



**FLORIDA DEPARTMENT OF  
ENVIRONMENTAL PROTECTION**

BOB MARTINEZ CENTER  
2600 BLAIRSTONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

RICK SCOTT  
GOVERNOR

CARLOS LOPEZ-CANTERA  
LT. GOVERNOR

HERSCHEL T. VINYARD JR.  
SECRETARY

02/28/2014

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, 2015** 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 **2015** 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 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.

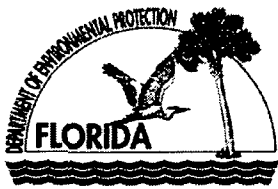
If any of your facility's information on the Universal Waste Lamp and Device Transporter and Handler Registration Form changes, please notify by sending an updated form 8700-12FL (Florida Notification of Regulated Waste Activity) to the address on the form which can be found at <http://www.dep.state.fl.us/waste/categories/mercury/pages/registration.htm>. I can also be contacted at (850) 245-8759 or at [Laurie.Tenace@dep.state.fl.us](mailto:Laurie.Tenace@dep.state.fl.us).

Sincerely,

A handwritten signature in blue ink, appearing to read "Laurie Tenace".

Laurie Tenace  
Environmental Specialist  
Waste Reduction 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) 245-8707

Date Received  
 RECEIVED  
 (for FDEP Official Use Only)  
 ENVIRONMENTAL PROTECTION

**FEB 24 2014**

PERMITTING & COMPLIANCE  
 ASSISTANCE PROGRAM

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

Please use the instructions document to complete this form.

**1. Reason for Submittal**  
 (all submitters must complete pages 1 and 2 and sign page 5. Pages 3 and 4, - complete as applicable)

Mark 'X' in the correct box:  
 To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, used oil activities, or PCW activities).  
 To provide subsequent notification (to update status and facility identification information).  
 To provide the final notification (closing) for the facility. (see instructions—must complete pages 1,2,5)  
 FL Registration(s)  UW Mercury (see page 3)  HW Transporter (see page 4)  Used Oil (see page 4)

**2. Facility or Business Name**

**World Petroleum Corp**

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

Name of Operator: **Eric Miranda** Date became Operator: 12 / 07 / 2007  
 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** Country (if not USA):  
 Operator Type:  Private  Federal  Municipal  State  County  Other

**4. Facility Physical Location Information**  
 (No P.O. Boxes)

Physical Street Address: **3650 SW 47th Ave**  Vessel  
 City or Town: **Davie** State: **FL** Zip Code: **33314**  
 Same address as #3 above or: County: **Broward** Country (if not USA):

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

A. **324191** (required) B. **562910**  
 C. **562119** D.

**6. Facility or Business Mailing Address**

Same address as #3 above or: Street or P.O. Box:  
 City or Town: State: Zip/Postal Code: Country (if not USA):

**7. Facility or Business RCRA Contact Person**

First Name: **Eric** Last Name: **Miranda** Title: **President**  
 Phone Number: **954 327-0724** Extension: E-Mail: **emiranda@wpcorp.net** Fax: **954 327-0755**  
 Street or P.O. Box:

Same address as #3 above or:

City or Town: State: Zip Code: Country (if not USA):

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

Name of Owner: **Eric Miranda** Date became Owner: 12 / 07 / 2007  
 New Owner mm dd yy  
 Street or P.O. Box: Phone Number:  
 City or Town: State: Zip Code: Country (if not USA):  
 Owner Type:  Private  Federal  Municipal  State  County  Other

**9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):**

**(A) (1) Generator of Hazardous Waste**

Yes  No (Do not include Universal Waste or Used Oil)

If YES, 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 (at least once a year)

**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 (at least once a year)

**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. Short-Term Generator (one-time, not on-going)
- e. Episodic: Not more than one-time per year: \_\_SQG\_\_LQG
- f. United States Importer of hazardous waste
- g. Mixed Waste (hazardous and radioactive) Generator

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

**(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 Order (HSWA, etc.)

**(3)  Recycler of Hazardous Waste (at your facility)**  
Specify:  Commercial  Non-Commercial.  
Note: 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)  Receives Hazardous Waste from Off-Site**

**(7)  Underground Injection Control**

**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, K019, P012, U112). Hazardous waste transporters list codes routinely or usually transported. Use comments or an additional page if more spaces are needed.

