administrator or designated associate(s) will review assessment information and ensure that corrective action(s) that has been identified to eliminate/mitigate an identified uncontrolled exposure and/or hazard is implemented as soon as possible.

The Hazard Assessment and Corrective Action Form (Appendix B) will be used to track the results of the assessment as well as the corrective action(s) taken.

See section 7.0 for procedures for hazard correction.

### 5.3.3 Imminent Danger

Evacuation of all employees, except those trained and qualified to correct the condition, is required in situations where a hazard is judged as an immediate danger to employees. Employees working to correct the hazard are required to use the appropriate personal protective equipment, devices and procedures.

### 5.3.4 Employee Training

As part of our hazard assessment procedures, training will be provided for employees who are performing the assessments. Training will be conducted according to the following schedule:

- Prior to undertaking an assessment and annually thereafter.
- Whenever new equipment, work flow design changes, or hazards are introduced into their work area(s).

### 5.3.5 Annual Review

The IIPP Administrator will conduct an annual review of the hazard assessment procedures to ensure the process is effective.





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### 5.3.6 Recordkeeping

The following records will be maintained for five years:

- Hazard assessment procedures.
- A copy of all assessments, results and corrective actions, including a record of the person who conducted the assessments, the unsafe conditions and work practices that have been identified and the corrective action(s).
- A copy of all purchased materials and services related to the corrective action(s).
- Outside agencies and/or our insurance companies may conduct regular or periodic inspections. We will retain written documentation of third party inspections per the requirements of applicable local, state and federal requirements.

The following records will be maintained for duration of employment:

- Written training records for each employee detailing the type of training received, the date(s) it was received, and names of training providers.

## 6.0 INJURY AND ILLNESS REPORTING AND ACCIDENT INVESTIGATION

### 6.1 Purpose

The purpose of injury and illness reporting and accident investigation procedures is to establish a consistent approach for the reporting, investigating and recordkeeping of all suspected work-related injuries and illnesses as well as to comply with all of the provisions of OSHA's Recordkeeping Standards. See Appendix C and D for reporting requirements.

The purpose of the accident investigation process is not to place blame but rather to determine the root causes and implement corrective action to reduce and potentially eliminate the recurrence of similar accidents.

Our intention is to thoroughly investigate and document all work-related accidents, incidents, injuries and illnesses. The prompt reporting and investigation of work-related injuries and illnesses promotes a safe work environment by heightening safety awareness, identifying hazardous conditions and practices, notifying responsible parties who can alert others doing related tasks, and initiating equipment and procedure changes believed to be effective in preventing similar future occurrences.

### 6.2 Administrator

The IIPP Administrator is responsible for our injury and illness reporting and accident investigation procedures.

The IIPP Administrator has full authority to make necessary changes to the procedures to ensure success. The IIPP Administrator may designate another/other associate(s) to conduct the actual accident investigations.

### 6.3 Procedures

For injury and illness reporting and accident investigation to meet "best practices" and OSHA standards, the following procedures are required:



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- Reporting of work-related injuries, illnesses and near-misses
- Investigating all work-related injuries, illnesses and near-misses
- Hazard correction
- Maintaining an up-to-date OSHA 300 Log
- Recordkeeping

### 6.3.1 Reporting Work-Related Injuries, Illnesses, and Near Misses

#### A. Employee Reporting and Immediate Follow-up

Every employee must report to his or her supervisor any work-related injury, illness, exposure or near-miss. In the event of a serious injury, illness or exposure incident, the employee, the employee's supervisor or other designated individual must immediately notify the IIPP Program Administrator. An injury or illness is "serious" if it:

- Requires in-patient hospitalization for a period in excess of 24 hours for other than medical observation;
- An employee suffers a loss of any member of the body; or
- An employee suffers any serious degree of permanent disfigurement.

Once advised of an employee work-related injury, illness, exposure event or near-miss incident, the employee's supervisor on duty at that time will immediately report to the scene of the occurrence to ensure prompt medical attention is given to the employee(s) involved and address any safety hazards that may have caused or contributed to the occurrence.

