



May 19, 2025

Port Everglades Department
Attn: Paula Serpa
1850 Eller Drive, Ste 603
Fort Lauderdale, FL. 33316

SUBJ: Renewal of Steamship Agent Franchise / United Stevedoring of America

Dear Board of Commissioners:

United Stevedoring of America Inc requests the renewal of our Steamship Agent franchise.

Our application and all requested backup documentation is attached behind the application.

Thank you for your consideration.

Sincerely,



Sherif Assal
President

PORT EVERGLADES FRANCHISE APPLICATION

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

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

FRANCHISE TYPE
CHECK ONE



STEAMSHIP AGENT



STEVEDORE



CARGO HANDLER



TUGBOAT & TOWING



VESSEL BUNKERING



VESSEL OILY WASTE REMOVAL



VESSEL SANITARY WASTE WATER REMOVAL



MARINE TERMINAL SECURITY



MARINE TERMINAL SECURITY

FIREARMS CARRYING SECURITY PERSONNEL

NON-FIREARMS CARRYING SECURITY PERSONNEL

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

Applicant's

Name

United Stevedoring of America Inc.

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

Applicant's Business Address 1125 W. 190th ST, Los Angeles (Gardena), CA. 90248

Phone # (954) 464-5433

Number /

Street

City/State/Zip

E-mail address Sherif@UnitedStevedoring.com

Fax #: () N/A

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

Name

Sherif Assol

Title

President

Business Address 1125 W. 190th ST, Los Angeles (Gardena) CA. 90248

Number /

Street

City/State/Zip

Phone # (424) 213-4013

E-mail address Carl@AmericanGuardServices.com

Fax #: () N/A

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

Representative's Name

Representative's Title

Representative's Business Address

Number /

Street

City/State/Zip

Representative's Phone # ()

Representative's E-mail address

@

Representative's Fax # ()

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

Section A

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

Officers:

Title President
First Name Sherif Middle Name M.
Last Name Assa
Business Street Address 1125 W. 190th St
City, State, Zip Code Los Angeles CA 90248
Phone Number (310) 466-8032 Fax Number () N/A
Email Address Sherif@United5terredoring.com

Title VP of Operations
First Name Larry Middle Name _____
Last Name Kratish
Business Street Address 1001 N. America Way Ste 202
City, State, Zip Code Miami FL 33132
Phone Number (954) 448-6253 Fax Number (954) 617-8513
Email Address Kratish13 @ mac.com

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

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

Attach additional sheets if necessary.

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

- Attached -
2

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. - Attached -

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

Section D

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

Section E

1. Has the Applicant acquired another business entity within the last five (5) years?
Yes ___ No 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.

N/A

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.

N/A

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 -

Section G

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

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.

- Larry Kratish has decades of experience with cruise lines in PEV + POM.
- Sherif Assal has 28 yrs experience with multiple cruise lines nationwide, including security and stevedoring.
- See resumes.

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" _____. Stevedoring + Security only

Seaport Miami Number of Years Operating at this Seaport 27

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
Norwegian	
Norwegian Prestige	
Costa	

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>.

- Attached -

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. *Attached -*
2. Has the Applicant or entity acquired by Applicant (discussed in Section E herein) sought relief under any provision of the Federal Bankruptcy Code or under any state insolvency law filed by or against it within the last five (5) year period?
Yes ☐ No ☒
If "Yes," please provide the following information for each bankruptcy or insolvency proceeding:
 - a) Date petition was filed or relief sought
 - b) Title of case and docket number
 - c) Name and address of court or agency
 - d) Nature of judgment or relief
 - e) Date entered
3. Has any receiver, fiscal agent, trustee, reorganization trustee, or similar officer been appointed in the last five (5) year period by a court for the business or property of the Applicant?
Yes ☐ No ☒
If "Yes," please provide the following information for each appointment:
 - a) Name of person appointed
 - b) Date appointed
 - c) Name and address of court
 - d) Reason for appointment
4. Has any receiver, fiscal agent, trustee, reorganization trustee, or similar officer been appointed in the last five (5) year period by a court for any entity, business, or property acquired by the Applicant?
Yes ☐ No ☒
If "Yes," please provide the following information for each appointment:
 - a) Name of person appointed
 - b) Date appointed
 - c) Name and address of court
 - d) Reason for appointment

Section L

- See attached -

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

Name of Reference _____ Nature of Business _____

Contact Name _____ Title _____

Legal Business Street Address _____

City, State, Zip Code _____

Phone Number () _____

(Provide on a separate sheet.)

