

## Florida Department of Environmental Protection

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

Carlos Lopez-Cantera Lt. Governor

> Noah Valenstein Secretary

December 17, 2018

Maria De La Portilla Environmental Processing Systems, Inc. 14530 Nw 112th Ave Hialeah Gardens, FL 33018

Dear Maria De La Portilla:

Your registration application for Eps Organics, located at 14530 Nw 112th Avenue, Miami, in Miami-Dade County has been received. The application indicated this facility is operating as a:

- X Yard Trash Transfer Station
- \_\_\_\_ Yard Trash Recycling Facility
- \_\_\_\_ Manure Blending Operation
- \_\_\_\_ Vegetative, Animal Byproducts or Manure Composting Facility

And processing the following:

- X Yard trash (including clean wood)
- \_\_\_\_ Manure
- \_\_\_\_ Animal byproducts (composting)
- \_\_\_\_\_Vegetative wastes (composting)
- \_\_\_\_ Pre-consumer vegetative (composting)

The registration application is complete, and is valid until August 1, 2019. The WACS identification number for this facility is 00095158. The receipt number for the registration fee you paid is 977435.

You must comply with the requirements specified in Rule 62-709.320, and Rules 62-709.330 or 62-709.350, Florida Administrative Code (F.A.C.), in order to maintain qualification for the registration program. A summary of the operating requirements is enclosed.

December 17, 2018 Maria De La Portilla Page 2 of 2

If you need further information, please contact the Division of Waste Management, Waste Registration Section at the above address, Mail Station 4550, telephone (850)245-8798, or email <a href="https://www.hope.thigpen2@dep.state.fl.us">https://www.hope.thigpen2@dep.state.fl.us</a>.