The supervisor, manager or other designated individual will investigate all work-related injuries, illnesses, exposures and near misses in a timely manner. The investigation will be documented using the Accident Investigation and Corrective Action Report (Appendix E). The IIPP Administrator or designated associate(s) will verify that the report is complete and document the names of any co-workers of the injured employee who may have witnessed the occurrence.

#### B. Fatalities or Catastrophes

While the chance of fatal or catastrophic injuries is not very likely, we will comply with local, state and federal fatality and serious injury employee reporting requirements. The IIPP Administrator or designated associate(s) will report all fatalities or catastrophes as required.

See Appendices C and D for reporting requirements.



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### 6.3.2 Accident Investigations

The IIPP Program Administrator or designated associate(s) will perform our accident, illness, exposure or near-miss investigations using the Accident Investigation and Corrective Action Report (Appendix E). The IIPP Program Administrator or designated associate(s) are responsible for ensuring that the reports are fully completed and corrective actions are addressed. Guidelines for conducting effective accident investigations are included in Appendix F.

The IIPP Program Administrator or designated associate(s) will on an as-needed basis:

- Implement temporary control measures to prevent any further injuries to employees.
- Review the scene, equipment, operations and processes to gain an understanding of the accident situation.
- Identify and interview each witness and any other individuals who might provide insight to the root cause(s).
- Investigate causal conditions and unsafe acts and make conclusions based on facts.
- Complete an accident investigation report, provide recommendations for corrective action, and determine whether changes or additions to the workplace safety rules are needed.
- The investigation of an accident that results in death is a complicated task and highly unusual. What may initially appear to be the cause may not be after the investigation. Guidelines specific to investigating a fatality are included in Appendix F.

### 6.3.3 Hazard Correction

See section 7.0 for procedures for hazard correction.

### 6.3.4 OSHA 300 Log

The IIPP Program Administrator or designated associate(s) will enter on the OSHA 300 Log within seven calendar days after receiving information that a work-related injury or illness has occurred or has been alleged by an employee that meet the following recording requirements:

- Medical treatment beyond first aid (includes managing and caring for an employee for the purpose of combating disease or disorder)
- Fatality
- Loss of consciousness
- Restricted work activity
- Job transfer
- Working less than a full day
- Days away from work
- Needle-stick injuries and cuts with potentially contaminated sharp objects

If an injured employee is unable to perform his or her regular work assignment and is temporarily assigned to a different job, the number of days assigned to the restricted job is entered on the log in the appropriate columns.

We will conspicuously post a copy of the Annual Summary of Occupational Injuries and Illnesses (OSHA 300A Log) in the facility with the year-ending totals. The log will be posted from February 1 through April 30 for the prior calendar year.



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The following are not considered medical treatments and are not recordable:

- Visits to a doctor or healthcare professional for observation or counseling.
- Diagnostic procedures including administering prescription medications that are solely for diagnostic purposes.
- Use of non-prescription medications at non-prescription strength.
- Administration of tetanus immunizations.
- Cleaning, flushing, or soaking wounds on the skin surface.
- Use of wound coverings, e.g., gauze pads, BandAids™ or SteriStrips™.
- Use of hot or cold therapy.
- Use of eye patches.
- Use of any non-rigid means of support, e.g. wraps.
- Drinking of fluids to relieve heat stress.
- Drilling of fingernails or toenails to relieve pressure, or draining fluids from blisters.
- Use of simple irrigation or cotton swab to remove foreign bodies from the eye.
- Use of irrigation, tweezers, cotton swab, or other simple means to remove splinters or foreign material from areas other than the eye.
- Use of finger guards.
- Use of massages.
- Use of temporary immobilization devices while transporting an accident victim, e.g., splints, neck collars, or backboards.

### 6.3.5 Recordkeeping

The following records will be maintained for five years:

- Injury and illness reporting and accident investigation procedures.
- Completed employee's first report of injury forms.
- Completed accident investigation forms.
- Records of post-accident corrective action and follow up.
- OSHA Form 301 (or equivalent state-specific employer's first report of injury form), OSHA Form 300, and OSHA Form 300A are maintained on site for five years following the end of the calendar year the records cover.