Section M

1. Security: Pursuant to Port Everglades Tariff 12, Item 960, all Franchisees are required to furnish an Indemnity and Payment Bond or Irrevocable Letter of Credit drawn on a U.S. bank in a format and an amount not less than \$20,000 as required by Broward County Port Everglades Department.

— Broward County is in possession of bond —

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

— NO Equipment Required —

1. Provide a list and description of all equipment currently owned and/or leased by the Applicant and intended to be used by the Applicant for the type of service(s) intended to be performed at Port Everglades including the age, type of equipment and model number.

2. Identify the type of fuel used for each piece of equipment.

3. Indicate which equipment, if any, is to be domiciled at Port Everglades.

4. Will all equipment operators be employees of the Applicant, on the payroll of the Applicant, with wages, taxes, benefits, and insurance paid by the Applicant?

Yes ___ No ___

If "No," please explain in the space provided who will operate the equipment and pay wages, taxes, benefits, and insurance, if the franchise is granted. Use additional sheets if necessary.

Section O

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

— Attached —

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. N/A

Attached.

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.
- Attached -

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.

- Attached -

N/A

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.

N/A

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. Training requirements in 33 CFR 105.210 for marine facilities.
- 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 \$ 11,550.00

Annual Fee

\$ 4,200.00

Cargo Handler

Initial processing fee, assignment fee, or reinstatement fee \$ 11,550.00

Annual Fee

\$ 4,200.00

Steamship Agent

Initial processing fee, assignment fee, or reinstatement fee \$ 4,200.00

Annual Fee

\$ 2,360.00

Tugboat and Towing

Initial processing fee, assignment fee, or reinstatement fee \$ 27,300.00

Annual Fee

By Contract

Vessel Bunkering, Vessel Oily Waste Removal, Vessel Sanitary Waste Water Removal, Marine Terminal Security Service

Initial processing fee, assignment fee, or reinstatement fee \$ 4,200.00

Annual Fee

\$ 2,360.00

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 Development 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 is welcome 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 5-19-2025

Signature name and title - typed or printed

Sherif Assal President

Witness Signature (*Required*)

Carla O'Bannon

Witness name-typed or printed

Carla O'Bannon

Witness Signature (*Required*)

Lyndon De La Cruz

Witness name-typed or printed

Lyndon De La Cruz

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

Name

Carla O'Bannon

Title

Executive Asst.

Address

1125 W. 190th St.

Phone

(424) 213-4013



Sherif Assal

Overview

I have acquired over **23 years experience** in the ownership, management, and operations of multiple service companies, to include security, stevedoring, facilities management, janitorial, PEO, vending.

Main expertise is in working in the maritime / cruise line industry.

Employment

1/1997 – to present

Various Service Companies
Carson, California

Oversee all operations of the corporate office to include Sales, Maritime Operations, Training, Administration, Human Resources, Scheduling, Dispatch, and Finance. Oversee new client business to ensure strong growth. Oversee existing clients to ensure contract requirements are met.

Experience

- ~ Awarded maritime contracts with Cruise Ship Lines to include Royal Caribbean, Carnival, Princess, Norwegian, Disney, Costa, Discovery, and Holland Cruise Lines.
- ~ Awarded contracts with Cruise Ship Terminals to include pier and terminal access, along with parking and traffic control.
- ~ Opened offices in multiple states.
- ~ Owner/operator of Stevedoring company.
- ~ **Managing cruise operations at multiple ports nationwide.**

Licenses & Certificates:

Private Investigator, Patrol and Guard Operator

Professional Affiliations:

Cruise Lines International Association
Maritime Security Council
American Society for Industrial Security

Florida Caribbean Cruise Association
International Cargo Security Council

Education:

- ~ Graduated from Venice High School, CA.
- ~ Completed various courses and seminars in Security, Supervision, Management, Law Enforcement, Seaport Security Antiterrorism Training Program with the Federal Law Enforcement Training Academy, Train-the-Trainer Program, and Security Screener Training.