Sincerely,

Hope Thigpen

Enclosure

cc: Patti Emad, Southeast District

Image: State Processor is and transfer state of the state		95158	
Productor [Production]       Product Software Mail Statism 450         Public 2010       Software Mail Statism 450         Permitting 3. Compliance       Permitting 3. Compliance         Part A - GENERAL INFORMATION         1. Type of Application for Registrated and the application of a Yard Trash Transfer Station or a Solid Waste Organics Recyciling Facility         1. Type of Application:       New Permitting 3. Compliance         2. Type of Application:       New Permitting 3. Compliance         3. Type of Application:       New Permitting 3. Compliance         4. Facility Variation of Registration of the Station of a Solid Waste Organics Recyciling Facility         Variation of Registration of Registration of the Station of a Solid Waste Organics Recyciling Facility         1. Type of Application:       New Permitting 1. Manuare         2. Type of Facility. Yard trash transfer station of Negative, animal byproducts or mounce compositing Implication or mall statistic and the application or mounce compositing Implication or mounce (constraint waster) in the animal products or byproducts or end usery Implication (Constraint Statistic Constraint Statistic Constration Statistic Constration Statistic Constraint Statisticon Const	RECEIVED Florida Department of	Appl for Reg. and Ann Rep for a YT Trans	
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Application       Permitting & Complement         Permitting & Complement       Permitting & Complement         Permitting & Complement       Permitting & Complement         Part A - GENERAL INFORMATION         1. Type of Application       New Permitting & Complement         2. Type of Application       New Permitting & Complement         3. Type of Application:       New Permitting & Complement         2. Type of Pacific Y and trash recycling       Vegetative, animal byproducts or manue composing         3. Type of Pacific Y and trash recycling       Manure         2. Type of Pacific Y and trash recycling       Manure         2. Type of Pacific Y and trash recycling       Manure         3. Type of Waste Processed:       Yard trash trasher station         3. Type of Pacific Y and trash recycling       Manure         4. Facility Name:       EPS O CLCA > LCS         5. Registrant Name (or Permittee if annual report only):       EN ULACAMENTAL Processing         5. Redistrant Name (or Permittee if annual report only):       EN ULACAMENTAL Processing         6. Federal Engloyer identification Number       65:036/504/1         7. Matting Address:       If S O N W II 12, A UC:         City       If a LCTA GARDENS       County M: Imm I: A UC :         City       If a LCTA GARDENS       County M: Imm I: A UC :		(Filled in by DEP)	
Application for Registry light and Problement of a first Transfer Station or a Solid Waste Organics Recycling Facility         Permitting & Compliance         Part A - GENERAL INFORMATION         1. Type of Application:       New C Renewal (due July 1) Annual report only for facility operating under permitting         2. Type of Facility: Yard trash recycling Yard trash transfer station () Yegetative, animal byproducts or manure composing ()       Manure blooding ()         3. Type of Waste Processed: Yard trash () Manure () Annual report only for facility operatives or end user) ()       Manure blooding ()         4. Facility Name       EPS OPLANTICS       Namure blooding ()         5. Registrant Name (or Permittee if annual report only; ()       Nite ANACXAL ()       Processed: Name ()         7. Maling Address:       14530 N ()       A JE       ()         7. Maling Address:       14530 N ()       A JE       ()         7. Withing Address () () () () () () () () () () () () ()	2600 Blair Stone Road, Tallahassee, Florida 32399-2400	(Filled in by DEP) This form is adopted by reference in subsection 62-	
PART A - GENERAL INFORMATION         1. Type of Application:       New Colspan="2">Renewal (due July 1) Colspan="2">Manual report only for facility operating under permit:         2. Type of Facility: Yard trash recycling Yard trash trashef station Colspan="2">Yard trash Colspan="2">Manure blooming Colspan="2">Manure blooming Colspan="2"         3. Type of Waste Processed: Yard trash Colspan="2">Yard trash Colspan="2"         4. Facility Name:       CFS D & & A = 1 < S         5. Registrant Name (or Permittee if annual report only);       CN U.A. CAPEXTAL Processes: Yard Trash Colspan="2">Processes: Yard Trash Colspan="2"         6. Redoral Employer Identification Number:       GS - 0 &	Permitting & Compliance	Land and the second sec	
1. Type of Application:       Now □       Renewal (due July 1) □       Annual report only for facility operating under permit:         2. Type of Facility:       Yard trash recycling       Manure □       Annual report only for facility operating under permit:         3. Type of Waste Processed:       Yard trash transfer station □       Vegetative, animal byproducts or manure composing □         3. Type of Waste Processed:       Yard trash transfer station □       Vegetative, animal byproducts or manure composing □         4. Facility Name:       E / S O / C / A ~ I < S       Processing / Procesing / Processing / Processing / Procesing /			
2. Type of Facility: Yard trash recycling Yard trash transfer station       Yegetative, animal byproducts or manure composing         3. Type of Waste Processed: Yard trash transfer station       Yegetative (could/did come into contact with animal products or manure composing)         4. Facility Name:       EYS DREANICS         5. Registrant Name (or Permittee if annual report only):       ENUMENATION REAL Processing Stress [Inc.         6. Federal Employer Identification Number:       65:0365041         7. Mailing Address:       [IHSBO NW III] AUC.         City       History Context and the stress of Property Number:       [IHSBO NW III] AUC.         City       Galanian Context with a Telephone:       205'- 1200         8. Facility Location - Street Address of Property Number:       [IHSBO NW III] AUC.       [III] AUC.         City       State       Zip       [III]         8. Contact Person:       Marking Address of Property Number:       [IHSBO NW III] AUC.       [III]         10. Records required by Rule 62-709 320, FAC., will be kept at the facility?       Yes       Yes       No         11. Does the registrant own the facility site?       Yes       No       [III]         11. Does the registrant own the facility site?       Yes       No       [III]         12. Has the organic recycling facility begin operations?       Yes       No       [III] </th <th></th> <th>facility operating under permit:</th>		facility operating under permit:	
