



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Rick Scott
Governor

Jennifer Carroll
Lt. Governor

Herschel T. Vinyard Jr.
Secretary

02/17/2012

Eric Miranda
World Petroleum Corp
3650 SW 47 Avenue
Davie, FL 33314-3901

The Florida Department of Environmental Protection has reviewed your application for registration as a transporter or handler for universal waste lamps and devices destined for recycling. Based on the information received, the facility located at **3650 SW 47th Ave, Davie, FL 33314** has been registered through **March 1, 2013** with the following status:

Facility ID # **FLD980709075**
Transporter of Universal Waste Lamps and Devices
Transfer Facility for Universal Waste Lamps
Transfer Facility for Universal Waste Devices
Small Quantity Handler Facility for Universal Waste Lamps and Devices
(Less than 2,000kg of Lamps (8,000) and/or 100kg of Devices for 1 Year)

The registration form for the year **2013** will be sent to the contact person on your application.

Chapter 62-737, Florida Administrative Code (F.A.C.), (copy enclosed) specifies several other requirements including packaging, training and record keeping for transporters and handlers of and reverse distribution programs for universal waste lamps or devices destined for recycling. These requirements are simple, flexible and make good business and environmental sense (summarized on enclosed fact sheets).

This registration does not allow you to transport or handle universal waste lamps or devices which are destined for landfill or other disposal. The transportation or handling of universal waste lamps or devices destined for disposal is subject to our hazardous waste management regulations under Chapter 62-730, F.A.C.

If any of your facility's information on the Universal Waste Lamp and Device Transporter and Handler Registration Form changes, please notify me at Mail Stop 4555 at the address above. I can also be contacted at (850) 245-8759 or at Laurie.Tenace@dep.state.fl.us.

Sincerely,

Laurie Tenace
Environmental Specialist
Hazardous Waste Management Section

Enclosures



8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

DEP Waste Management Division-HWRS, MS4560
2600 Blair Stone Rd. Tallahassee, FL 32399-2400
(850) 245-8772

Date Received
(for FDEP Official Use Only)

Received

FEB 09 2012

EPA ID **F L D 9 8 0 7 0 9 0 7 5**

MTS

BSHW

**1. Reason for
Submittal**

Mark 'X' in
correct box:

- ☐ To provide **initial notification** (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).
- ☒ To provide **subsequent notification** (to update status and facility identification information).
- ☐ Is this the **final notification** (see instructions) for the facility?

**2. Facility or
Business Name**

World Petroleum Corp

FEID No.

0 4 3 6 8 3 8 7 1

3. Facility Operator
(List additional
Operators in the
comments section).

Name of Operator:

Eric Miranda

☐ New Operator

Date became Operator: 12 / 7 / 2007
mm dd yy

Street or P.O. Box:

3701 SW 47th Ave, Suite 101

Phone Number:

954 327-0724

City or Town:

Davie

State:

FL

Zip Code:

33314

Operator Type: ☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other _____

**4. Facility Physical
Location
Information**

Physical Street Address:

3650 SW 47th Avenue

City or Town:

Davie

State:

FL

Zip Code:

33314

County:

Broward

If available, please attach a map or sketch of the facility boundaries.

Latitude: 2 6 0 4 3 6 3800 Longitude: 8 0 1 2 3 5 5100 Method:
d d m m s s . ssss d d m m s s . ssss Datum:

**5. Facility North American Industry
Classification System (NAICS)
Code(s)**

A.

324191

B.

562910

C.

562119

D.

**6. Facility or
Business Mailing
Address**

Street Address or P.O. Box:

3701 SW 47th Ave, Suite 101

City or Town:

Davie

State:

FL

Zip Code:

33314

**7. Facility or
Business Contact
Person**

First Name:

Eric

Last Name:

Miranda

Title:

President

Phone Number:

954 327-0724

Extension:

E-Mail:

emiranda@wpcorp.net

Street or P.O. Box:

3701 SW 47th Ave, Suite 101

City or Town:

Davie

State:

FL

Zip Code:

33314

**8. Real Property
(Land) Owner
of the Facility's
Physical Location**
(List additional
real property owners
in the comments
section.)