<sup>1</sup> D001	<sup>2</sup> D002	<sup>3</sup> D011	<sup>4</sup> F001	<sup>5</sup> F003	<sup>6</sup> F005	<sup>7</sup>
<sup>8</sup>	<sup>9</sup>	<sup>10</sup>	<sup>11</sup>	<sup>12</sup>	<sup>13</sup>	<sup>14</sup>
<sup>15</sup>	<sup>16</sup>	<sup>17</sup>	<sup>18</sup>	<sup>19</sup>	<sup>20</sup>	<sup>21</sup>

**11. Other Status Changes (If no longer handling waste or closed, sections 9 and 10 should be blank and skip Section 12-16):**

**(A) Non-Handler of Regulated Waste at This Facility (Sections 9, 10 and 12-16 should be blank.)**

(1) Business no longer generates, transports, treats, stores, disposes of, or otherwise handles any regulated waste.

**(B) Facility Closed (Complete this section only if all business activities at this facility have ceased.)**

(1) Closed at this location and moved or moving to another - Submit a new Form 8700-12FL for the new location if you will

(2) Out of Business - Business closed on \_\_\_\_\_ (date)

**(C) Property Tax Default**

**(D) Petition for Bankruptcy Protection**

**12-14 — Registration Activities Contact Information (only if this submission is a registration or registration information update):**

<input checked="" type="checkbox"/> Same as Facility RCRA Contact on page 1 or enter:  Contact for: <input type="checkbox"/> HW Transporter <input type="checkbox"/> Used Oil Handler <input type="checkbox"/> Universal Waste	First Name: <b>Eric</b>	Last Name: <b>Miranda</b>	Title: <b>President</b>
	Phone Number: <b>954 327-0724</b>	Extension:	E-Mail: <b>emiranda@wpcorp.net</b>
	Street or P.O. Box: <b>3701 SW 47th Ave, Suite 101</b>		
	City or Town: <b>Davie</b>	State:(Country): <b>FL</b>	Zip Code: <b>33314</b>

**12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply) :**

**A. Federal Notification**

- Federally Defined Large Quantity Handler (LQH) = Generate/Accumulate: 5,000 kg (11,000 lb) or more of any combination of UW accumulated (at any one time)**
- Accumulates:  a. UW Batteries       b. Pesticides       c. Pharmaceuticals
- d. Mercury Containing Devices       e. Mercury Containing Lamps
- 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.

**B. Florida Universal Pharmaceutical Waste (UPW): one-time registration**

- Pharmaceuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time)**
- Pharmaceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW) accumulated**
- Reverse Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of Health [DOH])**

**C. Florida Annual Mercury Handler Registration:**

**For-hire transporters, transfer facilities, handlers, reclamation and recovery facilities of Mercury-Containing Lamps and Devices operating in the State of Florida are required to register annually with the Department using this section of the form [Chapter 62-737, F.A.C.]. A one-time fee of \$1,000 is required for first time registration as a Large Quantity for-hire Handler of Mercury-Containing Lamps and Devices as detailed in 62-737.400(3)(a)3. (please contact FDEP first).**

**If you only generate lamps and/or devices or manage pharmaceuticals, do not register or complete the information below.**

**(1) This form is being submitted as a Florida Registration of Universal Waste Transporter/Handler for-hire Activities**

- First time registering       **Renewal**       One-time \$1,000 fee for Mercury for-hire first time LQH registration is attached

- For-hire Transporter** of Universal Waste Mercury-Containing Lamps or Devices
- For-hire Transfer Facility** of Universal Waste Mercury-Containing Lamps or Devices
- Mercury-Containing Devices (thermostats, etc) SQH = less than 100 kg accumulated by for-hire handler**
- Mercury-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler**

Annual  
Registration  
Required

- Mercury-Containing Devices LQH = 100 kg (220 lb) or more accumulated at any one time by for-hire handler**
- Mercury-Containing Lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler**

Annual Registration +  
one-time \$1,000 fee +  
More Requirements  
(contact FDEP)

**(2) Mercury Recovery and/or Reclamation Facility (A hazardous waste permit is required for this activity)**

- First time registering       **Renewal**

Annual Registration  
Required

Briefly Describe your Universal Waste Activities:

We use Drum Top Bulb Crusher(s).