Vard trash transfer station       Vegetative, animal byproducts or manure composting         3. Type of Waste Processed: Yard trash       Manure       Animal byproducts or byproducts or red user)         4. Facility Name:       EPS 0264ANICS         5. Registrant Name (or Permittee if annual report only):       ENVIRONMENTAL Processing Streams (Streams)         7. Mailing Address:       14530 N CM 112 AUG.         City       HALEAN GARDENS         Street Mailing Address (if different):       State         City       State         Differentiation - Street Address or Property Number:       14/30 N CM 112 AUG.         City       HALEAN GARDENS         Contact Person:       Mart a. draft for the facility?         Ves       No         10. Records required by Rule 62-709.320, FAC., will be kept at the facility?       Yes         11. Does the registrant own the facility site?       Yes         12. Has the organic records will be kept and made available upon Department request to review the records:         13. Include a check or money order for the \$35.00 registration for the landowner to operate available upon the partment of Environmental P-20 (PAC) (S S)         13. Include a check or money order for the \$35.00 registration fee made payable to the Florida Department of Environmental P-20 (PAC) (S S)         14. Hous answered no, please attach evidence that the facility ware or operator has permission from the landowner			
Vegetative (cold/d/d come into contact with animal products or byproducts or end user)         4. Facility Name:       EPS D & & A and C S         5. Registrant Name (or Permittee if annual report only):       EN ULACAMENTAL Processing State State Statements         6. Federal Employer Identification Number:       65:0365041         7. Mailing Address:       14530 NW IIL ASE.         City       HALENAL CARDENS         State       Zip         Street Mailing Address (if different):       City         City       State         Zip       State         Street Mailing Address or Property Number:       14/300 NW IIL ASE.         City       Gata         9. Contact Person:       Maria age in Porture         Telephone:       305 - 975 - 1200         PART B - ADDITIONAL INFORMATION REQUIRED FOR REGISTRATION APPLICATION         10. Records required by Rule 62-709 320, F.A.C., will be kept at the facility?       Yes       Yes         If no, please indicate where these records will be kept and made available upon Department request to review the records:           11. Does the registrant own the facility site?       Yes       No           12. Has the organic recycling facility begun operations?       Yes       Yes           14. Does the registrant own th	Yard trash transfer station  Vegetative, animal byproducts or man	ure composting	
5. Registrant Name (or Permittee if annual report only):       ENUILENAMENTAL PROCESSING StatEMS, INC.         6. Federal Employer Identification Number:       65.0365041         7. Mailing Address:       14530 NW IIL AJE.         City       LILENAL GARDENS         Street Mailing Address (if different):       Zip         City       State         Zip       33018         Street Mailing Address (if different):       City         City       State         Zip       3018         8. Facility Location - Street Address or Property Number:       14530 NW IIL AJE.         City       LILEANDENS         9. Contact Person:       Mania Address (if different):         City       HALLEANDENS         9. Contact Person:       Mania Address Contact Person:         Mania Address       County         10. Records required by Rule 62-709.320, F.A.C., will be kept at the facility?       Yes         If no, please indicate where these records will be kept and made available upon Department request to review the records:         11. Does the registrant own the facility site?       Yes         If you answered no, please attach evidence that the facility owner or operator has permission from the landowner to operate a yard trash transfer station or a solid waste organics recycling facility at this site.         12. Has the organic recycling	Vegetative (could/did come into contact with animal products or		
6. Federal Employer Identification Number:       65.0365041         7. Mailing Address:       14530 NO: 11 > ASE.         City       H_ALEAH GARDENS       State       II         Street Mailing Address (if different):	4. Facility Ivalite.	, , , , ,	
7. Mailing Address:       14530 N W 11 A ASE.         City       H_1ALEAM GARDENS       State       Tr       Zip       33018         Street Mailing Address (if different):	5. Registrant Name (or Permittee if annual report only): $ENUIRONMENTAL PROPERTY PR$	DECESSING STEFFS, INC.	
City       Hinteen Garbers       State       Tip       33018         Street Mailing Address (if different):	6. Federal Employer Identification Number: 65-0365041		
Street Mailing Address (if different):         City       State       Zip         8. Facility Location - Street Address or Property Number: $14530$ N W $112$ AVE.       City         City $-14530$ N W $112$ AVE.       City         City $-14530$ N W $112$ AVE.       City         Operating Notice $-355-875-1200$ PART B - ADDITIONAL INFORMATION REQUIRED FOR REGISTRATION APPLICATION         PART B - ADDITIONAL INFORMATION REQUIRED FOR REGISTRATION APPLICATION         10. Records required by Rule 62-709.320, F.A.C., will be kept at the facility?         Yes       Yes       No         If no, please indicate where these records will be kept and made available upon Department request to review the records:         11. Does the registrant own the facility site?       Yes       Yes       No       Include a check or money preations?         Yes       Yes       No       Include a check or money order for the \$35.00 registration fee made payable to the Florida Department of Environmentat Protection. $Y \rightarrow -435$ Infirm that I have read Rules 62-709.320, 62-709.330 and 62-709.330, F.A.C., and shall comply with the requirements specified in these rules. The information provided in the application is true, accurate, and correct to the best of my knowledge. There and context and/or authorizations that re reguired.         11. Does the registrant own the facility autor authorizations	7. Mailing Address: 14530 NW 112 AVE.		