Name of Real Property (Land) Owner:

Eric Miranda

☐ New Owner

Date became Owner: 12 / 07 / 2007
mm dd yy

Street or P.O. Box:

3701 SW 47th Ave, Suite 101

Phone Number:

City or Town:

Davie

State:

FL

Zip Code:

33314

Owner Type: ☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other _____

9. Type of Regulated Waste Activity (Mark 'X' in all that apply):**A. Hazardous Waste Activities:**

For Items 2 through 7, mark 'X' in all that apply.

(1) Generator of Hazardous Waste

(Choose only one of the following three categories.)

- ☐ a. Large Quantity Generator (LQG):
Generates in any calendar month 1,000 kilograms or greater per month (kg/mo) (2,200 lbs.) of *non-acute* hazardous waste; or Greater than 1 kg (2.2 lbs) of *acute* hazardous waste
- ☐ b. Small Quantity Generator (SQG):
Generates in any calendar month greater than 100kg/mo but less than 1,000 kg/mo (>220 to <2,200 lbs.) of *non-acute* hazardous waste and/or 1 kg (2.2 lbs) or less of *acute* hazardous waste
- ☒ c. Conditionally Exempt SQG (CESQG):
Generates in any calendar month 100 kg/mo or less (220 lbs.) of *non-acute* hazardous waste and 1 kg (2.2 lbs) or less of *acute* hazardous waste

In addition, indicate other generator activities that apply.

- ☐ d. United States Importer of hazardous waste
- ☐ e. Mixed Waste (hazardous and radioactive) Generator

(2) Treater, Storer, or Disposer of Hazardous Waste

(at your facility) Note: A hazardous waste permit may be required for this activity.

- ☐ a. Operating Commercial TSD
- ☐ b. Operating Non-commercial TSD
- ☐ c. Non-operating: Postclosure or Corrective Action Permit or Consent Order (HSWA, etc.)

(3) Recycler of Hazardous Waste (at your facility)Specify: ☐ Commercial; ☐ Non-Commercial.
A permit is required for storage prior to recycling.**(4) Exempt Boiler and/or Industrial Furnace**

- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption

(5) Person Authorized to Manage Conditionally Exempt Waste Generated at Other Facilities - Choose this management activity ONLY if you attach EITHER a copy of your application for such authorization OR the authorization you received from FDEP.**(6) Underground Injection Control - Mark an 'X' even if the UIC well at your facility does not receive hazardous waste.****(7) ☒ Transporter of Hazardous Waste [Note: A Certificate of Liability Insurance is required along with this registration.]**Registration must be renewed annually. ☐ a. For own waste only ☒ b. For commercial purposes**c. Hazardous Waste Transporter Insurance Information**

Insurance Company Great Divide Insurance Company

Address 2201 Cantu Court, Suite #102
Sarasota, Florida 34232

Contact Chris Kerr Telephone 800 410-1511

Policy Number BAP153172710 Expiration date 07-07-2012

d. Transportation Mode ☐ Air ☐ Rail ☒ Highway ☐ Water ☐ Other - specify _____e. ☐ Hazardous Waste Transfer Facility: Storage Volume _____☐ Initial notification

The following items are required to be submitted with the initial notification for a transfer facility [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:

- ☐ Certification by a responsible corporate officer of the transporter that the proposed location satisfies the criteria of Section 403.7211(2), Florida Statutes (F.S.) [Rule 62-730.171(3)(a)1., F.A.C.]
- ☐ Evidence of the transporter's financial responsibility [Rule 62-730.171(3)(a)3., F.A.C.]
- ☐ A brief general description of the transfer facility operations [Rule 62-730.171(3)(a)4., F.A.C.]
- ☐ A copy of the facility closure plan [Rule 62-730.171(3)(a)5., F.A.C.]
- ☐ A copy of the contingency and emergency plan [Rule 62-730.171(3)(a)6., F.A.C.]
- ☐ A map or maps of the transfer facility [Rule 62-730.171(3)(a)7., F.A.C.]
- ☒ Notification of changes in above items
- ☒ Annual update notification

