

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

☒ XXX

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 Farovi Shipping Corporation

(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 2541 SW - 27th Avenue, Miami, Florida 33133

Phone # (305) 373-4765, ext. # 404 E-mail address jorovi @ farovi.com

Fax #: (305) 371-6874

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

Name Jorge P. Rovirosa

Title President

Business Address 2541 SW - 27th Avenue, Miami, Florida 33133

Phone # (305) 373-4765, ext. # 403 E-mail address jorovi @ farovi.com

Fax #: (305) 371-6874

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 Same as above

Representative's Title _____

Representative's Business Address _____

Number / Street City/State/Zip

Representative's Phone # () _____

Representative's E-mail address _____ @ _____

Representative's Fax # () _____

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

Section A

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

Officers:

Title **President**

First Name **Jorge** Middle Name **P.**

Last Name **Rovirosa**

Business Street Address **2541 SW - 27th Avenue**

City, State, Zip Code **Miami, Florida 33133**

Phone Number **(305) 373-4765, ext. # 403/404** Fax Number **(305) 371-6874**

Email Address **jorovi @ farovi.com**.

Title **Executive Vice President**

First Name **Frank** Middle Name **V.**

Last Name **Rovirosa**

Business Street Address **2541 SW - 27th Avenue**

City, State, Zip Code **Miami, Florida 33133**

Phone Number **(305) 373-4765, ext. # 405** Fax Number **(305) 371-6874**

Email Address **frankv @ farovi.com**.

Title **Vice President Treasurer**

First Name **Richard** Middle Name **G.**

Last Name **Rovirosa**

Business Street Address **2541 SW - 27th Avenue**

City, State, Zip Code **Miami, Florida 33133**

Phone Number **(305) 373-4765, ext. # 406** Fax Number **(305) 371-6874**

Email Address **richard @ farovi.com**.

Title **Controller**

First Name **Rene** Middle Name **C.**

Last Name **Arencibia**

Business Street Address **2541 SW - 27th Avenue**

City, State, Zip Code **Miami, Florida 33133**

Phone Number **(305) 373-4765, ext. # 326** Fax Number **(305) 371-6874**

Email Address **rene @ farovi.com**.

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.

See attached resumes.

Section B

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

See attached Articles of Incorporation

Section C

1. Has there been any change in the ownership of the Applicant within the last five (5) years? (e.g., any transfer of interest to another party)
Yes ☒ No ☐ If "Yes," please provide details in the space provided. Attach additional sheets if necessary.
Frank L. Rovirosa now deceased was a former 50% owner of the company who passed his shares on a 50/50 basis to his two sons, Frank V. Rovirosa and Richard G Rovirosa (see the two Stock Powers attached).
2. Has there been any name change of the Applicant or has the Applicant operated under a different name within the last five (5) years?
Yes ☐ No ☒ If "Yes," please provide details in the space provided, including: Prior name(s) and Date of name change(s) filed with the State of Florida's Division of Corporations or other applicable state agency. Attach additional sheets if necessary.

See attached Division of Corporations document

3. Has there been any change in the officers, directors, executives, partners, shareholders, or members of the Applicant within the past five (5) years?
Yes ☒ No ☐ If "Yes," please provide details in the space provided, including:
Prior officers, directors, executives, partners, shareholders, members
Name(s) **Frank L. Rovirosa, President, passed away in 2015 & Rolando A. Gomez, VP Finance, retired**
New officers, directors, executives, partners, shareholders, members
Name(s) **Jorge P. Rovirosa, President & Rene C. Arencibia, Controller**
Also supply documentation evidencing the changes including resolution or minutes appointing new officers, list of new principals with titles and contact information, and effective date of changes. Attach additional sheets if necessary.

Section D

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

Section E

1. Has the Applicant acquired another business entity within the last five (5) years?
Yes ___ No x If "Yes," please provide the full legal name of any business entity which the Applicant acquired during the last five (5) years which engaged in a similar business activity as the business activity which is the subject of this Port Everglades Franchise Application.
If none, indicate "None" None.

2. Indicate in the space provided the date of the acquisition and whether the acquisition was by a stock purchase or asset purchase and whether the Applicant herein is relying on the background and history of the acquired firm's officers, managers, employees and/or the acquired firm's business reputation in the industry to describe the Applicant's experience or previous business history. Attach additional sheets if necessary.

Not applicable

3. Has the Applicant been acquired by another business entity within the last five (5) years?
Yes ___ No x If "Yes," provide the full legal name of any business entity which acquired the Applicant during the last five (5) years which engaged in a similar business activity as the business activity which is the subject of this Port Everglades Franchise Application.
If none, indicate "None" None.

4. Indicate in the space provided the date of the acquisition and whether the acquisition was by a stock purchase or asset purchase and whether the Applicant herein is relying on the background and history of the parent firm's officers, managers, employees and/or the parent firm's business reputation in the industry to describe the Applicant's experience or previous business history. Attach additional sheets if necessary.

Not applicable

Section F

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

See attached addendum

Section G

1. Provide a list of the Applicant's current managerial employees, including supervisors, superintendents, and forepersons.

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

See attached addendum

FAROVI SHIPPING CORPORATION .-
Port Everglades Franchise Application 2020 -addendum

Section F.-

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

FAROVI SHIPPING CORPORATION has been conducting business as ship's agents serving the Port of Miami since 1961, as well as Port Everglades since 1962. We have been acting both as general agents and husbandry agents for several steamship lines. Among others we have served, Fred Olsen Express LLC, (Compania Sud Americana de Vapores, S.A. (CSAV) & Mediterranean Shipping (MSC), Hapag Lloyd and Royal Caribbean Cruises, Ltd.

Section G.-

- 1- Provide a list of the applicant's current managerial employees including supervisors, superintendents and forepersons.**

See below:

Managerial Employees	Titles
Jorge P. Roviroso	President
Frank V. Roviroso	Executive Vice President
Richard G. Roviroso	Vice President Treasurer
Rene C. Arencibia	Controller
Roxana Gugliatto	Vessel & Stevedoring Acct. Supervisor
Frank J. Roviroso	Port Operations Manager

- 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.**

Managerial owners and employee resumes are herewith attached, including their active involvement in seaports and length of time in this same or similar business activities.

Other managerial employee, as listed above.-

Roxana Gugliatto: has been working for our company as a supervisor in charge of agent and stevedoring matters since 1974, namely and among others, providing quotes, supervising Stevedoring and Terminal Charges billing, Superintendents and I.L.A. Payroll, Union Reports, Workmen Compensation matters, claims and collections.

Frank J. Roviroso: has been working for our company from 2007, as a Stevedoring Superintendent, afterwards up to the present, as Port Operations Manager also supervising claims and safety matters. His responsibilities include the overall operation matters for cargo/passenger vessels in Port Everglades, as well as in PortMiami.

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 PortMiami, Florida Number of Years Operating at this Seaport **53 years**
(since 1962)

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
Royal Caribbean Cruises, Ltd.	Ten 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, Florida Number of Years Operating at this Seaport **53 years**
(since 1962)

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
Royal Caribbean Cruises, Ltd.	Ten 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, Certificate of Insurance covering Nos.: MLIB100120901, ATAAZ5DQ007, HO20LIAZ05EE501

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.

Financial statements are available for your review at our office or at your office, at your convenience.

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 xx

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 xx

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 xx

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 Wells Fargo Bank, N.A. Nature of Business bank
Contact Name Jennifer A. Perez Title Assistant Vice President Relationship Manager
Legal Business Street Address 333 S.E., 2nd Avenue, 22nd floor
City, State, Zip Code Miami, Florida 33131
Phone Number (305) 329-6763

(Provide on a separate sheet.)

PortMiami, 1007 North America Way, Room # 210, Miami, FL 33132 -Juan Kuryla, Director, Tel.: (305) 371-7678
GDZ Computer Services, 18001 Old Cutler Road, Suite # 562, Miami, FL 33157 -Gaston de Zarraga, President-Tel.: (305) 256-4600
Kelly Tractor Co., 8255 N.W., 58th Street, Miami, FL 33166 -Juan O. Alvarez, Tel.: (305) 592-5379

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.

See attached Indemnity and Payment Bond No. 69161521 Continuation Notice and its Rider changing our previous address to our present address.

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.

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.

As Steamship Agents, this Section "N", comprising 1 through 4, does not apply, as we do not need equipments and/or equipment operators for our marine operations and boarding activities.

Section O

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

See attached Broward Business Tax Receipt No.: 379-234951

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.

As steamship agents, this Section comprising 1 through 5, does not apply.

But, need to mention that we do have a Safety Program which includes Substance Abuse Policy, as well as Employee Job Training under our stevedoring division, Florida Stevedoring Inc.

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. **Farovi Shipping Corporation, its Officers, Directors and Employees are fully committed to protect, maintain and whenever possible enhance the environment of our work place at 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.