LAWRENCE KRATISH
19514 South Coquina Way
Weston, FL 33332

Experience

Started in the stevedoring business in 1956 on the "old pier". Fifty+ years experience. Continues to the present day, and has stevedored for Carnival Cruise Lines, Princess Cruise Lines, Seabourn, P&O Cruise Lines, Cunard Line, and Costa Cruise Lines. Experience includes bulk cargo, roll on/roll off, container freight, small coastal freighters and passenger vessels including super luxury liners.

Positions held include Worker, Supervisor, Stevedore, Checker, Tallyman, and President of own corporation.

Licenses

Maintains a license in Miami, Port Everglades, and Port Canaveral for many years.

Education

Graduated Miami Sr. High School in 1968
Graduated Nova University in 1991 with BS in Accounting
Holds license as Real Estate broker in State of Florida
Holds Insurance license in State of Florida.
Holds OSHA training card with 30 hours of course training.

Personal Background

Born in Miami. Raised 3 children who become upstanding citizens, instilling in them the importance of giving back to the community. Very active in community service, donating time and materially. Involved with food drives, benefits, charities. Hands on person always available to lend knowledge and expertise.

Great working relationship with local Unions, and have helped many of their members in time of trouble and need.

Straightforward and honest individual with integrity. I helped Carnival Cruise Line establish themselves in the very beginning on a hand shake with their founder Ted Airson.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: United Stevedoring of America, Inc.

12 AUG 20 AM 10:43

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

70 NW 167th Street
North Miami Beach, FL 33162

(same)

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Longshoremen services

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sherif Assal, President

Name and Title: _____

Address: 70 NW 167 St.
North Miami Beach, FL 33162

Address: _____

Name and Title: Sherif Assal, Secretary

Name and Title: _____

Address: 70 NW 167 St.
North Miami Beach, FL 33162

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: C T Corporation System

Address: 1200 South Pine Island Road
Plantation, Florida 33324

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Sherif Assal

Address: 70 NW 167 St.
North Miami Beach, FL 33162

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

By: Derek Goehry

Required Signature/Registered Agent

8/20/2012
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Signature]
Required Signature/Incorporator

August 17, 2012
Date

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: UNITED STEVEDORING OF AMERICA, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee
☒ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: Sheriff Asaal
Name (Printed or typed)
70 NW 167th Street
Address
North Miami Beach, FL 33162
City, State & Zip
310-466-8032
Daytime Telephone number
sheriffasaal@aol.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

FILED
12 AUG 20 AM 10:43
SECRETARY OF STATE
DIVISION OF CORPORATIONS

vision Corporations
P12000071650
Exhibit 1
Page 19 of 40
Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H12000208597 3)))



H120002085973ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

RECEIVED
12 AUG 20 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
United Stevedoring of America, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

FILES
12 AUG 20 AM 10:42
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

<https://efile.sunbiz.org/scripts/efilcovr.exe>

8/21/12
8/20/2012



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

Detail by Entity Name

Florida Profit Corporation

UNITED STEVEDORING OF AMERICA, INC.

Filing Information

Document Number	P12000071650
FEI/EIN Number	36-4740896
Date Filed	08/20/2012
State	FL
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	11/29/2017
Event Effective Date	NONE