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## Injury and Illness Prevention Program (IIPP)

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### 7.0 HAZARD CORRECTION

#### 7.1 Purpose

The purpose of hazard correction is to correct any identified unsafe or unhealthy work conditions, practices or procedures in a timely manner.

#### 7.2 Program Administrator

The IIPP Administrator is responsible for our hazard correction procedures.

The IIPP Administrator has full authority to make necessary changes to the procedures to ensure success. The IIPP Administrator may designate another/other associate(s) to conduct hazard correction procedures.

#### 7.3 Procedures

Unsafe or unhealthy work conditions, practices or procedures will be corrected in a timely manner based on the severity of the hazards. Hazards will be corrected according to the following procedures:

- When observed or discovered;
- Where a hazard is judged as an immediate danger to employees, evacuation of all employees, except those trained and qualified to correct the condition, is required. Employees working to correct the hazard are required to use the appropriate personal protective equipment, devices, and procedures is required in situations; and
- All such corrective actions taken and dates they are completed will be documented on the appropriate forms.

The following procedures will be used to evaluate, prioritize and correct identified safety hazards. Hazards will be corrected in order of priority. The most serious hazards will be corrected first.

#### A. Hazard Evaluation

Factors that will be considered when evaluating hazards include:

- Potential severity - The potential for serious injury, illness or fatality.
- Likelihood of exposure - The probability of employees coming into contact with the hazard.
- Frequency of exposure - How often employees come into contact with the hazard.
- Number of employees exposed.
- Possible corrective actions - What can be done to minimize or eliminate the hazard.
- Time necessary to correct - The time necessary to minimize or eliminate the hazard.



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### B. Hierarchy of Hazard Controls

Hazards can be controlled by implementing one or more of the following.

1. Elimination

Elimination means removing the exposure or hazard from the work environment. Examples of elimination controls include ceasing a process or activity or removing a piece of machinery. Elimination controls are considered the most effective method of hazard control.

2. Substitution

Substitution involves replacing something that produces an exposure or hazard with something that does not produce an exposure or hazard. An example is replacing lead-based paint with water-based paint. To be an effective control, the new product must not produce another hazard. Substitution is considered the second most effective method of hazard control.

3. Engineering Controls

Engineering controls are used to isolate or reduce a hazard or an exposure or to place a barrier between the worker and the hazard or exposure. Examples include ventilation systems such as a fume hood, safety interlocks and machine guarding, sound-dampening materials to reduce noise levels, and manual material handling design and equipment. Engineering controls are considered the third most effective method of hazard control.

4. Administrative Controls

Administrative controls, also known as work practice controls, are used to change the way employees work to limit or prevent exposure to hazards and to reduce the duration, frequency and severity of hazards or exposures. Examples include changes in work procedures such as written safety policies and rules, employee training, schedules, job rotation and signs and warning labels. Administrative controls are considered the fourth most effective method of hazard control.

5. Personal Protective Equipment (PPE) Controls

PPE controls are used to reduce employee exposures to hazards and protect the employee's body from injury when elimination, substitution, engineering and administrative controls are not feasible or effective to reduce these risks to acceptable levels. Examples include safety glasses, helmets, respirators, hearing protection and protective clothing. PPE is often the least effective control for hazards and exposures and should be relied upon only when other controls are not feasible or impractical.

### C. Documentation of Corrective Action

All corrective action taken to mitigate hazards and exposures will be documented and maintained for five years. Depending on the circumstances, one of the following forms may be used:

- The Hazard Assessment and Corrective Action Form (Appendix B)
- Accident Investigation and Corrective Action Report (Appendix E)
- Memo or letter

All hazards noted on hazard assessments will be rechecked on each subsequent assessment and notations made as to their status until the hazard has been documented as complete.



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### 8.0 SAFETY TRAINING AND INSTRUCTION

#### 8.1 Purpose

The purpose of employee health and safety orientation and training procedures is to establish a structure for the training of all new employees and the systematic retraining of all current employees to ensure that all employees know and can demonstrate the safe procedures associated with their job.

#### 8.2 Program Administrator

The IIPP Administrator is responsible for our health and safety orientation and training procedures.