B. Universal Waste (UW) Activities (Mark 'X' in all that apply) ("accumulated" means at any one time):

- ☐ Large Quantity Handler (LQH) = 5,000 kg (11,000 lb) or more of any combination of UW accumulated
- ☒ Small Quantity Handler (SQH) = always less than 5,000 kg accumulated
- ☐ Mercury-containing devices LQH = 100 kg (220 lb) or more accumulated by for-hire handler
- ☒ Mercury-containing devices SQH = less than 100 kg accumulated by for-hire handler
- ☐ Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler
- ☒ Mercury-containing lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler
- [Note: 4 lamps = 1 kg, 62-737.200(10)]
- ☐ Pharmaceuticals LQH = 5,000 kg or more of universal pharmaceutical waste (UPW) accumulated
- ☐ Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste accumulated
- ☒ Pharmaceuticals SQH = always less than 5,000 kg of UPW and always 1 kg or less of acutely hazardous UPW accumulated

(1) For those Managing	Generate/ Accumulate	Transport (see note in instructions)	Handle at Transfer Facility	(2) Enter your estimate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5,000
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1,000
c. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1,000
d. Mercury Containing Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3,000
e. Mercury Containing Lamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5,000

(3) Mercury Recovery and/or Reclamation Facility ☐ Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, F.A.C.]
[Chapter 62-737, F.A.C.]

(4) Reverse Distributor of UW ☐ Pharmaceuticals ☐ Lamps ☐ Devices ☐

(5) Destination Facility for UW ☐ Note: for this activity, a facility must treat, dispose or recycle a UW. A permit is required for storage prior to recycling.

C. Used Oil Activities:**(1) Used Oil Transporter - indicate type(s) of activity(ies):**

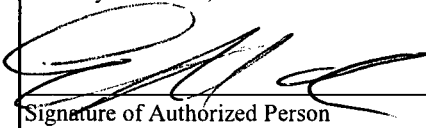
- ☒ a. Transporter
- ☒ b. Transfer Facility

(2) ☐ Collection Center**(3) ☒ Used Oil Processor (A permit is required for this activity.)****(4) ☐ Off-Specification Used Oil Burner****(5) ☒ Used Oil Fuel Marketer****(6) Used Oil Filter**

- ☒ a. Transporter
- ☒ b. Transfer Facility
- ☒ c. Processor
- ☐ d. End User

(8) Specific Certification to be signed by all Used Oil Transporters

I certify as a Used Oil Transporter that the training program and financial responsibility required under Section 62-710.600, F.A.C., are in place, current and being adhered to. If any modifications have been made to the originally approved training program, they are explained in attachments to this registration form. Evidence of financial responsibility is demonstrated by the attached Used Oil Transporter Certificate of Liability Insurance, DEP form 62-710.901(4), F.A.C.


Signature of Authorized Person

Eric Miranda

Print Name of Authorized Person

(7) Used Oil Transporters, Transfer Facilities, Collection Centers, Off-Specification Burners and Marketers must pay an annual \$100 registration fee. Used Oil Processors are exempt from this fee. If applicable, enclose a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection.

☒ A check is enclosed.

(9) The records required under the provisions of Rule 62-710.510, F.A.C., are kept at (check one):

- ☒ our mailing (business) address
- ☐ The site (facility) address

EPA ID No.

FLD980709075

D. Other State Regulated Waste Activities:☒ **Petroleum Contact Water (PCW) Handler** [Chapter 62-740, F.A.C.]

Note: A water facility permit may be required for this activity.

10. Waste Codes for Federally Regulated Hazardous Wastes: List the waste codes of the Federal hazardous wastes handled at your facility. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112).

Hazardous waste transporters list codes routinely or usually transported. Use an additional page if more spaces are needed.