Principal Address

1125 W 190th Street
Gardena, CA 90248

Changed: 04/29/2019

Mailing Address

1125 W 190th Street
Gardena, CA 90248

Changed: 04/29/2019

Registered Agent Name & Address

INCorp SERVICES, INC.
3458 LAKESHORE DRIVE
TALLAHASSEE, FL 32312

Name Changed: 10/02/2014

Address Changed: 03/17/2023

Officer/Director Detail

Name & Address

Title President

Assal, Sherif
1125 W 190th Street
Gardena, CA 90248

Title VP

Assal, Sherine
1125 W 190th Street
Gardena, CA 90248

Title Director

Assal, Sherine
1125 W 190th Street
Gardena, CA 90248

Title Director

Assal, Sheriff
1125 W 190th Street
Gardena, CA 90248

Annual Reports

Report Year	Filed Date
2024	02/23/2024
2024	05/15/2024
2025	04/01/2025

Document Images

04/01/2025 -- ANNUAL REPORT	View image in PDF format
05/15/2024 -- AMENDED ANNUAL REPORT	View image in PDF format
02/23/2024 -- ANNUAL REPORT	View image in PDF format
04/27/2023 -- ANNUAL REPORT	View image in PDF format
04/22/2022 -- ANNUAL REPORT	View image in PDF format
04/20/2021 -- ANNUAL REPORT	View image in PDF format
07/03/2020 -- ANNUAL REPORT	View image in PDF format
04/29/2019 -- ANNUAL REPORT	View image in PDF format
03/12/2018 -- ANNUAL REPORT	View image in PDF format
11/29/2017 -- Amendment	View image in PDF format
04/25/2017 -- ANNUAL REPORT	View image in PDF format
04/25/2016 -- ANNUAL REPORT	View image in PDF format
04/02/2015 -- ANNUAL REPORT	View image in PDF format
10/02/2014 -- Reg. Agent Change	View image in PDF format
04/21/2014 -- ANNUAL REPORT	View image in PDF format
08/01/2013 -- ANNUAL REPORT	View image in PDF format
08/20/2012 -- Domestic Profit	View image in PDF format

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000071650

Entity Name: UNITED STEVEDORING OF AMERICA, INC.

Current Principal Place of Business:

1125 W 190TH STREET
GARDENA, CA 90248

Current Mailing Address:

1125 W 190TH STREET
GARDENA, CA 90248 US

FEI Number: 36-4740896

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INCorp SERVICES, INC.
3458 LAKESHORE DRIVE
TALLAHASSEE, FL 32312 US

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

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name ASSAL, SHERIF
Address 1125 W 190TH STREET
City-State-Zip: GARDENA CA 90248

Title DIRECTOR
Name ASSAL, SHERINE
Address 1125 W 190TH STREET
City-State-Zip: GARDENA CA 90248

Title VP
Name ASSAL, SHERINE
Address 1125 W 190TH STREET
City-State-Zip: GARDENA CA 90248

Title DIRECTOR
Name ASSAL, SHERIFF
Address 1125 W 190TH STREET
City-State-Zip: GARDENA CA 90248

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: SHERINE ASSAL

VP

04/01/2025

Electronic Signature of Signing Officer/Director Detail

Date

Exhibit 1
Page 22 of 40

FILED

Apr 01, 2025

Secretary of State
0285857408CC

B.2

SECTION F HISTORY OF COMPANY

UNITED STEVEDORING OF AMERICA INC.

Since 1956, United Stevedoring of America Inc has remained in Florida, a testament of our vision to continually meet customer's needs and growing with an ever-changing industry that demands innovation and a strong commitment to quality and excellence.

United Stevedoring of America started in the stevedoring business in 1956 on the "old pier". It began as Hallmark Stevedoring Company and continues to the present day with 50+ years experience. We have stevedored for Carnival Cruise Lines, Princess Cruise Lines, Seaborne, P&O Cruise Lines, Cunard Line, and Costa Cruise Lines over the years. Our experience includes bulk cargo, roll on/roll off, container freight, small coastal freighters and passenger vessels including super luxury liners.

USA was formed after the acquisition of Hallmark Stevedore Company and was rebranded and reorganized. USA currently serves over 600 vessel calls per year in South Florida, and customers include Carnival Cruise Lines, Norwegian Cruise Lines and others. While USA has been serving Carnival Cruise Lines since its inception, more recently USA was awarded the stevedoring contract for all Carnival Corporation brands operating from the Port of Miami.

The management team possesses decades of experience in the maritime and stevedoring industry and is extremely well-suited to serve the needs of the cruise lines in the Steamship Agent capacity.