The IIPP Administrator has full authority to make necessary changes to the procedures to ensure success. The IIPP Administrator may designate another/other associate(s) to conduct the actual accident investigations.

#### 8.3. Training Procedures

The IIPP Program Administrator or designated associate is responsible for ensuring that the following activities are completed within the OSHA-required timeframes and conform to the specific requirements, including documentation:

- IIPP training
- New employee orientation
- Job-specific training
- General safety training
- Retraining of employees
- Recordkeeping

#### 8.3.1 IIPP Training

Injury and Illness Prevention Program (IIPP) training is provided:

- When the IIPP is first established;
- When new employees are hired;
- To all employees with respect to hazards specific to each employee's job assignment;
- When employees are given new job assignments for which training was not previously received;
- Whenever new substances, processes, procedures or equipment are introduced to the workplace and represent a new hazard;
- Whenever management is made aware of a new or previously unrecognized hazard; and
- When employees become supervisors (so that they can familiarize themselves with the safety and health hazards to which employees under their immediate direction and control are exposed).



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### 8.3.2 New Employee Orientation

Workplace health and safety orientation begins on the first day of initial employment or job transfer. We educate and train our new employees on applicable safety policies and procedures prior to commencement of work or transfer to a new position. In addition, we will ensure:

- Employees have access to a copy of the IIPP for review and future reference.
- Managers ask questions of employees and answer employee questions to ensure the employees have sufficient knowledge and understanding of safety rules, policies and job-specific procedures to safely perform their job duties.

All new employees will receive safety training that addresses their job specific hazards along with federal and/or state OSHA safety awareness training requirements. Health and safety training includes, but is not limited to, the following:

- Explanation of the IIPP, emergency action plan and fire prevention plan, and measures for reporting any unsafe conditions, work practices, injuries and when additional instruction is needed.
- Use of appropriate clothing, including gloves, footwear and personal protective equipment (PPE).
- Information about chemical hazards to which employees could be exposed and other hazard communication program information.
- Availability of toilet, hand-washing and drinking water facilities.
- Provisions for medical services and first aid, including emergency procedures.

In addition, we provide specific instructions to all employees regarding hazards unique to their job assignment, to the extent that such information was not already covered in other training.

A detailed list of the safety awareness training that is available and provided to our employees as appropriate is maintained in Appendix G. New employee safety orientation training is documented on the Safety Orientation Checklist located in Appendix H. Employee safety training is documented on the Employee Training and Instruction Record located in Appendix I.

Employees will acknowledge that they know, understand and will follow safety procedures. Appendix J may be used for employees to acknowledge the IIPP.

### 8.3.3 Job-Specific Training

We conduct initial and on-going job-specific training for employees who have unique hazards in their job assignments.

Job-specific training consists of:

- Specific directions on how to perform the job tasks safely.
- Demonstration of safe work practices or remedial instruction to correct observed training deficiencies.
- Observation of employees performing the work.

Employees new to a work area must demonstrate the ability to perform job duties in a safe manner before they are permitted to work without supervision. After initial job-specific training is completed, the responsible individual for each work area verifies that additional specialized training on new or seldom used procedures/equipment is provided before employees are allowed to perform the procedure or use the equipment.





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### 8.3.4 General Safety Training

General safety training refers to instruction or guidance that is of general applicability and not related to specialized jobs or procedures. Examples include office safety, fire safety and general hazard awareness. General safety training is conducted during new hire orientation and regularly scheduled employee departmental meetings and trainings.

### 8.3.5 Retraining for All Employees

All employees receive periodic updates on safety rules, policies, procedures and any changes made to the IIPP. The IIPP Program Administrator or designated associate verifies that all employees are retrained on those subjects that are applicable to their jobs on as required by federal and state regulations.

Individual employee retraining occurs after any work-related injury resulting from an unsafe act or when a manager/supervisor observes employees displaying unsafe acts, practices or behaviors.

Retraining training is conducted if procedures are added or changed, if new equipment or a new process is introduced, or if new hazards are introduced into the facility.

All retraining is documented and maintained on file. Employee safety training is documented on the Employee Training and Instruction Record located in Appendix I.

### 8.3.6 Recordkeeping

The following records are maintained on file.