City	City HIALEAN GARSENS State FL.	Zip 33018	
<ul> <li>8. Facility Location - Street Address or Property Number: <u>14530 NW 112 AVE</u>.</li> <li>City <u>HIALEAH GARDENS</u> County <u>MIAMIN JANE</u></li> <li>9. Contact Person: <u>MARIA DE LA PORTILLA</u> Telephone: <u>305-985-1200</u></li> <li>PART B - ADDITIONAL INFORMATION REQUIRED FOR REGISTRATION APPLICATION</li> <li>10. Records required by Rule 62-709.320, F.A.C., will be kept at the facility? Yes <u>No</u></li> <li>If no, please indicate where these records will be kept and made available upon Department request to review the records:</li> <li>11. Does the registrant own the facility site? Yes <u>Yes</u> <u>No</u></li> <li>If you answered no, please attach evidence that the facility owner or operator has permission from the landowner to operate a yard transfer station or a solid waste organics recycling facility at this site.</li> <li>12. Has the organic recycling facility begun operations? Yes <u>Mo</u></li> <li>If this facility was operating in the previous calendar year, the annual report in Part C must be completed. 7: 23: 16, 25.</li> <li>13. Include a check or money order for the \$35.00 registration fee made payable to the Florida Department of Environmental Protection. I also affirm that I have read Rules 62-709.320, 62-709.330 and 62-709.350, F.A.C., and shall comply with the requirements specified in those rules. Lakes not organic and/or authorizations that are required. <u>AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA</u></li></ul>	Street Mailing Address (if different):		
City $H_{1A} = A + G A + S + A County H_{1A} + A + S + A + S + A + S + A + S + A + S + A + A$	City State	Zip	
9. Contact Person:       Mania a bit is formula       Telephone:       305-885-1200         PART B - ADDITIONAL INFORMATION REQUIRED FOR REGISTRATION APPLICATION         10. Records required by Rule 62-709.320, F.A.C., will be kept at the facility?       Yes       Yes       No         If no, please indicate where these records will be kept and made available upon Department request to review the records:       If no, please indicate where these records will be kept and made available upon Department request to review the records:         11. Does the registrant own the facility site?       Yes       Yes       No       If you answered no, please attach evidence that the facility owner or operator has permission from the landowner to operate a yard trash transfer station or a solid waste organics recycling facility at this site.         12. Has the organic recycling facility begun operations?       Yes       Yes       No       If this facility was operating in the previous calendar year, the annual report in Part C must be completed.       7. ?3. 'K         13. Include a check or money order for the \$35.00 registration fee made payable to the Florida Department of Environmental Protection.       Yes       Yes </td <td>8. Facility Location - Street Address or Property Number: 14530 Nい 11 こ</td> <td>AUE.</td>	8. Facility Location - Street Address or Property Number: 14530 Nい 11 こ	AUE.	
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If no, please indicate where these records will be kept and made available upon Department request to review the records: 11. Does the registrant own the facility site? 12. Has the organic recycling facility begun operations? 13. Include a check or money order for the \$35.00 registration fee made payable to the Florida Department of Environmental Protection. 14. Signature 15. Print Name and Title of Registrant or Authorized Agent 16. No 17. Print Name and Title of Registrant or Authorized Agent 17. Does the registrant or protect of the signature 18. Protection Print Part Chart Protection is true, accurate, and correct to the best of my Nowledge. I have attached all documents and/or authorized Agent 17. Print Name and Title of Registrant or Authorized Agent 18. Protection Print Part Chart Protection Print Part Chart Protection Print Part Chart Protection Print Part Chart Protection Print Part Print Prin	PART B - ADDITIONAL INFORMATION REQUIRED FOR REGISTRATION	APPLICATION	
<ul> <li>11. Does the registrant own the facility site? Yes Yes No</li> <li>If you answered no, please attach evidence that the facility owner or operator has permission from the landowner to operate a yard trash transfer station or a solid waste organics recycling facility at this site.</li> <li>12. Has the organic recycling facility begun operations? Yes No</li> <li>If this facility was operating in the previous calendar year, the annual report in Part C must be completed. 7. ?3.1%</li> <li>13. Include a check or money order for the \$35.00 registration fee made payable to the Florida Department of Environmental Protection. Generation is true, accurate, and correct to the best of my knowledge. I have attached all documents and/or authorizations that are required.</li> <li>MATA 1A be UA POAT ILUA</li> <li>Print Name and Title of Registrant or Authorized Agent</li> </ul>	10. Records required by Rule 62-709.320, F.A.C., will be kept at the facility?	Yes I No	