Our ability to promote and develop growth at Port Everglades dates back to 1962 when Farovi Shipping Corporation was granted its steamship agency franchise and it is our intention to continue promoting its agency and husbandry services at this Port in the future. Our experience speaks for itself and would like to point out that our main interest is to try to bring in new business opportunities, not to solicit businesses being handled by our other colleagues. We have performed agency services for many lines such as Fred Olsen Express LLC, Compania Sud Americana de Vapores, S.A. (CSAV), Mediterranean Shipping (MSC) and Hapag Lloyd. In essence, we are a very active organization at Port Everglades along with our incorporated company, Florida Stevedoring Inc. which handles the stevedoring and terminal (cargo handling) services for MSC thru our sister company, Port Everglades Terminal LLC (PET).

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

☐ **VESSEL BUNKERING**

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

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

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

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

☐ **VESSEL OILY WASTE REMOVAL**

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

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

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

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

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

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

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

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

☐ **VESSEL SANITARY WASTE WATER REMOVAL**

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

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

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

☐ **MARINE TERMINAL SECURITY**

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

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

company contracted to provide such services on all aforementioned equipment.

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

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

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

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

Section P3- SECURITY GUARDS / SUPERVISORS

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

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

Port Everglades Tariff 12

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

Application Fees

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

Stevedore

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

Annual Fee

\$ 4,000.00

Cargo Handler

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

Annual Fee

\$ 4,000.00

Steamship Agent

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

4,000.00

Annual Fee

\$ 2,250.00

Tugboat and Towing

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

Annual Fee

By Contract

Vessel Bunkering, Vessel Oily Waste Removal,

Vessel Sanitary Waste Water Removal

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

Annual Fee

\$ 2,250.00

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

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

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

Port Everglades Business Administration Division

1850 Eller Drive, Fort Lauderdale, FL 33316

Required Public Hearing

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

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

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

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

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

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

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

Signature of Applicant's Authorized Representative  Date Signed September 23rd, 2020

Signature name and title - typed or printed Jorge P. Rovirosa, President

Witness Signature (*Required*) 
Witness name-typed or printed Frank V. Rovirosa

Witness Signature (*Required*) 
Witness name-typed or printed Elsa M. Perez

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

Name Jorge P. Rovirosa Title President

Address Farovi Shipping Corporation Phone (305) 373-4765, ext. # 404

2541 SW 27th Avenue

Miami, Florida 33133

FAROVI SHIPPING CORPORATION

2541 SW 27th. AVENUE
MIAMI, FL. 33133
PHONE (305) 373-4765

WELLS FARGO BANK, N.A.

16918

63-643
670

Date **September 08, 2020**

***TWO THOUSAND TWO HUNDRED FIFTY DOLLARS AND 00 CENTS ***

\$2,250.00

Pay to the
order of:

BROWARD COUNTY BOARD OF

COMMISSIONERS
1850 ELLER DRIVE
FORT LAUDRDALE, FL. 33316
U.S.A.

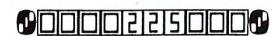
FAROVI SHIPPING CORPORATION

NOT NEGOTIABLE

BY

NOT NEGOTIABLE

Void after 180 Days



DETACH BEFORE BANKING

FAROVI SHIPPING CORPORATION		Pay to: BROWARD COUNTY BOARD OF		09/08/2020	Check #	16918
Your Ref.	Our Ref.	Date	Description of Charges			
2020090061	10012729	09/03/2020	*** INVOICE DETAIL *** STEAMSHIP AGENT ANNUAL FRANCHISE FEE (01/03/21 - 01/02/22)			
				2,250.00		

*Sent to Broward
on Sept. 9th, 2020
E/LSA*

Check Total

2,250.00

BROWARD COUNTY

Department of Port Everglades
1850 ELLER DRIVE
FORT LAUDERDALE, FLORIDA 33316

INVOICE

INVOICE
DATE

09/03/2020

INVOICE
NUMBER

2020090061

ISSUED TO:

FARF
FAROFI SHIPPING CORPORATION

2541 SW 27 AVENUE
MIAMI, FL, 33133
UNITED STATES

ATTENTION: ELSA PEREZ
AGENT:

September 03

Miscellaneous

	Volume	Rate	U/M	Amount
STM STEAMSHIP AGENT Annual Franchise Fee (01/03/2021 - 01/02/2022)	1.00	2250.0000	YEAR	\$2,250.00
Subtotal for Miscellaneous				<u>\$2,250.00</u>
AMOUNT DUE				<u><u>\$2,250.00</u></u>

*Meaning
th to Jan
Elsa
9/8/2020*

PLEASE MAKE CHECKS PAYABLE TO : BROWARD COUNTY BOARD OF COMMISSIONERS

TERMS: DUE ON PRESENTATION

Jorge P. Rovirosa
10405 SW - 122nd Street
Miami, Florida 33176
Tel.: 305-373-4765, ext. # 403 /cell.: 305-775-3223
Fax: 305-371-6874 e-mail: jorovi@farovi.com

Professional Experience.-

<i>1971 - present</i>	FAROVI SHIPPING CORPORATION <i>(steamship agents & stevedoring contractors serving Miami & Port Everglades)</i> President, Member of Board of Directors Vessel Husbandry Operations, Traffic Department (Inbound/Outbound), Line Manager, Sales & Marketing, Administration
<i>1972 - present</i>	FLORIDA STEVEDORING, INC. <i>(stevedoring & terminal operators serving Miami and Port Everglades)</i> President, Member of Board of Directors Stevedoring of break bulk, Ro/Ro and container vessels. Container and Warehouse Terminal Operations, Sales & Marketing Administration
<i>1994 - present</i>	Port of Miami Terminal Operating Co., LLC (POMTOC) <i>(container terminal operating company at PortMiami)</i> Founding Principal, Member of Board of Directors
<i>2000 - present</i>	International Longshoremen's Association (AFL-CIO) - ILA Local # 1416, # 1922 Employers' Benefit Health, Welfare, Pension Funds, Southeast Florida Ports Management Trustee
<i>1982 - 2000</i>	ILA Local 1922, Health, Welfare, Pension, Vacation and Holiday Funds, Miami, Florida Management Trustee
<i>1975 - 1976</i>	Venezolana de Buques, C.A., Caracas, Venezuela <i>(steamship line)</i> Steamship line Sales & Marketing Consultant, Operations & Traffic
<i>1976 - 1977</i>	Imparca Line, C.A., Caracas, Venezuela <i>(steamship line)</i> Steamship line Sales & Marketing Consultant
<i>1986 - 1998</i>	Florida Container Transport, Inc. <i>(container hauling company which served South Florida ports)</i> President
<i>1998 - 2003</i>	Port Crane Maintenance Co., L.L.C. <i>(gantry crane maintenance company serving PortMiami)</i> Managing Director
<i>1997 - present</i>	American Container Lines L.C. <i>(NVOCC serving Central & South America)</i> Principal, Member of the Board of Directors

Jorge P. Rovirosa
10405 SW - 122nd Street
Miami, Florida 33176
Tel.: 305-373-4765, ext. # 403 /cell.: 305-775-3223
Fax: 305-371-6874 e-mail: jorovi@farovi.com

Education.-

1965 - 1970 **Augusta Military Academy**
Fort Defiance, Virginia

Academic Curriculum Diploma, Ad Astra per Aspera Honor Society, Honor Committee,
Company Commander, USA-ROTOC 5th Army Academic Leadership Award

1970 - 1971 **University of Richmond**
Richmond, Virginia

Undergraduate Business Curriculum

1971 - 1972 **Miami-Dade Community College**
Miami, Florida

Undergraduate Business Curriculum

1971 - 1972 **University of Miami**
Miami, Florida

Undergraduate Business Curriculum

Professional Memberships.-

1973 - present **The Propeller Club of the United States (Port of Miami)**
Miami, Florida

Former Member of Board of Governors, Past Chapter President

Community Activities.-

1981 - 1986 **Biscayne Management Committee, Metro-Dade County**
Miami, Florida

Appointed to Committee by the Chairman of the County Board of Commissioners

1984 - 2010 **Kairos Prison Ministry, Inc.**
Miami, Florida

Christian Ministry in State and Federal Prisons in South Florida

1999 - 2006 **Greater Miami Chamber of Commerce (Seaport Alliance Committee)**
Miami, Florida

Chairman

2000 - 2003 **Dade County Truckers Task Force**
Miami, Florida

Chairman

Languages.-

Fluent in English and Spanish

Frank V. Roviroso
5317 Orduna Drive
Coral Gables, Florida 33133
Tel.: 305-785-1092
Fax: 305-371-6874 -e-mail: frankv@farovi.com

Attributes.-

- Experienced in the international and domestic maritime, transportation and logistics arenas
- Senior Management experience in various operating companies, stevedoring, agency, terminal and trucking
- International travel developing contacts in Europe, Far East, Central & South America
- Managed labor within collective bargaining and negotiated local ILA agreements