- Employee health and safety orientation and training procedures.
- Completed Safety Orientation Checklists (Appendix H).
- Written training records for each employee detailing the extent of training received and the date it was received.
- All training records are retained for the duration of employment.



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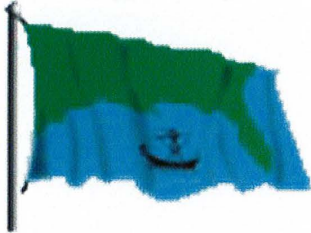
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### 9.0 RECORDKEEPING

The documentation of our implementation, compliance, and maintenance of this IIPP is maintained as follows:

- Hazard assessment and hazard correction records are kept for a minimum of five years.
- Accident investigations are maintained on file for the duration of employment.
- OSHA Form 301 (or equivalent state-specific employer's first report of injury form), OSHA Form 300, and OSHA Form 300A are maintained on site for five years following the end of the calendar year the records cover.
- Supervisory safety training records are on file for the duration of employment.
- Employee safety training records are on file for the duration of employment.
- Exposure records, such as environmental or biological monitoring and safety data sheets, are maintained for 30 years.
- Medical records, such as medical exams, medical opinions, treatments, medical questionnaires, are maintained for the duration of employment plus 30 years.
- Medical records of employees who have worked for less than one year are provided to the employee upon termination of employment and do not need to be retained for 30 years. OSHA Logs are maintained for five years.
- Records of required Department of Transportation (DOT) drug testing, license reminder, medical reminder and green card are maintained on file for a minimum of one year.
- Documentation of periodic IIPP reviews is maintained for five years.

# Fillette Green Shipping Services (USA) Corp Employee Handbook



12/21/2016

## **Section 1 - Governing Principles of Employment**

### **1-1 Introduction**

For employees who are commencing employment with Fillette Green Shipping Services (USA) Corp ("Fillette Green Shipping Services (USA) Corp" or the "Company"), on behalf of Fillette Green Shipping Services (USA) Corp, let me extend a warm and sincere welcome.

For employees who have been with us, thanks for your past and continued service.

I extend my personal best wishes for success and happiness here at Fillette Green Shipping Services (USA) Corp. We understand that it is our employees who provide the services that our customers rely upon, and who will enable us to create new opportunities in the years to come.

Derrick N Thomas, President

### **1-5 Drug-Free and Alcohol-Free Workplace**

To help ensure a safe, healthy and productive work environment for our employees and others, to protect Company property, and to ensure efficient operations, the Company has adopted a policy of maintaining a workplace free of drugs and alcohol. This policy applies to all employees and other individuals who perform work for the Company.

The unlawful or unauthorized use, abuse, solicitation, theft, possession, transfer, purchase, sale or distribution of controlled substances, drug paraphernalia or alcohol by an individual anywhere on Company premises, while on Company business (whether or not on Company premises) or while representing the Company, is strictly prohibited. Employees and other individuals who work for the Company also are prohibited from reporting to work or working while they are using or under the influence of alcohol or any controlled substances, which may impact an employee's ability to perform his or her job or otherwise pose safety concerns, except when the use is pursuant to a licensed medical practitioner's instructions and the licensed medical practitioner authorized the employee or individual to report to work. However, this does not extend any right to report to work under the influence of medical marijuana or to use medical marijuana as a defense to a positive drug test, to the extent an employee is subject to any drug testing requirement, to the extent permitted by and in accordance with applicable law. This restriction does not apply to responsible drinking of alcohol at business meetings and related social outings. Violation of this policy will result in disciplinary action, up to and including discharge.

The Company maintains a policy of non-discrimination and will endeavor to make reasonable accommodations to assist individuals recovering from substance and alcohol dependencies, and those who have a medical history which reflects treatment for substance abuse conditions. However, employees may not request an accommodation to avoid discipline for a policy violation. We encourage employees to seek assistance before their substance abuse or alcohol misuse renders them



unable to perform the essential functions of their jobs, or jeopardizes the health and safety of any Company employee, including themselves.

#### **2-11 Employee Development Plan**

In conjunction with his/her supervisor, each employee will annually create an employee development plan for the purpose of identifying development goals and specific activities associated with achieving those goals. All employees will be provided with the employee development plan form and associated instructions once each year. Dates for periodic review of the plan will be specified in the plan.