1	D001	2	D002	3	D011	4	F001	5	F003	6	F005	7	
8		9		10		11		12		13		14	
15		16		17		18		19		20		21	
22		23		24		25		26		27		28	

11. Other Status Changes (Mark 'X' in all that apply):**A. Non-Handler of Regulated Waste at This Facility**

- ☐ (1) Business no longer generates, transports, treats, stores, or disposes of hazardous waste
- ☐ (2) Waste generated by business has been delisted.
- ☐ (3) Other (explain) _____

B. Facility Closed

- ☐ (1) Closed at this location and **moved or moving** to another - submit a new Form 8700-12FL for the new location if you will be handling regulated waste there.
- ☐ (2) Out of Business - Business closed on _____ (Date). Please provide a contact person, mailing address, and phone number where you can be reached after closing.

Contact _____ Phone _____

Address _____

City, State, Zip _____

☐ **C. Property Tax Default**☐ **D. Petition for Bankruptcy Protection**

12. Certification: I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. If I have notified as a transfer facility, I am aware that transfer facilities must comply with the requirements of Rule 62-730.171, FAC, and Rule 62-730.182, FAC.

Signature of owner, operator, or an authorized representative

Print Name and Title

Date Signed
(mm-dd-yyyy)

Eric Miranda (President)

02/03/2012

If the person who filled in this form is not the Facility Contact or Operator, please complete the information below:

(Name of person completing this form)

(Phone Number)

(E-mail Address)

13. Comments:

Are your services commercially available? Yes _____

Received

FEB 09 2012

BSHW

STATE OF FLORIDA

HAZARDOUS WASTE TRANSPORTER STATUS FORM

1. Transporter Identification:

Transporter Name: World Petroleum Corp

Transporter EPA ID: FLD 980 709 075

Location Address: 3650 SW 47th Avenue

Davie, Florida 33314

Contact: Eric Miranda

Telephone: (954) 327-0724

Mailing Address: 3701 SW 47th Ave, Suite 101

Davie, FL 33314

II. Insurance Information:

Insurance Company: Great Divide Insurance Company

Address: 2201 Cantu Court, Suite #102

Sarasota, FL 34232

Contact: Chris Kerr

Telephone: 800 410-1

Policy Number: BAP153172710

Expiration date: Jul 7, 2012

III. Waste Information:

EPA Waste Codes for Waste Routinely or Usually Transported:

D001 D002 D011 F001 F003 F005 _____

Comments: _____

IV. Certification:

I certify under penalty of law that the above information is true, correct, and complete to the best of my knowledge.

Eric Miranda

President

Print/Type Name

Title

[Signature]

2/6/12

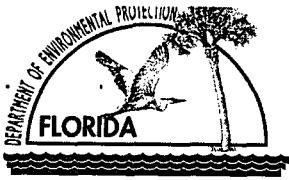
Signature

Date Signed

V. The transporter identified above is in compliance with the financial responsibility requirements for hazardous waste transporters pursuant to Chapter 62-730.170, Florida Administrative Code. The forms submitted by the transporter show compliance with the financial responsibility through _____

Date

Signature of Florida Department of Environmental Protection Representative Date Signed



Received

FEB 09 2012

BSHW

Certificate of Liability Insurance Used Oil Transporters

Please Print or Type Form

1. Great Divide Insurance Company, (the Insurer), 2201 Cantu Court, Suite #102, Sarasota, FL 34232
(Name of the Insurer) (Address of the Insurer)

hereby certifies that it has issued liability insurance to: World Petroleum Corp (the Insured),
(Name of the Insured)

3650 SW 47th Ave, Davie, FL 33314 whose EPA Identification number is FLD 9807 09075
(Address of the Insured)

This insurance complies with the insured's obligation to demonstrate the financial responsibility required by Florida

Administrative Code Rule 62-710.600(2)(e). [See page 2 on the back side of this Form]

The insurance is primary and the company shall be liable for amounts up to \$1,000,000 less the deductible or retention of \$1,000 for each accident exclusive of legal defense costs. If a deductible or retention is applied, its amount may not exceed 10% of the equity of the Insured.