If you answered no, please attach evidence that the facility owner or operator has permission from the landowner to operate a yard trash transfer station or a solid waste organics recycling facility at this site.         12. Has the organic recycling facility begun operations?       Yes       No         If this facility was operating in the previous calendar year, the annual report in Part C must be completed.       7. ?3.18         13. Include a check or money order for the \$35.00 registration fee made payable to the Florida Department of Environmental Protection.       9.9.435         I affirm that I have read Rules 62-709.320, 62-709.330 and 62-709.350, F.A.C., and shall comply with the requirements specified in those rules. I also affirm that the information provided in the application is true, accurate, and correct to the best of my knowledge. I have attached all documents and/or authorizations that are required.       7/16/18         MAALA be UR POAT IMA       Signature       7/16/18	If no, please indicate where these records will be kept and made available upon Department	request to review the records:	
If you answered no, please attach evidence that the facility owner or operator has permission from the landowner to operate a yard trash transfer station or a solid waste organics recycling facility at this site.         12. Has the organic recycling facility begun operations?       Yes       No         If this facility was operating in the previous calendar year, the annual report in Part C must be completed.       7. ?3. ! &			
operate a yard trash transfer station or a solid waste organics recycling facility at this site.         12. Has the organic recycling facility begun operations?       Yes       Yes       No         If this facility was operating in the previous calendar year, the annual report in Part C must be completed.         7. 73.18       #300404835.         13. Include a check or money order for the \$35.00 registration fee made payable to the Florida Department of Environmental Protection.       Q. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7.	11. Does the registrant own the facility site?	Yes 🗹 No 🗌	
12. Has the organic recycling facility begun operations?       Yes       Yes       No         If this facility was operating in the previous calendar year, the annual report in Part C must be completed.       7. ?3.18         13. Include a check or money order for the \$35.00 registration fee made payable to the Florida Department of Environmental Protection.       9.9.45         14.209.04.05       9.7.43.5         15. Include a check or money order for the \$35.00 registration fee made payable to the Florida Department of Environmental Protection.       9.7.43.5         I affirm that I have read Rules 62-709.320, 62-709.330 and 62-709.350, F.A.C., and shall comply with the requirements specified in those rules. I also affirm that the information provided in the application is true, accurate, and correct to the best of my knowledge. I have attached all documents and/or authorizations that are required.       7/16/18         MATA A DE LA PORT IMA       Signature       7/16/18         Print Name and Title of Registrant or Authorized Agent       Signature       Date	If you answered no, please attach evidence that the facility owner or operator has pern	nission from the landowner to	
If this facility was operating in the previous calendar year, the annual report in Part C must be completed, $7.73.18$ 420904835.7 13. Include a check or money order for the \$35.00 registration fee made payable to the Florida Department of Environmental Protection. I affirm that I have read Rules 62-709.320, 62-709.330 and 62-709.350, F.A.C., and shall comply with the requirements specified in those rules. I also affirm that the information provided in the application is true, accurate, and correct to the best of my knowledge. I have attached all documents and/or authorizations that are required. <u>MATA IA DE LA POAT IMA</u> Print Name and Title of Registrant or Authorized Agent Signature <u>Signature</u> <u>Jate</u>	operate a yard trash transfer station or a solid waste organics recycling facility at this	site.	
13. Include a check or money order for the \$35.00 registration fee made payable to the Florida Department of Environmental Protection.         13. Include a check or money order for the \$35.00 registration fee made payable to the Florida Department of Environmental Protection.         13. Include a check or money order for the \$35.00 registration fee made payable to the Florida Department of Environmental Protection.         14. Include a check or money order for the \$35.00 registration fee made payable to the Florida Department of Environmental Protection.         13. Include a check or money order for the \$35.00 registration fee made payable to the Florida Department of Environmental Protection.         14. Include a check or money order for the information provided in the application is true, accurate, and correct to the best of my knowledge. I have attached all documents and/or authorizations that are required.         MARMIA be the flort flort       #/16/18         Print Name and Title of Registrant or Authorized Agent       Signature	12. Has the organic recycling facility begun operations?	Yes Vo	
Protection. $\mathcal{G} \rightarrow \mathcal{F} \rightarrow \mathcal{G} \rightarrow \mathcal{G}$ I affirm that I have read Rules 62-709.320, 62-709.330 and 62-709.350, F.A.C., and shall comply with the requirements         specified in those rules. I also affirm that the information provided in the application is true, accurate, and correct to the best of my         knowledge. I have attached all documents and/or authorizations that are required.         MARIA DE LA PORT IMP         Print Name and Title of Registrant or Authorized Agent    Signature          Signature	If this facility was operating in the previous calendar year, the annual report in Part C	must be completed. $T_{4}$	
specified in those rules. I also affirm that the information provided in the application is true, accurate, and correct to the best of my knowledge. I have attached all documents and/or authorizations that are required.          MANA DE LA PONT IMP       7/16/18         Print Name and Title of Registrant or Authorized Agent       Signature       Date			
Print Name and Title of Registrant or Authorized Agent Signature Date	specified in those rules. I also affirm that the information provided in the application is true, accurate, and correct to the best of my		
		7/16/18	
Email address (if available): ENVIROCO & AOL, COM		Date	