Professional Experience.-

2004 - present	Port Everglades Terminal LLC Port Everglades Florida <i>(stevedoring and terminal operators serving Port Everglades)</i> Director
1995 - present	Port of Miami Terminal Operating Co., LLC (POMTOC) Miami, Florida <i>(container terminal operating company at Port of Miami)</i> Member of Board of Directors
1990 - present	FLORIDA STEVEDORING, INC. Miami, Florida <i>(stevedoring & terminal operators serving Miami and Port Everglades)</i> Executive Vice-President
1978 - present	FAROV SHIPPING CORPORATION Miami & Port Everglades, Florida <i>(steamship agents & stevedoring contractors serving Miami & Port Everglades)</i> Executive Vice President
1986 - 1998	Florida Container Transport, Inc. Miami & Port Everglades, Florida <i>(container hauling company which served South Florida ports)</i>

Education.-

Business Administration
Loyola University of New Orleans
Specializing International Business and Finance

Professional Membership .-

Management Trustee ILA Container Royalty Fund
Member Greater Miami Chamber of Commerce
CAMACOL Member
President Alumni Miami Chapter Loyola University
Advisor to the Faculty College of Business Administration of Loyola University
Founder and Director of the Rowing Program at Belen Jesuit School

Richard G. Rovirosa
5400 SW 86th Street
Miami, Florida 33143
Tel.: 305-665-5793/cell.: 305-992-7397
Fax: 305-371-6874/e-mail: richard@farovi.com

Profile.-

Accomplished Logistics and Transportation Senior Executive in Domestic and International multimodal, Supply Chain Management in numerous facets of the transportation business including Trucking, warehousing, Shipping Agency, Shipping Container Terminals. Demonstrated capabilities in area's of Management and Operations with P & L responsibility throughout career experience.

Summary.-

- Result driven executive with strong diversified skills to plan and develop programs to optimize results
- Capable of leading a significant organization to be creative, innovative via analytical and conceptual and technical reasoning
- Proven success in working via team environment with competent professionals in high energy, task oriented environment

Professional Experience.-

Port Everglades Terminal LLC (Port Everglades, Florida)

2004-Present

Port Everglades Terminal LLC is a joint venture terminal partially owned by MSC to provide shipping Container Terminal services and Cruise Stevedoring Services provider in Port Everglades, Florida.

CEO & General Manager (2004 – Present)

P & L responsibility for all aspects of the firms growth including Strategy and Account Creation and Maintenance, Terminal Operating systems, labor negotiations, Insurance, Management of both Costs and Revenue's.

FLORIDA STEVEDORING, INC./FAROV SHIPPING CORPORATION

1983-2004

Responsibilities include:

- ♦ Extensive shipping agency management
- ♦ Technology inter-phasing with carriers
- ♦ Human resource management
- ♦ Labor negotiations for trucking, terminal and repair operations
- ♦ Trucking/Intermodal operation and administration
- ♦ Chassis pool management of an owned fleet
- ♦ Chassis maintenance repair
- ♦ Terminal/Stevedoring management
- ♦ Equipment budgeting
- ♦ Equipment repair budgeting/costing
- ♦ Terminal/Vessel planning systems and inter-phasing
- ♦ Inter-phasing with U.S. authorities
- ♦ Container pool management/Logistics

RENE ARENCIBIA

435 Campana Ave Coral Gables, FL 33156 Home (305) 662-1201

CAREER OBJECTIVE: Accounting/Financial Management Positions

Seek affiliation with a company that provides strong opportunity to make measurable contribution and support for continued growth and advancement.

EDUCATION:

University of Miami; Coral Gables, Florida
Bachelor of Business Administration - in Accounting May 1987

WORK EXPERIENCE:

FAROVI SHIPING CORPORATION / FLORIDA STEVEDORING INC May 2004 – Present
2541 SW 27th Ave Miami, FL 33133

VICE PRESIDENT OF FINANCE /CONTROLLER:

- Responsible for all the accounting functions of the Miami and Ft Lauderdale offices.
- Responsible for the monthly & year-end financial statements analysis and reporting to C.E.O
- Preparation of the Federal Income tax return for various internal companies
- Managed cash management, investments and acquired financing for equipment and line-of-credit

PLASTEC USA INC. June 1999 – 2004 7752 NW 74th Ave Miami, FL 33166

CONTROLLER:

- Responsible for all the accounting functions of the Miami and Mexico City offices.
- Negotiated all contracts (Health, Dental, Disability, Phones, Internet, 401K plan & Copiers)
- Responsible for the monthly & year-end financial statements analysis and reporting to V.P. & C.E.O.
- Headed the MIS Department in implementing a new e-mail system, upgrading the servers, installing T-1 lines, firewall, anti-virus program and procuring new computers hardware
- Managed cash management, investments and acquired financing for equipment and line-of-credit

DG AGENCY LLC May 1995 - May 1999 8420 NW 52nd St. # 200 Miami, FL 33166
Company dissolved in June 1999

ASSISTANT CONTROLLER:

- Responsible for ensuring that all accounting functions for the stevedoring, agencies, container transport.
- Supervision fifteen A/P & A/R personnel
- Processing & reviewing payroll for approx. 150 employees in seven different states
- Responsible for the monthly & year-end financial statements analysis

VERDEJA & GRAVIER CPA's August 1987 - May 1995 201 Alhambra #900 Coral Gables, FL 33134

SENIOR ACCOUNTANT/AUDITOR:

- Supervised audits, reviews & compilations engagements
- Worked with various Big Five Accounting firms on audit engagement, in joint ventures engagements
- Preparation & reviewing corporate, partnership & individual federal income tax returns
- Preparation of Medicare, Medicaid & H.M.O. cost reimbursement reports

BUSINESS SKILLS:

- My professional philosophy is consistent with that of team goals & team work and have found it to be the most efficient management strategy. My strengths include excellent analysis, efficiency and organizational skills as well as the ability to form conclusions and make practical decisions.
- I am proficient with most business software including Microsoft Great Plains, Taxes, Excel & Word.

REFERENCE: Furnished upon request

State of Florida



Department of State

I certify from the records of this office that FAROVI SHIPPING CORPORATION is a corporation organized under the laws of the State of Florida, filed on May 27, 1961.

The document number of this corporation is 247897.

I further certify that said corporation has paid all fees due this office through December 31, 1986, and its status is active.

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capital, this the
12th day of January, 1987.



CR2E022 (10-85)

George Firestone
Secretary of State

State of Florida



Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation, as amended to date, of FAROVI SHIPPING CORPORATION, a corporation organized under the laws of the State of Florida, as shown by the records of this office.

The document number of this corporation is 247897.

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capital, this the
12th day of January, 1987.



CR2E022 (10-85)

George Firestone
Secretary of State

CERTIFICATE OF INCORPORATION
OF
NAROVI SHIPPING CORPORATION

RECEIVED
MAY 27 10 59 AM '61
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We, the undersigned, associate ourselves to become a Florida corporation for profit.

ARTICLE I.

The name of the corporation shall be the above.

ARTICLE II.

The general nature of the business to be transacted is that ships' agent, stevedore and contractor, vessel charterer, and general marine business.

ARTICLE III.

The maximum authorized capital stock of this corporation shall be the following shares of common stock with the par value per share as stated:

Shares: 50
Par value: No par value

ARTICLE IV.

The amount of capital with which this corporation shall commence business shall be not less than Five Hundred Dollars (\$500.00).

ARTICLE V.

This corporation shall have a perpetual existence.

ARTICLE VI.

Fort Lauderdale, Broward County, Florida, shall be the principal office of the corporation, with the privilege of having branch offices at other places within, or without, the State of Florida.

ARTICLE VII.

The number of directors of this corporation shall be not less than three and not more than seven.

ARTICLE VIII.

The names and post-office addresses of the first Board of Directors and of the officers of this corporation, who shall hold office for the first year or until their successors are chosen, are:

NAME	ADDRESS
Angel Maya	1737 S. W. 4th Court Fort Lauderdale, Florida
F. A. Rovirosa	1645 S. W. 40th Avenue Coral Gables, Florida
Lydia M. Jenson	266 Oceanic Avenue Fort Lauderdale, Florida

ARTICLE IX.

The name and post-office address of each subscriber and the number of shares of stock which each agrees to take are:

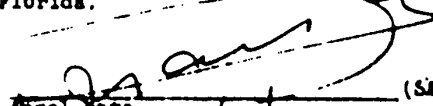
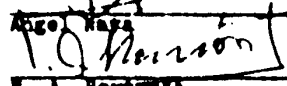
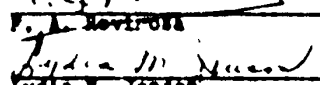
<u>NAME</u>	<u>ADDRESS</u>	<u>NO. SHARES</u>	<u>VALUE</u>
Angel Naya	1737 S. W. 4th Court Fort Lauderdale, Florida	15	\$250.00
F. A. Rovirosa	1645 S. W. 40th Avenue Coral Gables, Florida	15	250.00
Lydia M. Jonson	266 Oceanic Avenue Fort Lauderdale, Florida	1	17.50

ARTICLE X.