This coverage is provided under policy number BAP153172710, issued on Jul 7, 2011
(Date)

The expiration date of said policy is Jul 7, 2012 or the annual renewal date is _____
(Date) (Date)

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:

- Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under this policy.
- The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the Insured for any such payment made by the Insurer.
- Whenever requested by the Secretary (or designee) of the Florida Department of Environmental Protection (FDEP), the Insurer agrees to furnish to the Department a signed duplicate original of the policy and all endorsements.
- Cancellation of the insurance, whether by the Insurer or the Insured or by any other termination of the insurance (e.g. expiration or non-renewal), will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Secretary of the FDEP as evidenced by certified mail return receipt.
- The Insurer shall not be liable for the payment of any judgment or judgments against the insured for claims resulting from accidents which occur after the termination of the insurance described herein, but such termination shall not affect the liability of the Insurer for the payment of any such judgments resulting from accidents which occur during the time the policy is in effect.

I hereby certify that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more States, including Florida.

(Signature of Insurer or Authorized Representative)

Authorized Representative of

(Type Name)

(Name of Insurer)

(Title)

(Address of Representative)

Received

FEB 09 2012

BSHW

STATE OF FLORIDA
HAZARDOUS WASTE TRANSPORTER CERTIFICATE OF LIABILITY
INSURANCE

1. Great Divide Insurance Company
(Name of Insurer)

(the "Insurer"), of 2201 Cantu Court, Suite #102, Sarasota, FL 34232
(Address of Insurer)

hereby certifies that it has issued liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences to

World Petroleum Corp
(Name of Insured)

(the "Insured"), of 3701 SW 47th Ave, Suite #101, Davie, FL 33314
(Address of Insured)

in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-730.170. The coverage applies at:

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Location</u>
FLD980709075	World Petroleum Corp	3650 SW 47th Ave, Davie, FL

(If coverage is for multiple facilities, identify each facility insured.)

This insurance is primary and the company shall not be liable for amounts in excess of \$1,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number BAP153172710, issued on 7/7/2011.

(date)
The effective date of said policy is 7/7/2011 and the expiration date of said policy
(date)
is 7/7/2012.
(date)


This insurance is excess and the company shall not be liable for amounts in excess of \$ 5,000,000 for each accident in excess of the underlying limit of \$ 1,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number FFXX153172810, issued on 7/7/2011. The effective date of
(date)
said policy is 7/7/2011 and the expiration date of said policy is 7/7/2012.
(date) (date)

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:

(a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy.

- (b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer.
- (c) Whenever requested by the Secretary (or designee) of the Florida Department of Environmental Protection (FDEP), the Insurer agrees to furnish to the Department a signed duplicate original of the policy and all endorsements.
- (d) Cancellation of the insurance, whether by the Insurer or the Insured and any other termination of the insurance (e.g., expiration, non-renewal), will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Secretary of the FDEP as evidenced by certified mail return receipt.
- (e) The Insurer shall not be liable for the payment of any judgment or judgments against the Insured for claims resulting from accidents which occur after the termination of the insurance described herein, but such termination shall not affect the liability of the Insurer for the payment of any such judgment or judgments resulting from accidents which occur during the time the policy is in effect.

I hereby certify that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one of more States including Florida.



(Signature of Authorized Representative of Insurer)

Justin Failoni

(Typed name)

Agent

(Title)

Authorized Representative of

Great Divide Insurance Company

(Name of Insurer)

2201 Cantu Court, Suite #102, Sarasota, FL 34232

(Address of Representative)



WORLPET-01

SSIMEON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/1/2012

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
Collinsworth, Alter, Fowler & French, LLC
8000 Governors Square Blvd
Suite 301
Miami Lakes, FL 33016