CERTIFICATE OF LIABILITY INSURANCE

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

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

PRODUCER El Dorado Insurance Agency, Inc. El Dorado Sec Svcs Ins Agy 3673 Westcenter Drive Houston TX 77042	CONTACT NAME: Jennifer LeRoy PHONE (A/C, No, Ext): (713) 521-9251 FAX (A/C, No): (713) 521-0125 E-MAIL ADDRESS: jleroy@eldoradoinsurance.com														
INSURED United Stevedoring of America, Inc., 1015 N. America Way Miami FL 33132	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: Beasley Insurance Company</td><td></td></tr><tr><td>INSURER B: National Union Fire Ins Co Pittsburgh I</td><td>19445</td></tr><tr><td>INSURER C: Endurance American Specialty Insurance</td><td>41718</td></tr><tr><td>INSURER D: Travelers</td><td></td></tr><tr><td>INSURER E: Aspen Specialty Insurance Co</td><td>10717</td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Beasley Insurance Company		INSURER B: National Union Fire Ins Co Pittsburgh I	19445	INSURER C: Endurance American Specialty Insurance	41718	INSURER D: Travelers		INSURER E: Aspen Specialty Insurance Co	10717	INSURER F:	
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INSURER D: Travelers															
INSURER E: Aspen Specialty Insurance Co	10717														
INSURER F:															

COVERAGES

CERTIFICATE NUMBER: Certificate (6/25)

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Marine General Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		V32A1F250401	6/11/2025	6/11/2026	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 50,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 5,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 1,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000	MED EXP (Any one person)	\$ 5,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 1,000,000		\$
EACH OCCURRENCE	\$ 1,000,000																				
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GENERAL AGGREGATE	\$ 2,000,000																				
PRODUCTS - COMP/OP AGG	\$ 1,000,000																				
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PROPERTY DAMAGE (Per accident)	\$																				
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D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	6FR13UB-6G47179-1-24 (USL&H Included)	10/28/2024	10/28/2025	<table border="1"><tr><td><input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$ 1,000,000</td></tr></table>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER		E.L. EACH ACCIDENT	\$ 1,000,000	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	E.L. DISEASE - POLICY LIMIT	\$ 1,000,000						
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E.L. EACH ACCIDENT	\$ 1,000,000																				
E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000																				
E.L. DISEASE - POLICY LIMIT	\$ 1,000,000																				
E	Pollution Liability			ERADKFR24	11/27/2024	11/27/2025	<table border="1"><tr><td>Aggregate</td><td>1,000,000</td></tr></table>	Aggregate	1,000,000												
Aggregate	1,000,000																				

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

The General Liability policy includes a blanket automatic additional insured endorsement that provides additional insured status to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status. Longshore coverage is included in the Workers Compensation coverage.

CERTIFICATE HOLDER

portcoi@broward.org

Broward County
1850 Eller Drive
Ft. Lauderdale, FL 33316

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

R.L. Ring, Jr./JL03

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SECTION K - FINANCIALS

UNITED STEVEDORING OF AMERICA INC.

At this time, United Stevedoring does not have audited or reviewed financials, but we would like to keep the Steamship Agent franchise active for future use.

CREDIT REFERENCES

Pacific Premier Bank

4957 Katella Ave.
Los Alamitos, CA. 90720
Lynn Nguyen, Vice President
Direct (714) 763-5164
Fax (714) 484-8630

Innovative Uniform Solutions

(Uniform Vendor)
Leo Tejeda, General Manager
1390 E. Burnett St., Ste F
Signal Hill, CA. 90755
Cell (562) 254-1065
Fax (562) 336-1541
IUniformSolutions@GMail.com

Corporate Benefits Authority

(Corporate Benefits)
Bruce Monteith, President & COO
23123 Ventura Blvd., #210
Woodland Hills, CA.
Ph (609) 977-7925
BMonteith@TheCorporateBenefitsAlliance.com

November 2023

RENEWAL VERIFICATION / CONTINUATION CERTIFICATE

In consideration of premium charged,

Fidelity and Deposit Company of Maryland

hereby continues in force BOND No. 93363888

in the amount of

TWENTY THOUSAND AND 00/100

(dollars)

on behalf of

United Stevedoring of America, Inc.

as Principal, in favor of

Broward County

for the period beginning 3/31/2025

subject to all terms and conditions of said bond.