Each of the original incorporators of this corporation shall have the right, after the organization of same, to assign and deliver his subscription of stock herein to any other person or persons who may hereafter become subscribers to the capital stock of this corporation, who, upon acceptance of such assignment, shall stand in lieu of the said original incorporator and assume and carry out all the rights, liabilities, and duties entailed by said subscription, subject to the laws of the State of Florida and the execution of this power.

IN WITNESS OF THE FOREGOING, we have hereunto set our hands and seals at Fort Lauderdale, Florida.

Dated: May 24, 1961.

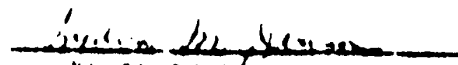

Angel Naya (SEAL)

F. A. Rovirosa (SEAL)

Lydia M. Jonson (SEAL)

STATE OF FLORIDA
COUNTY OF BROWARD

I HEREBY CERTIFY that there personally appeared before me, the undersigned authority, the above-named subscribers, to me well known and known by me to be the persons of that name described in, and who severally acknowledged to me that they executed the foregoing Certificate of Incorporation.

Dated: May 24, 1961.

WITNESS my hand and seal:


Notary Public, State of Florida, J. L. 100
11

IN WITNESS OF THE FOREGOING, I have hereunto set
my hand and seal at Fort Lauderdale, Florida.

Dated: May 24, 1961.

(SEAL)

STATE OF FLORIDA }
COUNTY OF BROWARD }

I HEREBY CERTIFY that there personally appeared
before me, the undersigned authority, the above-named
subscriber, to me well known and known by me to be the
person of that name described in, and who acknowledged
to me that she executed the foregoing Certificate of
Incorporation.

Dated: May 24, 1961

WITNESS my hand and seal:

Laura S. Hall

Notary Public
State of Florida at Large

My Commission Expires:

Notary Public, State of Florida at Large
My Commission Expires April 3, 1963
Bonded to the State of Florida

AMENDMENT
TO
CERTIFICATE OF INCORPORATION OF
MAROVI SHIPPING CORPORATION

The Certificate of Incorporation of Marovi Shipping Corporation
filed on the 27th day of May, A. D., 1961 shall be amended as follows:

ARTICLE III

"The maximum authorized capital stock of this corporation shall
be the following shares of common stock with the par value per share
as stated; "

Shares - 100
Par Value - No par value

IN WITNESS WHEREOF I have hereunto set my hand and seal at
Miami, Florida this 23rd day of May, 1968.

I. O. Rainey (Seal)
President

State of Florida

County of Dade

We the undersigned Secretary and President of Marovi Shipping
Corporation do hereby certify that the foregoing amendment to the
Certificate of Incorporation has been approved by the Board of
Directors, proposed by said board to the stockholders, and approved
at a stockholder's meeting by such proportion, not less than a
majority, of the stock entitled to vote thereon.

Sam. S. S. S.
Secretary

I. O. Rainey
President

SUBSCRIBED AND SWORN TO, before me, this 23rd day of May, 1968.

Robert F. Thomas
Notary Public, State of Florida at Large
My commission expires April 14, 1970
Bonded by Transamerica Insurance Co.

CERTIFICATE

The undersigned, President and Secretary of NARONI SHIPPING CORPORATION, a Florida corporation, do hereby certify that the following is a true and correct copy of resolutions adopted by the Board of Directors in accordance with the Corporation's Articles of Incorporation and approval by the shareholders at a meeting duly called and held on

RESOLVED, that Article I of the Articles of Incorporation be deleted and the following substituted therefor:

"The name of the Corporation shall be NARONI SHIPPING CORPORATION."

F. A. Rovinson
F. A. Rovinson, President

Dave Madala
Dave Madala, Secretary

STATE OF FLORIDA
COUNTY OF DADE

The foregoing instrument was acknowledged before me this 17th day of June, 1975, by F. A. Rovinson and Dave Madala of Naroni Shipping Corporation, a Florida corporation, on behalf of the Corporation.

Notary Public, State of Florida at Large

My Commission Expires:

FAROFI SHIPPING CORPORATION
ACTION BY DIRECTORS WITHOUT MEETING

The undersigned being all of the Directors of Farofi Shipping Corporation, pursuant to Florida Statute, Section 597.134, hereby adopt the following resolution:

RESOLVED, that the Registered Agent and Registered Office of the Corporation be changed from John D. Armstrong, 1500 S.W. First National Bank Building, 180 So. Biscayne Boulevard, Miami, Florida 33131, to Frank A. Novitsky, 1500 Port Boulevard, Miami, Florida 33132.

Each Director has signified his consent to the above action by placing his signature where indicated below.


F.A. Novitsky


Frank A. Novitsky


Frank A. Novitsky


Frank A. Novitsky

STOCK POWER

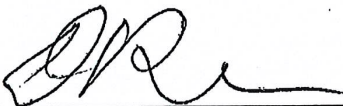
FRANK L. ROVIROSA, JR., Trustee of the FRANK L. ROVIROSA, JR. TRUST AGREEMENT dated March 16, 2000, hereby gifts, assigns and transfers unto FRANK V. ROVIROSA, III, FERNANDO ARAN, and OCTAVIO F. VERDEJA, as co-Trustees and OCTAVIO F. VERDEJA, as Independent Trustee of the FRANK V. ROVIROSA, III 2014 GIFT TRUST dated June 25, 2014, Twenty-Two and 1/2 (22.5) shares of his stock of FAROVI SHIPPING CORPORATION, a Florida corporation ("FAROVI"), standing in his name on the books of FAROVI, represented by Certificate Nos. 23 and 24 herewith, and does hereby irrevocably constitute and appoint _____, to transfer the said stock on the books of FAROVI, with full power of substitution in the premises.

DATED: Effective as of this 25th day of JUNE, 2014.

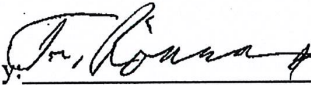
ASSIGNOR:

Signed In the presence of:


FRANK L. ROVIROSA, JR. TRUST
AGREEMENT dated March 16, 2000



Print Name: Fernando Arán

By: 

FRANK L. ROVIROSA, JR., Trustee




Print Name: Octavio F. Verdeja

STOCK POWER

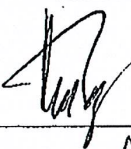
FRANK L. ROVIROSA, JR., Trustee of the FRANK L. ROVIROSA, JR. TRUST AGREEMENT dated March 16, 2000, hereby gifts, assigns and transfers unto RICARDO ROVIROSA, FERNANDO ARAN, and OCTAVIO F. VERDEJA, as co-Trustees and OCTAVIO F. VERDEJA, as Independent Trustee of the RICARDO ROVIROSA 2014 GIFT TRUST dated June 25, 2014, Twenty-Two and 1/2 (22.5) shares of his stock of FAROVI SHIPPING CORPORATION, a Florida corporation ("FAROVI"), standing in his name on the books of FAROVI, represented by Certificate Nos. 23 and 24 herewith, and does hereby irrevocably constitute and appoint _____, to transfer the said stock on the books of FAROVI, with full power of substitution in the premises.

DATED: Effective as of this 25th day of June, 2014.

Signed In the presence of:



Print Name: DONALD R. TESCHER



Print Name: OCTAVIO F. VERDEJA

ASSIGNOR:

FRANK L. ROVIROSA, JR. TRUST
AGREEMENT dated March 16, 2000

By: 

FRANK L. ROVIROSA, JR., Trustee

9/16/2020

Detail by Entity Name

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
FAROVI SHIPPING CORPORATION

Filing Information

Document Number	247897
FEI/EIN Number	59-0954681
Date Filed	05/27/1961
State	FL
Status	ACTIVE
Last Event	REINSTATEMENT
Event Date Filed	03/03/1994

Principal Address

2541 SW 27TH AVE
MIAMI, FL 33133

Changed: 04/23/2019

Mailing Address

2541 SW 27TH AVE
MIAMI, FL 33133

Changed: 04/23/2019

Registered Agent Name & Address

ROVIROSA, JORGE P
2541 SW 27TH AVENUE
MIAMI, FL 33133

Name Changed: 04/22/2015

Address Changed: 04/22/2015

Officer/Director Detail

Name & Address

Title T

ROVIROSA, RICHARD G.
5400 SW 86TH ST
MIAMI, FL

9/16/2020

Detail by Entity Name

Title F

ROVIROSA, JORGE P.
10405 SW 122 STREET
MIAMI, FL

Title VD

ROVIROSA, FRANK V.
4080 EL PRADO BLVD
COCONUT GROVE, FL

Annual Reports

Report Year	Filed Date
2018	04/17/2018
2019	04/23/2019
2020	06/09/2020

Document Images

06/09/2020 -- ANNUAL REPORT	View image in PDF format
04/23/2019 -- ANNUAL REPORT	View image in PDF format
04/17/2018 -- ANNUAL REPORT	View image in PDF format
03/17/2017 -- ANNUAL REPORT	View image in PDF format
04/28/2016 -- ANNUAL REPORT	View image in PDF format
04/22/2015 -- ANNUAL REPORT	View image in PDF format
01/13/2014 -- ANNUAL REPORT	View image in PDF format
04/30/2013 -- ANNUAL REPORT	View image in PDF format
04/30/2012 -- ANNUAL REPORT	View image in PDF format
04/18/2011 -- ANNUAL REPORT	View image in PDF format
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07/25/2000 -- ANNUAL REPORT	View image in PDF format
07/13/1999 -- ANNUAL REPORT	View image in PDF format
01/30/1998 -- ANNUAL REPORT	View image in PDF format
05/08/1997 -- ANNUAL REPORT	View image in PDF format
04/23/1996 -- ANNUAL REPORT	View image in PDF format