Received**FEB 09 2012****CONTACT****NAME:****PHONE**
(A/C, No, Ext): (305) 822-7800**FAX**
(A/C, No): (305) 362-2443**E-MAIL****ADDRESS:****INSURER(S) AFFORDING COVERAGE****NAIC #****INSURER A:** Nautilus Ins Co**INSURER B:** Great Divide Ins Co**INSURER C:** Ins Co State of Pennsylvania**INSURER D:****INSURER E:****INSURER F:****INSURED**

World Petroleum Corp.
3701 SW 47th Ave
Suite 101
Davie, FL 33314

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X	X	GLP200307600	7/7/2011	7/7/2012	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
B	AUTOMOBILE LIABILITY	X	X	BAP153172710	7/7/2011	7/7/2012	PRODUCTS - COMP/OP AGG \$ 2,000,000
	ANY AUTO						
	ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> MCS-90 & CA9948 Endt <input checked="" type="checkbox"/> Trailer Intrchg-ACV						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR						BODILY INJURY (Per accident) \$
A	<input checked="" type="checkbox"/> EXCESS LIAB			FFX153172810	7/7/2011	7/7/2012	PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> CLAIMS-MADE						
	DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ 5,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A	X	WC005226924	1/1/2012	1/1/2013	AGGREGATE \$ 5,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N						
	If yes, describe under DESCRIPTION OF OPERATIONS below						
A	Pollution Liability			SSP153172910	7/7/2011	7/7/2012	Limit of Liability \$ 1,000,000
A				SSP153172910	7/7/2011	7/7/2012	Retention \$ 25,000

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

Certificate Holder Only Loc#1: 3701 SW 47th Ave, #101, Davie, FL 33314 Loc#2: 3650 SW 47th Ave., Davie, FL 33314

State of Florida is named as additional insured with respect to general liability.

CERTIFICATE HOLDER**CANCELLATION**

The Department of Environmental Protection
PO Box 3070
Tallahassee, FL 32315-3070

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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Department of Environmental Protection

FDEP, MS 4560, 2600 Blair Stone Road Tallahassee, Florida 32399-2200

DEP Form #62-710.901(3)
Form Title Annual Report by Used Oil
and Used Oil Filter Handlers
Effective Date June 9, 2005

Received
FEB 09 2012

Annual Report by Used Oil and Used Oil Filter Handlers*

(*Handlers are any persons subject to the registration requirements of rule 62-710.500 and 62-710.850, F.A.C. [See Section A, Box 5 below])
for reporting period January 1, 2011 through December 31, 2011

Use the information recorded in your Record Keeping Form [62-710.901(2)] or equivalent to complete this document

SECTION A TO BE COMPLETED BY ALL REGISTERED PERSONS

1. Company Name: World Petroleum Corp 2. Telephone No. (954) 327-0724
- Site Address: 3650 SW 47th Ave
- Davie, Florida 33314 3. EPA ID No. FLD 98070 9075
- ☐ Check box if any of the above items (1-3) have changed since your last registration
4. Name of person preparing report (please print) Philip Pierre-Louis
- Title General Manager Phone number (if different from #2, above) (954) 327-0724
5. Type of operation (check as many as apply to your operations)
- Used Oil: ☒ Transporter ☒ Transfer Facility ☐ Collection Center/Aggregation Point ☒ Processor ☒ Marketer
- ☐ Burner (of off-specification used oil)
- Used Oil Filter: ☒ Transporter ☐ Transfer Facility ☒ Processor ☐ End User

SECTION B USED OIL (TO BE COMPLETED BY ALL REGISTERED USED OIL HANDLERS. USED OIL FILTER HANDLERS SEE SECTION C)

	Automotive	Industrial	Mixed	Total
1. Amount (in gallons) of Used Oil and Oily Wastes collected	2,257,707	0	0	2,257,707
a. In Florida.....	0	0	0	0
b. From out of state.....				
c. Beginning Inventory.....				40,000
d. Total (sum of totals from Lines a + b + c).....				2,297,707