PROVIDED that the liability of

Fidelity and Deposit Company of Maryland

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

Anniversary Premium Period: 3/31/2025 - 3/31/2026

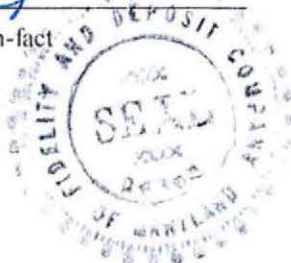
SIGNED AND SEALED THIS 3/07/2025

Fidelity and Deposit Company of Maryland

By:



Denise A. Medlar, Attorney-in-fact



ANDERSON & CATANIA SURETY SERVICES, LLC
256 Chapman Rd, Suite 105
Newark DE 19702
Phone: 302-762-7599
bondrequest@acsurety.com

BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-357-4829

VALID OCTOBER 1, 2024 THROUGH SEPTEMBER 30, 2025

Business Name: UNITED STEVEDORING OF AMERICA INC
Business Type: ALL OTHERS (STEVEDORING SERVICES)

Receipt #: 329-255000

Owner Name: UNITED STEVEDORING OF AMERICA INC
Business Location: 5555 N NOB HILL RD
SUNRISE
Business Phone: 954-448-6253

Business Opened: 10/01/2012
State/County/Cert/Reg:
Exemption Code:

Rooms **Seats** **Employees** **Machines** **Professionals**

2

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

Receipt Fee 33.00
Packing/Processing/Canning Employees 0.00

THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

THIS BECOMES A TAX RECEIPT

WHEN VALIDATED

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

Mailing Address:

UNITED STEVEDORING OF AMERICA INC
1125 W 190TH ST
GARDENA, CA 90248-4303

Receipt # WWW-23-00269103
Paid 07/10/2024 33.00

2024 - 2025

BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-357-4829

VALID OCTOBER 1, 2024 THROUGH SEPTEMBER 30, 2025

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State/County/Cert/Reg:
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Rooms **Seats** **Employees** **Machines** **Professionals**

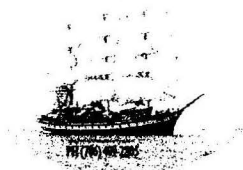
2

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

Receipt # WWW-23-00269103
Paid 07/10/2024 33.00



United Stevedoring of America Injury and Illness Prevention Program (IIPP)



POLICY AND PROCEDURE

DRUG FREE WORKPLACE

Purpose and Goal

United Stevedoring of America, Inc., is committed to protecting the safety, health and well being of all employees and other individuals in our workplace. We recognize that alcohol abuse and drug use pose a significant threat to our goals. We have established a drug-free workplace program that balances our respect for individuals with the need to maintain an alcohol and drug-free environment.

- This policy recognizes that employee involvement with alcohol and other drugs can be very disruptive, adversely affect the quality of work and performance of employees, pose serious health risks to users and others, and have a negative impact on productivity and morale.
- This organization has no intention of interfering with the private lives of its employees unless involvement with alcohol and other drugs off the job affects job performance or public safety.
- As a condition of employment, this organization requires that employees adhere to a strict policy regarding the use and possession of drugs and alcohol.
- This organization encourages employees to voluntarily seek help with drug and alcohol problems.

Covered Workers

Any individual who conducts business for the organization, is applying for a position or is conducting business on the organization's property is covered by our drug-free workplace policy. Our policy includes, but is not limited to executive management, managers, supervisors, full-time employees, part-time employees, off-site employees, contractors and applicants.

Applicability

Our drug-free workplace policy is intended to apply whenever anyone is representing or conducting business for the organization. Therefore, this policy applies during all working hours, whenever conducting business or representing the organization, while on call, paid standby, while on organization property and at company-sponsored events.

Prohibited Behavior

It is a violation of our drug-free workplace policy to use, possess, sell, trade, and/or offer for sale alcohol, illegal drugs or intoxicants.

ISSUED BY
United Stevedoring of America, Inc.