PART C - ANNUAL REPORT		
14.	Calendar Year (January 1 through December 31) Covered by this Report:	2017
15.	Values used in this report are in (SELECT ONE):	Tons 🔲 Cubic Yards 🖻
16.	For Existing Facilities that have not reported this information in the past	, Amount of
	a. Unprocessed Material On Site at Beginning of Report Year:	15,000
	b. Processed Material On Site at Beginning of Report Year (total):	18,000
17.	Total Quantity of Material Received During Report Year:	415,321
18.	Total Quantity of Material Lost Due to Processing (e.g. grinding, drying, shrinkage, fires, etc.) During Report Year:	133,836
19.	Total Quantity of Material Removed from Site for:	
	a. Use (e.g., landfill cover, fuel, mulch, compost, etc.):	266,005
	b. Disposal:	480
	c. Other (transfer stations)	0
20.	Total Quantity On Site at End of Report Year of:	
	a. Unprocessed Material:	18,000
	b. Processed Material:	30,000
	that the total sum of items 16 a and b plus 17 must equal to sum of items 18, plus 14 must equal to sum of items 18, plus 16 and 17 $443$ , 3 2/ Tot I affirm that the information provided in the annual report is true, accurate, a MIA DE A PORTILLA PRESIDENT	al of Items 18, 19 and 20 $448, 321$
	Print Name and Title of Registrant/Permittee or Si	gnature Date
Emai	Authorized Agent address (if available):	