	In State	Out of State
2. Amount (in gallons) of Used Oil and Oily Wastes Managed		
N - Not an end use, transferred to another facility for storage or processing.....	0	0
O - Marketed as an on-specification used oil fuel.....	1,438,494	0
F - Marketed as an off-specification used oil fuel.....	0	0
I - Marketed for an industrial process.....	0	0
B - Burned as an off-specification used oil fuel	0	0
D - Disposed of		
Landfilled.....	0	0
Treated at a wastewater treatment unit.....	819,213	0
Incinerated.....	0	0
3. Total amount (in gallons) of used oil managed.....	2,257,707	0
4. End of year, on hand estimate (Difference between Lines 1D and Line 3).....	40,000	0

SECTION C USED OIL FILTERS (OPTIONAL) (USE TABLE BELOW FOR CONVERSIONS)

CHECK COLUMN IF OUT OF STATE ↓

1. Number of filters on hand from previous year.....
2. Number of used oil filters collected.....
3. Total number of used oil filters to manage (1 plus 2).....
4. Disposition of used oil filters collected:
 - a. Transferred to another registered facility.....
 - b. Burned for energy recovery at a Waste-To-Energy facility.....
 - c. Transferred directly to a metal foundry for recycling.....
 - d. TOTAL.....
5. End of year, on had estimate (Difference between Lines 3 and Line 4d).....
6. Gallons of used oil collected as a result of filter processing.....
7. Gallons of used oil transferred to a used oil handler (transporter or processor).....
8. Volume of oily waste collected and managed as a result of filter processing.....
9. Description of oily waste management..... Metal recycled & oil processed

6,000	
1,273,250	
1,279,250	
0	
0	
1,270,750	
1,270,750	
2,500	
25,585	
25,585	
60 cubic yard	

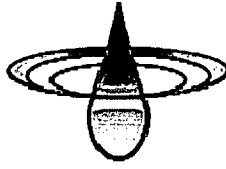
DIRECTIONS FOR SECTION C

Conversion Table

One 55 -gallon drum of crushed used oil filters = approximately 400 used oil filters
One 55 gallon drum of uncrushed used oil filters = approximately 250 used oil filters
One ton of drained used oil filters = approximately 2,350 used oil filters

1. Enter the number of Used Oil Filters on hand, from previous year's inventory.
2. Enter the number of Used Oil Filters collected.
3. Enter the sum of Line 1 + Line 2.
4. Enter the number of filters managed by your facility in blocks 4a-c. Enter the sum of 4a-c in block 4d.
5. Enter the number of filters on hand at your site as of December 31, last year.
6. Fill in the number of gallons of used oil collected by your filter operation.
7. Enter the number of gallons transferred to a used oil transporter or processor.
8. List the volume (gallons or cubic yards) of the oily wastes collected through your filter handling. Oily wastes are identified in Chapter 62-710.201(1) of the Florida Administrative Code and include bottom sludges, sorbents, wipes etc.
9. Describe how oily wastes were managed (sent to a WTE, hazardous waste facility, landfilled after appropriate testing, etc.).

Any questions concerning this form may be referred to the Used Oil Coordinator, MS 4560, Department of Environmental Protection 2600 Blair Stone Road, Tallahassee, FL 32399-2400, Phone (850) 245-8755, email: aprilia.graves@dep.state.fl.us,



WORLD PETROLEUM CORPORATION

Petroleum Recovery, Used Oil & Environmental Services

Received

FEB 09 2012

BSHW

February 2, 2012

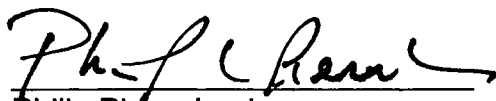
DEP Waste Management Division-HWRS, MS4560
2600 Blair Stone Road
Tallahassee, FL 32399-2400

RE: WORLD PETROLEUM CORP FLD980709075

Ms. Aprilia Graves,

World Petroleum Use Oil Transporter training program is still operating and it is being adhered to, there have been no changes to the manual.

Please feel free to call me at the number listed below.


Philip Pierre-Louis
World Petroleum Corp