**We pick up light bulbs from County and have disposal facility pickup from our facility.**

**13. Other State Regulated Waste Activities: Petroleum Contact Water (PCW)  Recovery  Transport [62-740 F.A.C.]**

Note: A water facility permit may be required for this activity. An annual report is required for a recovery facility pursuant to Rule [62-740.300(5)]

**14. HW Transporter Activities: (Mark 'X' and complete all that apply if you need to register your HW Transporter activities)**

Transporters of and Transfer Facilities for Hazardous Waste in the State of Florida are required to register and annually renew their registration. Evidence of casualty/liability insurance pursuant to 62-730.170(2)(a) is required in addition to this registration. Transfer facilities must submit several additional documents as detailed on page 5 the first time they register and when the information changes. Registered transporters and transfer facilities may only begin operations after receiving approval from the Department. Generators of hazardous waste who transport waste only within the boundaries of their facility should not register.

**A. HW Transporter Registration Information (must be completed annually and when this information changes)**

This facility is a registered transporter of hazardous waste.

This form is:  Initial Registration  Renewal  Notification of changes  Cancel Registration

1. For own waste only  2. For commercial purposes  3. Both commercial and own waste

4. Transportation Mode  Air  Rail  Highway  Water  Other - specify \_\_\_\_\_

**B. HW Transfer Facility Registration Information (must be completed annually and when this information changes)**

This facility is a Hazardous Waste Transfer Facility: (at this location) Storage Volume \_\_\_\_\_

This form is:  Initial Registration  Renewal  Notification of changes  Cancel Registration

Note: Hazardous Waste transfer facilities must comply with the requirements of Rule 62-730.171, F.A.C., and Rule 62-730.182, F.A.C.

The Transfer Facility records required under the provisions of Rule 62-730.171(6), F.A.C., are kept at (check one):

Our mailing (business) address  The site (facility) address

Please enter the EPA ID Number of the HW Transporter who carries the insurance for this Transfer Facility: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Please see the top of page 5 for additional items that must be submitted in addition to the above registration for Hazardous Waste Transfer Facilities [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:

**15. Used Oil and Oil Filter Activities: (Mark 'X' and complete all that apply if you need to register your used oil activities),**

Transporters (exemptions in 40 CFR 279.40(a)(1-4), transfer facilities, processors, off-specification burners, and/or marketers must annually register with the Department using this form. All except Florida used oil (UO) Processors and collection centers must pay an annual \$100 registration fee.

This form is:  Initial Registration  Renewal  Notification of changes  Cancel Registration

If applicable, a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection is enclosed.

- (1) Used Oil Transporter - mark activities: (occurring in Florida)
  - a. Transporter (off-site) and noncontiguous locations
  - b. Transfer Facility
- (2)  Collection Center (From businesses, no more than 55 gal per shipment)
- (3)  Used Oil Processor (A permit is required.)
- (4)  Off-Specification Used Oil Burner
- (5) Used Oil Fuel Marketer  On-Spec  Off-Spec

- (6) Used Oil Filter Management (must annually register)
  - a. Transporter
  - b. Transfer Facility
  - c. Processor (Annual Report Required)
  - d. End User
- (7) The records required under the provisions of Rule 62-710.510, FAC, are kept at (check one):
  - Our mailing (business) address  The site (facility) address

Please see the top of page 5 for additional items that must be submitted in addition to the above registration and fees required for non-exempt Used Oil Transporters.

**(14 cont.) Hazardous Waste Transfer Facilities:** In addition to the registration required for Transfer Facilities on Page 4, Section 14, the following items are required to be submitted with the initial notification for a transfer facility and any changed items must be submitted with any subsequent submission [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.]

**(15 cont.) Used Oil Transporters: (Exemptions in 40 CFR 279.40(a)(1-4))**

In addition to the requirements on Page 4 Section 15:

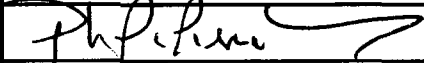
- ALL registered UO Handlers must submit an annual report except generators transporting UO from noncontiguous operations within their own company.
- UO transporters transporting off-site over public highways only within their own company must submit proof of insurance.
- UO transporters transporting more than 500 gallons/year must submit proof of insurance annually, and must sign and certify this submission as a certified used oil transporter in section 17 (except those exempted by Rule 62-710.600(1), F.A.C.):.

- The used oil annual report is attached
- Evidence of Liability Insurance pursuant to 62-710.600(2)(e), F.A.C. is attached.