#### **2-12 Training and Professional Development**

The Company provides periodic training courses for qualified employees. In addition, eligible employees may be given the opportunity to attend training programs that will enable them to improve their skills and qualify for advancement. Advance approval by the COO is required before any course is taken. Reimbursement is paid upon successful completion of an approved course.

Membership in professional organizations wherein the employee receives benefits that can be directly applied to improving job performance will be reimbursed by the company providing the employee participates in the organization and receives prior authorization for the reimbursement from the COO.

### **Section 5 - General Standards of Conduct**

#### **5-14 Health and Safety**

The health and safety of employees and others on Company property are of critical concern to Fillette Green Shipping Services (USA) Corp. The Company intends to comply with all health and safety laws applicable to our business. To this end, we must rely upon employees to ensure that work areas are kept safe and free of hazardous conditions. Employees are required to be conscientious about workplace safety, including proper operating methods, and recognize dangerous conditions or hazards. Any unsafe conditions or potential hazards should be reported to management immediately, even if the problem appears to be corrected. Any suspicion of a concealed danger present on the Company's premises, or in a product, facility, piece of equipment, process or business practice for which the Company is responsible should be brought to the attention of management immediately.

Periodically, the Company may issue rules and guidelines governing workplace safety and health. The Company may also issue rules and guidelines regarding the handling and disposal of hazardous substances and waste. All employees should familiarize themselves with these rules and guidelines, as strict compliance will be expected.

Any workplace injury, accident, or illness must be reported to the employee's Supervisor as soon as possible, regardless of the severity of the injury or accident.

**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\_X\_\_
  
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\_X\_\_
  
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\_X\_\_

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.



Search County Government

[Home](#) | [County Commission](#) | [Doing Business](#) | [Visiting](#)

**ENVIROS**

Enforcement Action Advanced Search

**⊗ 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



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Florida Department of Environmental Protection

### Hazardous Waste Facilities Search Results

**Selection Criteria for This Handler Search:**

EPAID: % ; Name: CHRISTIAN BAY SHIPPING CO.% ; 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 - **Check with DEP before using that EPAID!**

[Legend of Status Types](#)

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

**Legend of Status Types:**

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



## Occupational Safety and Health Administration

▪ [Menu](#)

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

## Establishment Search

### Reflects inspection data through 10/20/2020

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](http://DisasterAssistance.gov)  
[USA.gov](http://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





## *Fillette, Green Shipping Services (USA) Corp.*

Vessel Agents

Telephone: (713) 453-5895 (24 Hours) • Fax: (713) 453-7658

Email: hou@fillettegreen.com

HOUSTON, TEXAS

### Section F

#### **Business History**

Fillette Green Shipping has been operating as vessel agents in Port Everglades under current management since 1987. In 2015, Robert Pundsack became terminally ill and the company's succession plan was implemented in which Derrick Thomas assumed the majority of the company shares. Most regrettably, our beloved CEO Robert Pundsack passed away October 25, 2016.

### Section G

#### **Port Operations Management Team**

Joey Gilley – Ports Operations – East Gulf Port – manages port operations for East Gulf Ports and acts as agents for Port Everglades' vessels. He is based in Tampa office.

### Section N

Fillette Green Shipping acts in the capacity of vessel agents in Port Everglades and, as such maintains no equipment in the port.

### Section O

Fillette Green Shipping is fully committed to environmental protection and supporting a greener environment. As agents, our ability to impact the environment is limited, however, we follow the leadership and guidelines of the port environmental requirements. Corporately, we are pursuing technologies to automate our manual processes and reduce energy and paper use as well as participate in toner cartridge and other similar office product recycling programs.