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 247897

Entity Name: FAROVI SHIPPING CORPORATION

Current Principal Place of Business:

2541 SW 27TH AVE
MIAMI, FL 33133

Current Mailing Address:

2541 SW 27TH AVE
MIAMI, FL 33133 US

FEI Number: 59-0954681

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ROVIROSA, JORGE P
2541 SW 27TH AVENUE
MIAMI, FL 33133 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: JORGE P ROVIROSA

06/09/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title T
Name ROVIROSA, RICHARD G.
Address 5400 SW 86TH ST
City-State-Zip: MIAMI FL

Title P
Name ROVIROSA, JORGE P.
Address 10405 SW 122 STREET
City-State-Zip: MIAMI FL

Title VD
Name ROVIROSA, FRANK V.
Address 4080 EL PRADO BLVD
City-State-Zip: COCONUT GROVE FL

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: JORGE P. ROVIROSA

P

06/09/2020

Electronic Signature of Signing Officer/Director Detail

Date



CERTIFICATE OF MARINE / ENERGY INSURANCE

DATE (MM/DD/YYYY)
6/9/2020

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

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

PRODUCER Marsh & McLennan Agency LLC 301 Commerce St. Suite 2201 Fort Worth TX 76102		CONTACT NAME: Lori Covey PHONE (A/C, No, Ext): 817-288-3918 FAX (A/C, No): E-MAIL ADDRESS: lori.covey@marshmma.com PRODUCER CUSTOMER ID #:	
INSURED FLORIDA STEVEDORING INC. & FAROVI SHIPPING CORP. 2541 SW 27 Ave Miami FL 33133		INSURER(S) AFFORDING COVERAGE INSURER A: Liberty Mutual Insurance Company INSURER B: Navigators Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 23043 42307

COVERAGES

CERTIFICATE NUMBER: 1022830433

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
	HULL AND MACHINERY						PER SCHEDULE ON FILE
							INSURED VALUE \$
	COLLISION LIABILITY						COLLISION (Ea occurrence) \$
	TOWERS LIABILITY						TOWERS (Ea occurrence) \$
							\$
	PROTECTION AND INDEMNITY						PER CLUB RULES
	CREW LIABILITY <input type="checkbox"/> JONES ACT						EA OCCURRENCE PER VESSEL, CSL \$
	COLLISION LIABILITY						COLLISION (Ea occ), CSL \$
	TOWERS LIABILITY						TOWERS (Ea occ), CSL \$
	REMOVAL OF WRECK						REMOVAL OF WRECK (Ea occurrence) \$
	IN REM						\$
							\$
							\$
	POLLUTION LIABILITY						EA OCCURRENCE \$
	OPA 90						\$
	CERCLA						\$
	NON-OPA / NON-CERCLA						\$
							\$
	MARITIME EMPLOYERS LIABILITY	N / A					ANY ONE PERSON \$
	ALTERNATE EMPLOYER						ANY ONE ACCIDENT \$
	INCLUDES <input type="checkbox"/> CREW <input type="checkbox"/> EMPS						\$
	JONES ACT						\$
	DEATH ON THE HIGH SEAS						\$
	IN REM ENDORSEMENT						\$
							\$
							\$

Yagun D. Mike McKeage
6/18/2020

CERTIFICATE HOLDER

CANCELLATION

Broward County Attention: Bettina 1850 Eller Drive Fort Lauderdale FL 33316	SHOULD ANY OF THE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
--	---

AGENCY CUSTOMER ID: _____
LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Marsh & McLennan Agency LLC		NAMED INSURED FLORIDA STEVEDORING INC. & FAROVI SHIPPING CORP. 2541 SW 27 Ave Miami FL 33133
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 31 **FORM TITLE:** CERTIFICATE OF MARINE / ENERGY INSURANCE

Coverage: Primary and Non Contributory Endorsement
Form #MGL-E053 (03-14)
Coverage: Sudden & Accidental Pollution Liability Endorsement:
Form # MGL-E002 (03/14)
Coverage: Stevedores Legal Liability Endorsement
Form #: MGL-E004 (03-14)
Coverage: Terminal Operators Liability Endorsement
Form #: MGL-E003 (03-14)

Certificate holder is additional insured as required by written contract but limited to the operations of the named insured
Marine General Liability includes Sudden and Accidental Pollution
Included as a named insured Farovi Shipping

CERTIFICATE NUMBER: 1022830433

COVERAGES

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			MLIB100120901	6/1/2020	6/1/2021	EACH OCCURRENCE	\$ 1,000,000
		MARINE GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
		CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 10,000
	<input checked="" type="checkbox"/>	15,000						PERSONAL & ADV INJURY	\$ 1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS-COMP / OP AGG	\$ 1,000,000
		OTHER:							\$
		AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
		<input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person)	\$
		<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
		WORKERS COMPENSATION AND EMPLOYERS LIABILITY		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. (Each accident)	\$
		If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE (Ea employee)	\$
		ALTERNATE EMPLOYER						E.L. DISEASE - POLICY LIMIT	\$
		USL&H ENDORSEMENT							\$
		MARITIME EMPLOYERS LIABILITY							\$
		OCSL ACT							\$
		U.S. LONGSHORE & HARBOR WORKERS COMPENSATION ACT		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
		ALTERNATE EMPLOYER						E.L. (Each accident)	\$
		MARITIME EMPLOYERS LIABILITY						E.L. DISEASE (Ea employee)	\$
		OCSL ACT						E.L. DISEASE - ANN AGG	\$
		AIRCRAFT LIABILITY							\$
		<input type="checkbox"/> OWNED AIRCRAFT						EACH OCCURRENCE	\$
		<input type="checkbox"/> NON-OWNED AIRCRAFT						AGGREGATE	\$
		<input type="checkbox"/> PASSENGER LIABILITY							\$
									\$
A B		UMBRELLA / EXCESS LIAB / BUMBERSHOOT			ATAAZ5DQ007 HO20LIAZ05EE501	6/1/2020 6/1/2020	6/1/2021 6/1/2021	EACH OCCURRENCE	\$ 4,500,000
		<input type="checkbox"/> UMBRELLA <input checked="" type="checkbox"/> BUMBERSHOOT						AGGREGATE	\$ 4,500,000
	<input checked="" type="checkbox"/>	EXCESS							\$
		CLAIMS MADE <input checked="" type="checkbox"/> OCCUR							\$
		DED <input checked="" type="checkbox"/> RETENTION \$ 25,000							\$
		ENERGY						CSL, ANY ONE OCCURRENCE (100% interest)	\$
		CONTROL OF WELL / OPERATORS EXTRA EXPENSE						ANY ONE OCCURRENCE (100% interest)	\$
		<input type="checkbox"/> CARE, CUSTODY AND CONTROL (CCC)							
		OFFSHORE OIL AND GAS PROPERTY						VALUES AS SCHEDULED	\$
		<input type="checkbox"/> PLATFORMS						VALUES AS SCHEDULED	\$
		<input type="checkbox"/> PIPELINES							\$
									\$
		ONSHORE OIL AND GAS PROPERTY						VALUES AS SCHEDULED	\$
		<input type="checkbox"/> OIL & GAS PROPERTY						VALUES AS SCHEDULED	\$
		<input type="checkbox"/> CONTRACTORS EQUIPMENT							\$
									\$
		NAMED WINDSTORM							
		<input type="checkbox"/> CCC <input type="checkbox"/> OFF-SHORE <input type="checkbox"/> ON-SHORE						AGGREGATE	\$

VESSEL(S): AS PER ATTACHED SCHEDULE AS DETAILED IN THE DESCRIPTION OF OPERATIONS

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

FLORIDA STEVEDORING INC.
Blanket Additional insured and Waiver of Subrogation endorsement
Form # MGL-E031 (03-14)
** Continued from General Liability Section **
Coverage: Action over Indemnity Buyback
Form #: MGL-E026 (03-14)
Coverage: Employee Benefits Liability - A
Form # MGL-E038 (03/14)
Edition Date: 02/01/09
See Attached...

CI CW A02 10 11

CERTIFICATE OF INSURANCE

This certificate is issued for informational purposes only. It certifies that the policies listed in this document have been issued to the Named Insured. It does not grant any rights to any party nor can it be used, in any way, to modify coverage provided by such policies. Alteration of this certificate does not change the terms, exclusions or conditions of such policies. Coverage is subject to the provisions of the policies, including any exclusions or conditions, regardless of the provisions of any other contract, such as between the certificate holder and the Named Insured. The limits shown below are the limits provided at the policy inception. Subsequent paid claims may reduce these limits.