EFFECTIVE DATE
11 Nov 2017

SUPERSEDES
All other policies

PAGE
Page 1 of 4



POLICY AND PROCEDURE

DRUG FREE WORKPLACE

Notification of Convictions

Any employee who is convicted of a criminal drug violation in the workplace must notify the organization in writing within five calendar days of the conviction. The organization will take appropriate action within 30 days of notification. Federal contracting agencies will be notified when appropriate.

Searches

Entering the organization's property constitutes consent to searches and inspections. If an individual is suspected of violating the drug-free workplace policy, he or she may be asked to submit to a search or inspection at any time. Searches can be conducted of lockers, desks and work stations and vehicles and equipment.

Drug Testing

To ensure the accuracy and fairness of our testing program, all testing should be conducted according to DHHS/SAMHSA guidelines where applicable and may include a screening test; a confirmation test; the opportunity for a split sample; review by a Medical Review Officer, including the opportunity for employees who test positive to provide a legitimate medical explanation, such as a physician's prescription, for the positive result; and a documented chain of custody.

All drug-testing information will be maintained in separate confidential records.

Each employee, as a condition of employment, will be required to participate in pre-employment, pre-duty, post-accident, reasonable suspicion, return-to-duty and follow-up testing upon selection or request of management.

The substances that will be tested for are amphetamines, cannabinoids, cocaine, opiates, phencyclidine (PCP) and alcohol.

Testing for the presence of alcohol will be conducted by analysis of breath, saliva and blood. Testing for the presence of the metabolites of drugs will be conducted by the analysis of urine, blood and hair.

Any employee who tests positive will be immediately removed from duty and terminated immediately.

An employee will be subject to the same consequences of a positive test if he/she refuses the screening or the test, adulterates or dilutes the specimen, substitutes the specimen with that from another person or sends an imposter, will not sign the required forms or refuses to cooperate in the testing process in such a way that prevents completion of the test.

ISSUED BY
United Stevedoring of America, Inc.

EFFECTIVE DATE
11 Nov 2017

SUPERSEDES
All other policies

PAGE
Page 2 of 4



POLICY AND PROCEDURE

DRUG FREE WORKPLACE

Consequences

One of the goals of our drug-free workplace program is to encourage employees to voluntarily seek help with alcohol and/or drug problems. If, however, an individual violates the policy, the consequences are serious.

In the case of applicants, if he or she violates the drug-free workplace policy, the offer of employment can be withdrawn. The applicant may not reapply.

If an employee violates the policy, he or she will be terminated from employment.

Assistance

United Stevedoring of America, Inc. recognizes that alcohol and drug abuse and addiction are treatable illnesses. We also realize that early intervention and support improve the success of rehabilitation. To support our employees, our drug-free workplace policy:

- Encourages employees to seek help if they are concerned that they or their family members may have a drug and/or alcohol problem.
- Encourages employees to utilize the services of qualified professionals in the community to assess the seriousness of suspected drug or alcohol problems and identify appropriate sources of help.
- Allows the use of accrued paid leave when provided by the company, while seeking treatment for alcohol and other drug problems.

Treatment for alcoholism and/or other drug use disorders may be covered by the employee benefit plan. However, the ultimate financial responsibility for recommended treatment belongs to the employee.

Confidentiality

All information received by the organization through the drug-free workplace program is confidential communication. Access to this information is limited to those who have a legitimate need to know in compliance with relevant laws and management policies.

Shared Responsibility

A safe and productive drug-free workplace is achieved through cooperation and shared responsibility. Both employees and management have important roles to play.

ISSUED BY
United Stevedoring of America, Inc.

EFFECTIVE DATE
11 Nov 2017

SUPERSEDES
All other policies

PAGE
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POLICY AND PROCEDURE

DRUG FREE WORKPLACE

All employees are required to not report to work or be subject to duty while their ability to perform job duties is impaired due to on or off duty use of alcohol or other drugs.

In addition, employees are encouraged to:

- Be concerned about working in a safe environment.
- Support fellow workers in seeking help.
- Report dangerous behavior to their supervisor.

It is the supervisor's responsibility to:

- Inform employees of the drug-free workplace policy.
- Observe employee performance.
- Investigate reports of dangerous practices.
- Document negative changes and problems in performance.
- Counsel employees as to expected performance improvement.
- Clearly state consequences of policy violations.