5225 Katy Freeway • Suite 690 • Houston, Texas 77007

Offices: Corpus Christi, TX • Point Comfort, TX • Houston, TX • Beaumont, TX • Freeport, TX • New Orleans, LA • Pass Christian, MS • Gulfport, MS • Pascagoula, MS • Mobile, AL • Pensacola, FL • Tampa, FL • Port Manatee, FL • Port Everglades, FL • West Palm Beach, FL • Cape Canaveral, FL • Jacksonville, FL • Savannah, GA • Charleston, SC • Wilmington, NC • Baltimore, MD • Richmond, CA • Stockton, CA





Established 1919

## Fillette, Green Shipping Services (USA) Corp.

Vessel Agents

Telephone: (713) 453-5895 (24 Hours) • Fax: (713) 453-7658

Email: [hou@fillettegreen.com](mailto:hou@fillettegreen.com)

HOUSTON, TEXAS

September 30, 2020

Broward County  
Department of Port of Everglades  
Business Administration Division  
1850 Eller Drive, Suite 603  
Ft. Lauderdale, Fl. 33316

Attn: Angela Osorno Belleme

Christian Bay Shipping Co. dba Fillette Green Shipping Services (USA) Corp will continue its vessel agency operations in south Florida. We continue to have the support of a strong client base and are actively pursuing new clients. We are continuing to cultivate cruise lines business and we anticipate enlarging our presence in that market.

Our organization's marketing strategy continues to target worldwide principals that are encouraged to bring vessels and cargoes to Port Everglades because the environment is conducive to conducting vessel operations.

Sincerely,

Derrick N. Thomas  
President & CEO



5225 Katy Freeway • Suite 690 • Houston, Texas 77007

Offices: Corpus Christi, TX • Point Comfort, TX • Houston, TX • Beaumont, TX • Freeport, TX • New Orleans, LA • Pass Christian, MS • Gulfport, MS • Pascagoula, MS • Mobile, AL • Pensacola, FL • Tampa, FL • Port Manatee, FL • Port Everglades, FL • West Palm Beach, FL • Cape Canaveral, FL • Jacksonville, FL • Savannah, GA • Charleston, SC • Wilmington, NC • Baltimore, MD • Richmond, CA • Stockton, CA



FONASBA



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**

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

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

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

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

**N/A** **VESSEL OILY WASTE REMOVAL**

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

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

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

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

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

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

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

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

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

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

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

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

**N/A** **MARINE TERMINAL SECURITY**

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

**Section N2-** A copy of all manufacturers recommended service intervals and name of

company contracted to provide such services on all aforementioned equipment.

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

**Section N4-** current training requirements and training syllabus for employees operating x-ray equipment. Highlight emphasis on weapon and contraband identification. Include equipment operator certificates, if any.

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

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

**Section P3- SECURITY GUARDS / SUPERVISORS**

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

Supervisors \_\_\_\_\_  
Class D Guards \_\_\_\_\_  
Class G Guards \_\_\_\_\_  
K-9 Handlers \_\_\_\_\_

**Port Everglades Tariff 12**

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

**Application Fees**

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

**Stevedore**

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

Annual Fee

\$ 4,000.00

**Cargo Handler**

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

Annual Fee

\$ 4,000.00

**Steamship Agent**

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

4,000.00

Annual Fee

\$ 2,250.00

**Tugboat and Towing**

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

Annual Fee

By Contract

**Vessel Bunkering, Vessel Oily Waste Removal,**

**Vessel Sanitary Waste Water Removal**

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

Annual Fee

\$ 2,250.00

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

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

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

Port Everglades Business Administration Division

1850 Eller Drive, Fort Lauderdale, FL 33316

**Required Public Hearing**

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

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


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

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

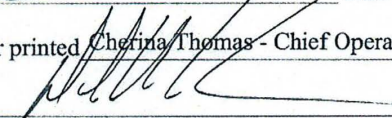
This application and all related records are subject to Chapter 119, F.S., the Florida Public Records Act.

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

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

Signature of Applicant's Authorized Representative  Date Signed 09.30.20

Signature name and title - typed or printed Cherina Thomas - Chief Operating Officer

Witness Signature (\*Required\*)   
Witness name-typed or printed Derrick N. Thomas

Witness Signature (\*Required\*)   
Witness name-typed or printed Jessica Edwards

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

Name Cherina Thomas Title Chief Operating Officer

Address 5225 Katy Freeway, Suite 690 Houston Texas 77007 Phone (713) 453-5895 ext. 105