Certificate Holder: BROWARD COUNTY 1850 ELLER DR FT LAUDERDALE, FL USA 333164202	Named Insured: FLORIDA STEVEDORING INC FAROVI SHIPPING CORP 2541 SW 27TH AVE MIAMI FL 33133-2163
--	---

Automobile Liability			
Insurer Name: Allstate Insurance Company			
Policy Number: 048739908			
<input type="checkbox"/> 1 - Any Auto	<input type="checkbox"/> 2 - Owned Autos Only	<input type="checkbox"/> 3 - Owned Priv. Pass. Autos Only	
<input type="checkbox"/> 4 - Owned Autos Other Than Priv. Pass. Autos Only	<input checked="" type="checkbox"/> 5 - Owned Autos Subject to No Fault	<input type="checkbox"/> 6 - Owned Autos Subject to a Compulsory UM Law	
<input checked="" type="checkbox"/> 7 - Specifically Described Autos	<input checked="" type="checkbox"/> 8 - Hired Autos Only	<input checked="" type="checkbox"/> 9 - Nonowned Autos Only	
Policy Effective Date: 08-10-2020		Policy Expiration Date: 08-10-2021	
Limits of Insurance:	\$1,000,000	Combined Single Limit (each accident)	
	BI Per Person	BI Per Accident	PD Per Accident
Description of Operations/Locations/Vehicles/Endorsements/Special Provisions			
Interested Party Type: Additional Insured - All Other			
THIS CERTIFICATE DOES NOT GRANT ANY COVERAGE OR RIGHTS TO THE CERTIFICATE HOLDER. IF THIS CERTIFICATE INDICATES THAT THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED, THE POLICY(IES) MUST EITHER BE ENDORSED OR CONTAIN SPECIFIC LANGUAGE PROVIDING THE CERTIFICATE HOLDER WITH ADDITIONAL INSURED STATUS. THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED ONLY TO THE EXTENT INDICATED IN SUCH POLICY LANGUAGE OR ENDORSEMENT.			

Producer: BORBOLLA INS AGENCIES	Date: 07-10-20
Authorized Representative:	

Includes copyrighted material of Insurance Services Office, Inc., with its permission

CI CW A02 10 11

Allstate Insurance Company

Insured Full Copy

Page 1 of 1

Handwritten signature and date:
 7/13/2020



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/5/2020

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

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

PRODUCER Marsh & McLennan Agency LLC 301 Commerce St. Suite 2201 Fort Worth TX 76102	CONTACT NAME: Rachel Isaacs PHONE (A/C, No, Ext): 817-288-3901 FAX (A/C, No): E-MAIL ADDRESS: rachel.isaacs@marshmma.com														
INSURED Florida Stevedoring Inc. & Farovi Shipping Corp. 2541 SW 27 Ave Miami FL 33133	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Liberty Mutual Insurance Company</td> <td>23043</td> </tr> <tr> <td>INSURER B: Navigators Insurance Company</td> <td>42307</td> </tr> <tr> <td>INSURER C: Signal Mutual Indemnity Association LTD</td> <td>99999</td> </tr> <tr> <td>INSURER D: Signal Mutual Indemnity Association LTD</td> <td>99999</td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Liberty Mutual Insurance Company	23043	INSURER B: Navigators Insurance Company	42307	INSURER C: Signal Mutual Indemnity Association LTD	99999	INSURER D: Signal Mutual Indemnity Association LTD	99999	INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
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INSURER B: Navigators Insurance Company	42307														
INSURER C: Signal Mutual Indemnity Association LTD	99999														
INSURER D: Signal Mutual Indemnity Association LTD	99999														
INSURER E:															
INSURER F:															

COVERAGES

CERTIFICATE NUMBER: 1264797169

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 SUBR INSD 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 <input checked="" type="checkbox"/> Deductible \$15k <input checked="" type="checkbox"/> Marine Liab. GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		MLIB100120901	6/1/2020	6/1/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$		ATAAZ5DQ007 HO20LIAZ05EE501	6/1/2020 6/1/2020	6/1/2021 6/1/2021	EACH OCCURRENCE \$ 9,000,000 AGGREGATE \$ 9,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C D	USL&H Jones Act		4005 J19-60099	10/1/2019 10/1/2019	9/30/2020 9/30/2020	USL&H \$1M Incidental

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

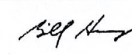
The following Endorsements are included under the General Liability Policy:

Employee Benefits Liability Endorsement
Form # M-1333-MGL- E038 (03/14)
Stevedore's Legal Liability Endorsement
Form #: M-1333-MGL-E004 (03-14)

Blanket Additional Insured form #M-1333-MGL edition 031 (03/14) applies to the General Liability policy.
Blanket Waiver of Subrogation form #M-1333-MGL edition 031 (03/14) applies to the General Liability policy.
See Attached...

CERTIFICATE HOLDER

CANCELLATION

Broward County Attention: Bettina 1850 Eller Drive Fort Lauderdale FL 33316	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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AGENCY CUSTOMER ID: _____
LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Marsh & McLennan Agency LLC		NAMED INSURED Florida Stevedoring Inc. & Farovi Shipping Corp. 2541 SW 27 Ave Miami FL 33133
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Primary & Non-Contributory General Liability form #M-1333-MGL edition053 (03/14).

The General Liability policy includes a Blanket Additional Insured endorsement to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status.

The General Liability policy contains an endorsement with "Primary and Noncontributory" wording that may apply only when there is a written contract between the named insured and the certificate holder that requires such wording.

The General Liability policy contains a Blanket Waiver of Subrogation endorsement that may apply only when there is a written contract between the named insured and the certificate holder that requires such wording.



November 13, 2019

Southeast Insurance Group
2665 South Bayshore Drive, Suite 1001
Coconut Grove, FL 33133

PRINCIPAL: Farovi Shipping Corp.
BOND NO.: 69161521
BOND TYPE: Indemnity Bond
BOND AMOUNT: \$20,000.00

CONTINUATION NOTICE

Please be advised the above captioned bond is renewed as of **December 12, 2019**. The Bond is a continuous bond, therefore no Continuation Certificate is required.

Should you have any questions, please do not hesitate to contact this office.

Yours truly,

SECURITY BOND ASSOCIATES, INC.


Linda Vera



Western Surety Company

RIDER

It is hereby mutually agreed and understood by and between the Principal/Insured and Western Surety Company, that instead of as originally written:

The address has been changed to read:
2541 SW 27th Avenue
Miami, FL 33133

No further changes other than above.

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, limits or conditions of the Policy/Bond, except as hereinabove set forth.

This Rider becomes effective on the 3rd day of February, 2015, at twelve and one minute o'clock a.m., standard time.

Attached to and forming part of Policy/Bond No. 69161521
issued by WESTERN SURETY COMPANY of Sioux Falls, South Dakota,
to Farovi Shipping Corp.

Signed this 3rd day of February, 2015.

By Paul T. Bruflat
Paul T. Bruflat, Senior Vice President



INDEMNITY AND PAYMENT BOND

BOND NO. 69161521

Effective Date: December 12, 2001

KNOW ALL MEN BY THESE PRESENTS:

That we, Farovi Shipping Corp. as INDEMNITOR and WESTERN SURETY COMPANY as SURETY, a surety company authorized to do business in the State of Florida, are held and firmly bound unto BROWARD COUNTY, as OBLIGEE, a political subdivision of the State of Florida, in the full sum of Twenty Thousand and no/100 DOLLARS (\$ 20,000.00), for the payment of which we bind ourselves, our heirs, successors, assigns and personal representatives for the performance of the obligations hereinafter set forth:

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

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

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

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

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

IN WITNESS WHEREOF, INDEMNITOR has caused this Bond to be executed by Jorge P. Roviroso, and attested to by its Secretary and its corporate seal to be affixed, and the Surety has caused this Bond to be executed in its name by its Attorney-in-Fact duly authorized to do so.

INDEMNITOR:

Company Name: Farovi Shipping Corp.

By: 

Jorge P. Roviroso

(Print Name of Pres./Vice Pres.)

Title: Executive Vice-President
(Print)

4th day of December, 20 01

SURETY:

Company Name: WESTERN SURETY COMPANY

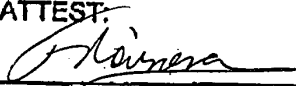
By: 

(Print Name of Pres./Vice Pres.)