**16. Comments (attach a page if more space is needed):**

**17. 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.

I certify as a Used Oil Transporter that I am familiar with the applicable Florida and Federal laws and rules governing used oil transportation and have an annual and new employee training program in place covering the applicable used oil rules. Evidence of financial responsibility is demonstrated by the Used Oil Transporter Certificate of Liability Insurance, DEP form 62-730.900(5)(a), F.A.C..

Signature of owner, operator, or an authorized representative	Print Name and Title	Used Oil	Date Signed (mm-dd-yyyy)
	Philip Pierre-Louis (General Manager)	<input checked="" type="checkbox"/>	02-17-2014
		<input type="checkbox"/>	
		<input type="checkbox"/>	

If the person that 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)

Mail original completed form to: Department of Environmental Protection For assistance call: 850-245-8707  
2600 Blair Stone Road, Mail Station 4560  
Tallahassee, Florida 32399-2400

**STATE OF FLORIDA  
CERTIFICATE OF LIABILITY INSURANCE  
HAZARDOUS WASTE TRANSPORTER AND USED OIL HANDLER**

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, Florida 33314  
(Physical Address of Insured)

in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-710.600(2) and 62-730.170. The coverage applies at:

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

(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 \$ 5,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number BAP153172712, issued on 7/7/2013 (date).

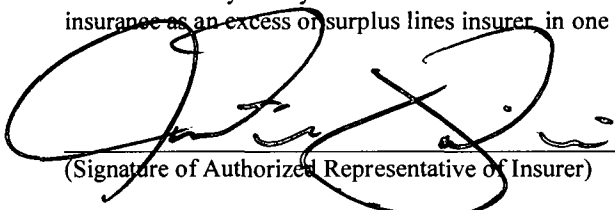
The effective date of said policy is 7/7/2013 and the expiration date of said policy is 7/7/2014 (date).

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 \$ 5,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number FFX153172812, issued on 7/7/2013 (date). The effective date of said policy is 7/7/2013 (date) and the expiration date of said policy is 7/7/2014 (date).

Mail original completed form to: Department of Environmental Protection For assistance call: 850-245-8707  
2600 Blair Stone Road, Mail Station 4560  
Tallahassee, Florida 32399-2400

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)

7/2/2013

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 <b>Collinsworth, Alter, Fowler &amp; French, LLC</b> 8000 Governors Square Blvd Suite 301 Miami Lakes, FL 33016	CONTACT NAME:	
	PHONE (A/C, No, Ext): <b>(305) 822-7800</b>	FAX (A/C, No): <b>(305) 362-2443</b>
INSURED <b>World Petroleum Corp</b> 3701 SW 47th Ave, Suite 101 Suite 101 Davie, FL 33314	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: <b>Nautilus Ins Company</b>	NAIC # <b>17370</b>
	INSURER B: <b>Great Divide Insurance Co</b>	<b>25224</b>
	INSURER C: <b>Commerce &amp; Industry Ins. Co.</b>	<b>19410</b>
	INSURER D:	
	INSURER E:	
	INSURER F:	

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

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


INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X	X	GLP200307602	7/7/2013	7/7/2014	EACH OCCURRENCE \$ <b>1,000,000</b>
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b> MED EXP (Any one person) \$ <b>10,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COM/OP AGG \$ <b>2,000,000</b> Prod Withdrawal \$ <b>100,000</b>
B	AUTOMOBILE LIABILITY	X	X	BAP153172712	7/7/2013	7/7/2014	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>
	<input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> Trailer Intercha						<input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> MCS90 (12/02)
A	UMBRELLA LIAB	X		FFX153172812	7/7/2013	7/7/2014	EACH OCCURRENCE \$ <b>5,000,000</b>
	<input checked="" type="checkbox"/> EXCESS LIAB DED RETENTION \$						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A	WC005226924	1/1/2013	1/1/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS
	<input checked="" type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> OTH-ER
A	Pollution Liability			SSP153172912	7/7/2013	7/7/2014	Limit of Liab <b>1,000,000</b>
A	Pollution Liability			SSP153172912	7/7/2013	7/7/2014	Retention <b>25,000</b>

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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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
2/18/2014