#### **PART D - MAILING INSTRUCTIONS**

#### Remember to include the \$35.00 fee if this is also a registration application. Mail completed form to:

Department of Environmental Protection Solid Waste Section, MS 4565 2600 Blair Stone Road Tallahassee, Florida 32399-2400 Florida Department of State

DIVISION OF CORPORATIONS



Department of State Division of Corporations Search Records Detail By Document Number

#### **Detail by FEI/EIN Number**

Florida Profit Corporation ENVIRONMENTAL PROCESSING SYSTEMS, INC.		
Filing Information		
Document Number	P92000002404	
FEI/EIN Number	65-0365041	
Date Filed	11/05/1992	
State	FL	
Status	ACTIVE	
Last Event	REINSTATEMENT	
Event Date Filed	11/29/1994	
Principal Address		
14530 NW 112 Av. Hialeah Gardens, FL 3301	8	

Changed: 03/30/2014

Mailing Address

14530 NW 112 Av. Hialeah Gardens, FL 33018

Changed: 03/30/2014

Registered Agent Name & Address DE LA PORTILLA, MARIA R 14530 NW 112 Av. Hialeah Gardens, FL 33018

Name Changed: 04/10/2007

Address Changed: 03/30/2014

Officer/Director Detail

Name & Address

Title PDDE

PORTILLA, MARIA R. DE LA 14530 NW 112 Av. Hialeah Gardens, FL 33018

Title SD

PORTILLO, RAUL DEL 14530 NW 112 Av. Hialeah Gardens, FL 33018

#### Annual Reports

Report Year	Filed Date
2016	04/12/2016
2017	01/18/2017
2018	01/30/2018

#### **Document Images**

01/30/2018 ANNUAL REPORT	View image in PDF format
01/18/2017 ANNUAL REPORT	View image in PDF format
04/12/2016 ANNUAL REPORT	View image in PDF format
03/24/2015 ANNUAL REPORT	View image in PDF format
03/30/2014 ANNUAL REPORT	View image in PDF format
04/11/2013 ANNUAL REPORT	View image in PDF format
04/02/2012 ANNUAL REPORT	View image in PDF format
04/12/2011 ANNUAL REPORT	View image in PDF format
04/16/2010 ANNUAL REPORT	View image in PDF format
03/24/2009 ANNUAL REPORT	View image in PDF format
04/22/2008 ANNUAL REPORT	View image in PDF format
04/10/2007 ANNUAL REPORT	View image in PDF format
01/05/2006 ANNUAL REPORT	View image in PDF format
05/16/2005 ANNUAL REPORT	View image in PDF format
04/19/2004 ANNUAL REPORT	View image in PDF format
04/14/2003 ANNUAL REPORT	View image in PDF format
04/04/2002 ANNUAL REPORT	View image in PDF format
01/25/2001 ANNUAL REPORT	View image in PDF format
04/24/2000 ANNUAL REPORT	View image in PDF format
04/20/1999 ANNUAL REPORT	View image in PDF format
05/19/1998 ANNUAL REPORT	View image in PDF format
01/16/1997 ANNUAL REPORT	View image in PDF format
02/29/1996 ANNUAL REPORT	View image in PDF format
07/17/1995 ANNUAL REPORT	View image in PDF format

Florida Department of State, Division of Corporations



Owner Name

Folio

# **SEARCH:**

27-2019-001-0350

## **PROPERTY INFORMATION**

Folio: 27-2019-001-0350

Sub-Division:

FLORIDA FRUIT LAND COMPANY SUB IN 30 2019

**Property Address** 

Owner ENVIRONMENTAL PROCESSING SYSTEMS

Mailing Address 14530 NW 112 AVE HIALEAH GARDENS, FL 33018

PA Primary Zone 7100 INDUSTRIAL - LIGHT MFG

Primary Land Use 4081 VACANT LAND - INDUSTRIAL : VACANT LAND

Beds / Baths / Half	0 / 0 / 0
Floors	0
Living Units	0
Actual Area	0
Living Area	0