Title: H. Dahlstrom, Ass't Sec.
(Print)

29th day of November, 20 01


ATTEST:


Corporate Secretary

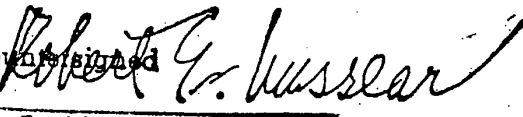
Frank V. Roviroso
(Print Name of Secretary)

(SEAL)

ATTEST:

 M. Bent, Ass't Sec.

(SEAL)

Court signed
By: 

Resident Agent

Western Surety Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That WESTERN SURETY COMPANY, a corporation organized and existing under the laws of the State of South Dakota, and authorized and licensed to do business in the States of Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming, and the United States of America, does hereby make, constitute and appoint

H. Dahlstrom of Sioux Falls
State of South Dakota, its regularly elected Assistant Secretary
as Attorney-in-Fact, with full power and authority hereby conferred upon him to sign, execute, acknowledge and deliver for and on its behalf as Surety and as its act and deed, all of the following classes of documents to-wit:

Indemnity, Surety and Undertakings that may be desired by contract, or may be given in any action or proceeding in any court of law or equity, policies indemnifying employers against loss or damage caused by the misconduct of their employees; official, bail, and surety and fidelity bonds. Indemnity in all cases where indemnity may be lawfully given; and with full power and authority to execute consents and waivers to modify or change or extend any bond or document executed for this Company, and to compromise and settle any and all claims or demands made or existing against said Company.

Western Surety Company further certifies that the following is a true and exact copy of Section 7 of the by-laws of Western Surety Company duly adopted and now in force, to-wit:

Section 7. All bonds, policies, undertakings, Powers of Attorney, or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys-in-Fact or agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile.

In Witness Whereof, the said WESTERN SURETY COMPANY has caused these presents to be executed by its
Executive Vice President with the corporate seal affixed this 29th day of November
2001.

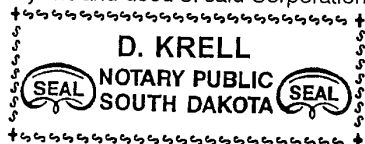
ATTEST

A. Vietor
Assistant Secretary

WESTERN SURETY COMPANY
By Stephen T. Pate
Stephen T. Pate, Executive Vice President

STATE OF SOUTH DAKOTA }
COUNTY OF MINNEHAHA } ss

On this 29th day of November, 2001, before me, a Notary Public, personally appeared
Stephen T. Pate and A. Vietor
who, being by me duly sworn, acknowledged that they signed the above Power of Attorney as Executive Vice President
and Assistant Secretary, respectively, of the said WESTERN SURETY COMPANY, and acknowledged said instrument to be
the voluntary act and deed of said Corporation.



My Commission Expires November 30, 2006

D. Krell
Notary Public



STATE OF SOUTH DAKOTA }
County of Minnehaha } ss

ACKNOWLEDGMENT OF SURETY
(Corporate Officer)

On this 29th day of November, 2001, before me, a Notary Public in

and for said County, personally appeared H. Dahlstrom, Ass't Sec.
personally known to me, who being by me duly sworn, did say that he is the aforesaid officer of WESTERN SURETY
COMPANY, a corporation duly organized and existing under the laws of the State of South Dakota, that the seal affixed to the
foregoing instrument is the corporate seal of said corporation, that the said instrument was signed, sealed and executed on
behalf of said corporation by authority of its Board of Directors, and further acknowledge that the said instrument and the
execution thereof to be the voluntary act and deed of said corporation.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal the day and year last above
written.

My commission expires

H. JACKSON
My Commission Expires 11-8-2006

H. Jackson

Notary Public

BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-831-4000
VALID OCTOBER 1, 2020 THROUGH SEPTEMBER 30, 2021

DBA:
Business Name: FAROVI SHIPPING CORPORATION

Receipt #: 379-234951
Business Type: ALL OTHERS (STEAMSHIP AGENTS)

Owner Name: JORGE P ROVIROSA
Business Location: 2541 SW 27 AVE
MIAMI DADE COUNTY
Business Phone: 305-373-4765 EXT 404

Business Opened: 07/27/2010
State/County/Cert/Reg:
Exemption Code:

Rooms Seats Employees Machines Professionals

For Vending Business Only						
Number of Machines:				Vending Type:		
Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid
45.00	4.50	0.00	0.00	0.00	0.00	49.50

THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

THIS BECOMES A TAX RECEIPT

WHEN VALIDATED

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

Mailing Address:

FAROVI SHIPPING CORPORATION
2541 SW 27 AVE
MIAMI, FL 33133

Receipt # WWW-19-00212849
Paid 09/18/2020 4.50

2020 - 2021

BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

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Rooms Seats Employees Machines Professionals

For Vending Business Only						
Number of Machines:				Vending Type:		
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Receipt # WWW-19-00212849
Paid 09/18/2020 4.50

20. DRUG AND ALCOHOL FREE WORKPLACE

DRUG AND ALCOHOL FREE WORKPLACE

20.1 PURPOSE

FLORIDA STEVEDORING INC. & PORT EVERGLADES TERMINAL LLC recognizes the problems which drug abuse have created in the Maritime Industry and the need to develop drug abuse prevention programs. Accordingly, in order to enhance the safety of the workplace and to maintain a drug-free environment, **FLORIDA STEVEDORING INC. & PORT EVERGLADES TERMINAL LLC** has amended its Drug and Alcohol Prevention Program to comply with Federal Regulations Part IV, Department of Transportation, Research and Special Programs administration, 49 CFR Part 199, "Control of Drug Use in Natural Gas, Liquefied Natural Gas, and Hazardous Liquid Pipeline Operations.

20.2 SCOPE

This revised Drug and Alcohol Prevention Program is effective on February 1, 2008. The provisions of this Drug and Alcohol Prevention Program are applicable to all employees of **FLORIDA STEVEDORING INC. & PORT EVERGLADES TERMINAL LLC**.

Implementation and continued enforcement of the Drug and Alcohol Prevention Program is subject to appropriate local, state, and federal laws as well as any collective bargaining agreements, and customer requirements.

20.3 GENERAL PROVISIONS

It is the intent of **FLORIDA STEVEDORING INC. & PORT EVERGLADES TERMINAL LLC** to provide a drug free working environment by maintaining a strong drug and alcohol prevention program as part of our safety program which ensures that all employees are healthy and fit for work.

20.4 EMPLOYEE ASSISTANCE PROGRAM

The use, possession, transfer or sale of illegal drugs, narcotics, or other unlawful substances is absolutely prohibited and may be considered grounds for termination of employment. When discussed with management, employees experiencing problems prior to being identified through a positive drug test will be referred to SEFEPA when some concern with the ILA staff and to their respective supervisor when same relate to the staff employees.

20.5 REASONABLE SUSPICION

Non ILA employees who exhibit through identification of abnormal job performance or behaviors, which suggest that drug or alcohol abuse may be a factor, may be requested to test for the presence of alcohol or drug test.

20.6 RANDOM TESTING

All Superintendents & ILA employees may undergo unannounced drug testing based on SEFEPA supervised drug testing programs

Please review addendum #1 attached

20.7 POST ACCIDENT TESTING

Post Accident Testing shall involve any employee in an accident or contributing to an accident as defined in this policy.

20.8 ALCOHOL

Being under the influence of alcohol by any employee while performing company business is prohibited to the extent that such use or influence may affect the safety of co-workers or members of the public, the employee's job performance, or the safe or efficient operation of the company facility.

20.9 LEGAL DRUGS

Except as provided below, the use or being under the influence of any legally obtained drug by any employee while performing company business is prohibited to the extent such use or influence may affect the safety of co-workers or members of the public, the employee's job performance, or the safe or efficient operation of the company equipment.

An employee may continue to work, even though under the influence of a legal drug if management has determined, after consulting with the Medical Department and Employee Relations, that the employee does not pose a threat to his or her own safety or the safety of their co-workers and that the employee's job performance is not significantly affected by the legal drug. Otherwise, the employee may be required to take a leave of absence or comply with other appropriate action determined by Management.

20.10 ILLEGAL DRUGS

The use, sale, purchase, transfer or possession of an illegal drug by an employee while at the company or while performing company business is prohibited. The presence in detectable amount of any illegal drug in an employee while performing company business or while in a customer or company facility is prohibited.

20.11 DISCIPLINARY ACTION

Violation of the Policy can result in disciplinary action, up to and including suspension and or termination, even for the first offense.

20.12 CUSTOMER OR OWNER REQUIREMENTS

It is understood that FLORIDA STEVEDORING INC. & PORT EVERGLADES TERMINAL LLC. may, under the provisions of the contract, retain the right to search employees and their belongings for drugs, controlled substances, alcohol, or firearms while on the customer's property.

SEARCHES

20.13 SCOPE AND PROCESS

Searches of an employee and their personal property may be conducted when there is Reasonable Suspicion that the employee is impaired from performing his/her job or: in an "Unfit Condition"; and "Incident on duty"; "Post Accident", "Reasonable Suspicion", or when management believes the possession of alcohol or drugs may be occurring in violation of the company policy.

Searches and/or screening of employees and their personal property may otherwise be conducted who contributed to an accident or where there is Reasonable Suspicion to believe that the accident resulted from drug abuse. In addition to paragraphs 1 & 2 and in accordance with 33 CFR part 105.255 (e) (1), (e) (2) (i), (e), (3), (ii), entering the facility is deemed valid consent to screening or inspection and failure to consent or submit to screening or inspection will result in denial or revocation of authorization to enter.