Communication

Communicating our drug-free workplace policy to both supervisors and employees is critical to our success. To ensure all employees are aware of their role in supporting our drug-free workplace program:

- All employees will receive a written copy of the policy.
- The policy will be reviewed in orientation sessions with new employees.



The .gov means it's official.

Federal government websites often end in .gov or .mil. Before sharing sensitive information, make sure you're on a federal government site.



The site is secure.

The **https://** ensures that you are connecting to the official website and that any information you provide is encrypted and transmitted securely.



Occupational Safety and Health Administration

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Establishment Search

Reflects inspection data through 05/31/2025

Use our establishment search to locate OSHA enforcement inspections by establishment name. You can also search by a specific inspection number or inspections within a specific industry using NAICS or SIC.

You can now find citation information for violations that Federal OSHA has cited.

For violation and citation results:

- Enter the establishment name in the "Establishment" box and select the "Search" button at the bottom;
- Select the Activity Number (inspection) in the search results;
- If a citation was issued, it will appear under "Violation Items"; and
- Select the "Citation ID" to view the details for that specific citation.

Continue to check back for updates, as citations or violations may be modified during the investigation process.

⚠ Note: Before using our establishment search, please read important information below on how to interpret the results.

Search By:

Your search did not return any results.

Enter an Establishment name, select an OSHA Office, or enter a Site Zip Code.

Establishment

(This field can also be used to search for a State Activity Number for the following states: NC, SC, KY, OR, WA, IN (before April 2022) and AZ (after June 2021))

State

OSHA Office

Site Zip Code

Case Status ☒ All ☐ Closed ☐ Open

Inspection Date

Start Date June 2 2020

End Date June 2 2025

[Search](#) [Reset](#)**Can't find it?**[For Wildcard search, use %](#)[Establishment Search Help](#)[Search Basics and Search Syntax Examples](#)**NOTE TO USERS**

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

The source of the information in the IMIS is the local federal or state office in the geographical area where the activity occurred. Information 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.

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[Search Home](#) » Facilities Search Results

Facilities Search Results

Criteria selected:

Facility Name = United Stevedoring of America, Inc

Searching For = Search all facilities

For additional information, select the hyperlinks under "Data Links" where available.

D - Provides a list of electronic documents associated with the facility.

F - Provides a facility summary report.

P - Provides facility-related permit information.


M - Provides a GIS map focused on the facility.

Q - Provides a contact for user questions and quality control.

Records on this page = 0 of 0

There are no facilities that meet your criteria.

Disclaimer: The Florida Department of Environmental Protection (FDEP) has made a reasonable effort to ensure that the information provided is up-to-date and comprehensive but cannot guarantee the accuracy or completeness of the data. Any specific, missing information may be obtained through a public records request. For more information visit our [Public Records web site](#).

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ENVIROS

Enforcement Action Advanced Search

  **No information was found matching your selection criteria. Please try again.**Enforcement Action Number: House Number: To: Street: (All) (All)
Direction **Street Name** **Street Type Suite**City: (All) Zip: (All) Section: (All) Township: (All) Range: (All) Respondent: United Stevedoring of America, Inc[Help on this page](#)
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UNITED STEVEDORING OF AMERICA

SECTION Q.4. COMMITMENT TO ENVIRONMENT

United Stevedoring of America commits to protecting the environment in all ways possible.

We will properly safeguard equipment fuels, lubricants, etc, following the prescribed procedures implemented by the Port Authority. We will monitor staff for attentiveness to training and supervision received, so as to ensure continuity of environmental prerequisites. Staff will be encouraged to feel free to recommend any suggestions which would further protect the environment at the Port.

SECTION R, PROMOTING/DEVELOPING GROWTH

UNITED STEVEDORING OF AMERICA INC.

As a franchise applicant, United Stevedoring of America intends to actively develop and promote future growth at Port Everglades. As owner, Sherif Assal is known as someone who cannot stand by and be satisfied with status quo. He is constantly seeking ways to develop more business, bring in new customers, hire more employees. Due to working many years in the maritime industry, he already maintains a wealth of business contacts that he can draw from, while constantly making new ones. This will inevitably benefit the Port.