Q



# **OFFICE OF THE PROPERTY APPRAISER**

#### Aerial Year: 2018 Folio: 27-2019-001-0350 Address:



2018 Aerial Photography 200ft



Owner Name

Folio

## **SEARCH:**

27-2019-001-0360

## **PROPERTY INFORMATION**

Folio: 27-2019-001-0360

#### Sub-Division:

FLORIDA FRUIT LAND COMPANY SUB IN 30 2019

#### **Property Address**

14400 NW 112 AVE Hialeah Gardens, FL 33018-0000

#### Owner

ENVIRONMENTAL PROCESSING SYSTEMS

#### Mailing Address

14530 NW 112 AVE HIALEAH GARDENS, FL 33018

#### PA Primary Zone

7100 INDUSTRIAL - LIGHT MFG

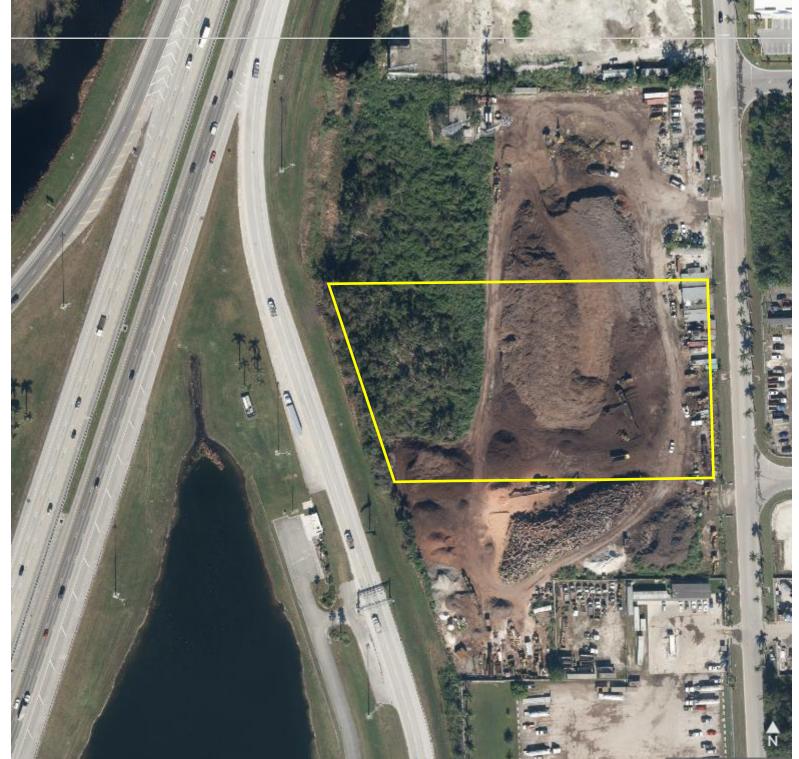
#### Primary Land Use

4081 VACANT LAND - INDUSTRIAL : VACANT LAND	
Beds / Baths / Half	

Beds / Baths / Half	0/0/0
Floors	0
Living Units	0
Actual Area	0



Aerial Year: 2018 Folio: 27-2019-001-0360 Address: 14400 NW 112 AVE



2018 Aerial Photography 200ft



Owner Name

Folio

# **SEARCH:**

27-2019-001-0371

## **PROPERTY INFORMATION**

Folio: 27-2019-001-0371

Sub-Division:

FLORIDA FRUIT LAND COMPANY SUB IN 30 2019

**Property Address** 

Owner ENVIRONMENTAL PROCESSING SYSTEMS

Mailing Address 14530 NW 112 AVE HIALEAH GARDENS, FL 33018

PA Primary Zone 7100 INDUSTRIAL - LIGHT MFG

Primary Land Use 4081 VACANT LAND - INDUSTRIAL : VACANT LAND

Beds / Baths / Half	0/0/0
Floors	0
Living Units	0
Actual Area	0
Living Area	0

Q



# **OFFICE OF THE PROPERTY APPRAISER**

#### Aerial Year: 2018 Folio: 27-2019-001-0371 Address:



2018 Aerial Photography 60ft



Owner Name

Folio

# **SEARCH:**

27-2019-001-0373

## **PROPERTY INFORMATION**

Folio: 27-2019-001-0373

Sub-Division:

FLORIDA FRUIT LAND COMPANY SUB IN 30 2019

**Property Address** 

Owner ENVIRONMENTAL PROCESSING SYSTEMS

Mailing Address 14530 NW 112 AVE HIALEAH GARDENS, FL 33018

PA Primary Zone 7100 INDUSTRIAL - LIGHT MFG

Primary Land Use 4081 VACANT LAND - INDUSTRIAL : VACANT LAND

Beds / Baths / Half	0 / 0 / 0
Floors	0
Living Units	0
Actual Area	0
Living Area	0

Q



# **OFFICE OF THE PROPERTY APPRAISER**

#### Aerial Year: 2018 Folio: 27-2019-001-0373 Address:



2018 Aerial Photography 200ft