- An employee's consent to a search is required as a condition of employment and the employee's refusal to consent may result in disciplinary action, including termination, even for a first refusal.
- Searches of company facilities and property can be conducted at any time and do not have to be based on Reasonable Suspicion.
- Searches of clothing and personal effects will be conducted under the direct supervision of management accompanied by a witness.

20.14 DISPOSITION OF UNCOOPERATIVE EMPLOYEES

Employees who refuse to cooperate with the search procedures will not be forced to comply, but will be informed that failure to comply will be grounds for removal for the customer's premises. Those employees who refuse the search procedures will not be granted admittance to the facility since they have failed to comply with the basic company policy.

20.15 CONTRACT PERSONNEL

The policy provisions stated in all sections above are applicable to contract personnel. Violation of these provisions or refusal to cooperate with implementation of the policy can result in the company's barring contract personnel from company facilities or participating in company operations. All contract personnel refusing to abide by the company policies will be referred to SEFEPA for further action.

20.16 EMPLOYEE'S REPORTING REQUIREMENTS - LEGAL DRUGS

For certain job positions, an employee's use of a legal drug can pose a significant risk to the safety of the employee or others. Employees who feel or have been informed that the use of a legal drug may present a safety risk are to report such drug use to the Personnel Department or management to determine job related consequences. Supervision that is aware of such a situation is to instruct the employee to report to the Personnel Department or the Management.

20.17 DEFINITIONS

- "Under the influence" means, for the purposes of this policy, that the employee is affected by a drug or alcohol or the combination of a drug and alcohol in any detectable manner. The symptoms of influence are not confined to those consistent with misbehavior, or to obvious impairment of physical or mental ability, such as slurred speech or difficulty in maintaining balance. A determination of influence can be established by a professional opinion, a scientifically valid test and, in some cases such as alcohol, by a layperson's opinion.
- "Legal drug" means any drug; (a) which is not legally obtained, or (b) which is legally obtainable but has not been legally obtained. The term includes prescribed drugs not legally obtained and prescribed drugs not being used for prescribed purposes. It also includes marijuana.

20.18 NOTIFICATION

- When an employee is observed in an "Unfit Condition" such as any of those specified in this policy that requires further investigation, testing, or searches, this "Condition" shall be immediately reported by the employee's supervisor to the supervisor's manager and the Safety Superintendent and or its designate.
- While at the facility, the designated company representative must also be notified.
- Upon notification from the employee's supervisor to the supervisor's manager and/or the Safety Superintendent and or its designate, appropriate action as outlined in this policy is to be taken, i.e., testing of the employee, implementing search procedures, etc.

20.19 UNFIT CONDITION

- All supervisory company personnel will be trained in the recognizing the specific, contemporaneous physical, behavioral, and performance indicators of possible drug or alcohol abuse.
- The decision to test a company employee for alcohol and drugs while on duty will be done by a meeting of the employee's supervisor and at least one other supervisor and the Safety Superintendent and or its designate. While at the facility, the designated company representative must also be notified.
- The search procedure shall be initiated as part of any observation as an integral part of the screening process.
- The employee shall be escorted to a designated "off-site" medical facility for actual screening.
- The employee will be excluded from further work at the facility pending the outcome of the test results.

20.20 INCIDENT ON DUTY

- The decision to test a company employee for alcohol and drugs while on duty will be done by a meeting of the employee's supervisor and at least one other supervisor and the Safety Superintendent and or its designate. While at the facility, the decision to test must be made in conjunction with their designated representative.
- Any company employee refusing to submit to the alcohol and drug test will be immediately suspended from all work responsibilities without pay until all requested tests are completed; for a period not to exceed five (5) working days. If the employee chooses not to submit to the drug and alcohol screen during the initial 24 hour period, the employee may be considered to have voluntarily terminated employment.
- The company employee will be excluded from further work at the facility pending the outcome of the test results.

20.21 REASONABLE SUSPICION TESTING

FLORIDA STEVEDORING INC. & PORT EVERGLADES TERMINAL LLC will drug test an employee for drugs and alcohol when there is Reasonable Suspicion to believe the employee is using a prohibited drug or under the influence of alcohol.

A decision to test will be based on specific contemporaneous physical, behavioral, or performance indicators of probable drug use such as:

- Discovery of an employee in possession of drugs or alcohol while on duty;
- Sudden change in work performance;
- Sudden change in attitude;
- Minor, yet consistent avoidable accidents;
- Observations of extreme behaviors, i.e.;
- Slurred speech;
- Uneven gait;
- Mood swings;
- Violent outbursts of temper.
- Excessive Absenteeism;
- Pattern of consistent tardiness;
- Disappearing/missing from designated work site without the supervisor aware of whereabouts;
- Consistently in areas where employees should not be or has reason to be.

Before an employee is asked to test for Reasonable Suspicion, two of the company's supervisors will substantiate and concur in the decision to request a drug test. One of the two supervisors must have observed the behavior. The two supervisors may concur by telephone.

When a negative test result is received, the employee will be put back to work.

When a confirmed positive test result is received, the employee will be advised in writing of his/her termination of employment. The written notification will include the reason for the termination, the conditions under which rehire could be considered and specific recommendation to seek professional assistance.

Any employee refusing to submit to the alcohol and drug test will be suspended from all work responsibilities without pay until all requested tests are completed; for a period NOT to exceed 24 hours. If the employee chooses not to submit to the drug and alcohol screen during the 24 hour period, the employee may be considered to have voluntarily terminated employment.

See specific requirements of Customer Substance Abuse policies, which will be distributed as appendices to this Drug and Alcohol Prevention Program.

20.22 ACKNOWLEDGEMENT OF DRUG & ALCOHOL PREVENTION PROGRAM

I, _____ the undersigned employee of **FLORIDA STEVEDORING INC. & PORT EVERGLADE TERMINAL LLC.** acknowledge that I have received, read, and understand the Company's Policy and Procedure for responding to drugs and alcohol in the workplace. I have had an opportunity to have any / all aspects of this Policy and Procedure explained to me. I understand that this Policy and Procedure are terms and conditions of my employment. Violation of this Policy or any aspect of the Procedures may result in my termination. I agree to abide by the contents herein described.

_____ EMPLOYEE'S SIGNATURE	_____ DATE
_____ WITNESS'S SIGNATURE	_____ DATE

Enforcement Action Advanced Search

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

Screen ID: 23473



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Florida Hazardous Waste Handler Search Results



Florida Department of Environmental Protection

Hazardous Waste Facilities Search Results

Selection Criteria for This Handler Search:

EPAID: % ; Name: FAROVI SHIPPING CORPORATION% ; Address: % ; City: % ; County: %

For Facility Data Links:

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

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

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

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

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

For a Generator Status History:

click on the **Status**. - **NNOT** 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

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Establishment Search

Reflects inspection data through 09/24/2020

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 ☐ OpenViolation 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

https://www.osha.gov/pls/imis/establishment.html?p_message=2&establishm... 9/29/2020

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

FEDERAL GOVERNMENT

White House
Severe Storm and Flood Recovery Assistance
Disaster Recovery Assistance
DisasterAssistance.gov
USA.gov
No Fear Act Data
U.S. Office of Special Counsel

OCCUPATIONAL SAFETY AND HEALTH

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Disclaimers
Important Website Notices
Plug-Ins Used by DOL
Accessibility Statement

From: [Osorno-Belleme, Angela](#)
To: [HQS-SMB-FOIA](#)
Subject: Freedom of Information Act Request
Date: Tuesday, September 29, 2020 4:35:13 PM
Attachments: [image001.png](#)

Please accept this email as a Freedom of Information Act request for information on any environmental infractions, fines, penalties, and resolutions associated with the following companies:

Farovi Shipping Corporation
2541 S.W. 27th Ave
Miami, FL 33133

Moran Shipping Agencies, Inc.
106 Francis Street
Providence, RI 02903

Master, Owner & Operator c/o Valls Ship Agencies, LP
2550 Eisenhower Blvd, Suite 210
Ft. Lauderdale, FL 33316

USA Maritime Enterprises, Inc.
P.O. Box 22723
Ft. Lauderdale, FL 33335

Christian Bay Shipping Company
dba/ Fillette Green Shipping Services (USA) Corp
3333 W. Kennedy Blvd., Suite 207
Tampa, FL 33609

Rehoboth Terminal LLC
1025 Gateway Blvd Suite 303-107
Boynton Beach, FL 33426

World Petroleum Corp.
P.O. Box 291197
Davie, FL 33329

The period of this request is January 1, 2015 through October 1, 2020.

Your response may include redactions (removal) of Personal Information(5 U.S.C. 552(b)(6) and (b)(7)(c) information.

Thank you.



Angela Osorno Belleme, PMP

Franchise & Business Permit Manager

Broward County Port Everglades Department

1850 Eller Drive, Suite 603

Fort Lauderdale, FL 33316

Ph (954) 468-0112 Fx (954) 468-525-1910

aosornobelleme@broward.org

www.broward.org