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

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

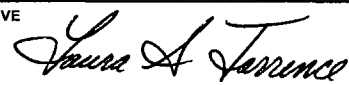
<b>PRODUCER</b> COLLINSWORTH ALTER FOWLE 8000 GOVERNORS SQ BLVD STE301  MIAMI LAKES FL 33016		<b>CONTACT NAME:</b> MEL WIESEL <b>PHONE (A/C, No, Ext):</b> (305)822-7800 <b>E-MAIL ADDRESS:</b> mwiesel@caffilc.com <b>FAX (A/C, No):</b>	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> FWCJUA	
		<b>INSURER B:</b>	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** 1402180015      **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
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below	Y/N		7D750188	1/4/2014	1/4/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000.00 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000.00 E.L. DISEASE - POLICY LIMIT \$ 1,000,000.00

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

<b>CERTIFICATE HOLDER</b>  The Department of Environmental Protection PO Box 3070  Tallahassee FL 32315 Phone Number 954-327-0724	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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# DEPARTMENT OF ENVIRONMENTAL PROTECTION

Mail Station 4560, 2600 Blair Stone Road, Tallahassee, Florida 32399-2400

DEP Form #62-710.901(3)  
 Form Title Annual Report by Used  
 Oil and Used Oil Filter Handlers  
 Effective Date 4-23-13  
 Incorporated in Rule 62-710.510(5)

## 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 the reporting period January 1, 2013 through December 31, 2013

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. FLD980709075

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) ( )

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)

1. Amount (in gallons) of Used Oil and Oily Wastes collected (type code)	Automotive	Industrial	Mixed	Total
a. In Florida .....	2,214,016	1,377,414	0	3,591,430
b. From out of State .....	0	0	0	0
c. Beginning Inventory .....				17,876
d. Total (sum of totals from Lines a + b + c) .....				<b>3,609,306</b>

2. Amount (in gallons) of Used Oil and Oily Wastes managed (end use code)

- N - Transferred to another facility (not an end use).....
- O - Marketed as an on-specification used oil fuel.....
- F - Marketed as an off-specification used oil fuel.....
- I - Marketed for an industrial process.....
- B - Burned as an off-specification used oil fuel.....
- D- Disposed of: Landfilled.....
- Treated at a wastewater treatment unit.....
- Incinerated .....

	In State	Out of State
N	0	0
O	528,000	1,824,777
F	0	0
I	0	0
B	0	0
D- Landfilled	0	0
D- Treated at a wastewater treatment unit	1,232,464	0
D- Incinerated	0	0
3 Total amount (in gallons) of Used Oil managed .....	<b>3,585,241</b>	<b>0</b>
4. End of year, on hand estimate (difference between Line 1d and Line 3).....	<b>24,065</b>	<b>0</b>

**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 .....	45	<input type="checkbox"/>
2. Number of used oil filters collected .....	974,250	<input type="checkbox"/>
3. Total number of used oil filters to manage (Line 1 plus Line 2) .....	974,295	<input type="checkbox"/>
4. Disposition of used oil filters collected:		
a. Transferred to another registered facility .....	0	<input type="checkbox"/>
b. Burned for energy recovery at a Waste-To-Energy facility .....	0	<input type="checkbox"/>
c. Transferred directly to a metal foundry for recycling .....	974,295	<input type="checkbox"/>
d. TOTAL .....	974,295	<input type="checkbox"/>
5. End of year, on hand estimate (Line 3 minus Line 4d) .....	214	<input type="checkbox"/>
6. Gallons of used oil collected as a result of filter processing .....	23,450	<input type="checkbox"/>
7. Gallons of used oil transferred to a used oil handler (transporter or processor) .....	0	<input type="checkbox"/>
8. Volume of oily waste collected and managed as a result of filter processing ..... <input checked="" type="checkbox"/> gallons <input type="checkbox"/> cubic yards.....	23,450	<input type="checkbox"/>
9. Description of oily waste management <u>Metal recycled &amp; oil processed</u>		

**DIRECTIONS FOR SECTION C**

One 55-gallon drum of <b>crushed</b> used oil filters = approximately <b>400</b> used oil filters
One 55- gallon drum of <b>uncrushed</b> used oil filters = approximately <b>250</b> used oil filters
One <b>ton</b> of drained used oil filters = approximately <b>2,350</b> 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 Florida Administrative Code Rule 62-710.201(1), and include wastewaters, filter residues or sludges, tank bottoms, sorbents, wipes, etc.
9. Describe how oily wastes were managed (sent to a WTE, hazardous waste facility, landfilled after appropriate testing, etc.).

For assistance with this form, please call the Used Oil Coordinator at 850-245-8707.