

F&A RECEIPT 532374
MAR 28 2012

REINFORCED POLYESTER RESIN OPERATIONS
AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET

Facility Identification Number (If known)

0251353-001

Registration Type

Check one:

INITIAL REGISTRATION - Notification of intent to:

- Construct and operate a proposed new facility.
- Operate an existing permitted facility not currently using an air general permit (e.g., a facility proposing to go from an air operation permit to an air general permit). If the facility currently holds one or more air operation permits, such permit(s) must be surrendered by the owner or operator upon the effective date of this air general permit. (See "Surrender of Existing Air Operation Permit(s)" below.)
- Operates an existing facility not currently permitted or using an air general permit.

RE-REGISTRATION (for facilities currently using an air general permit) - Notification of intent to:

- Continue operating the facility after expiration of the current term of air general permit use.
- Continue operating the facility after a change of ownership.
- Make an equipment change requiring re-registration pursuant to Rule 62-210.310(2)(e), F.A.C., or any other change not considered an administrative correction under Rule 62-210.310(2)(d), F.A.C.

Surrender of Existing Air Operation Permit(s) - For Initial Registrations Only, if Applicable

All existing air operation permits for this facility are hereby surrendered upon the effective date of this air general permit; specifically permit number(s):

General Facility Information

Facility Owner/Company Name (Name of corporation, agency, or individual owner who or which owns, leases, operates, controls, or supervises the facility.)

— MARTHA LOZADA

Site Name (Name, if any, of the facility site; e.g., Plant A, Metropolis Plant, etc. If more than one facility is owned, a complete registration must be submitted for each.)

— Sea Point marine

Facility Location (Physical location of the facility, not necessarily the mailing address.)

Street Address: — 3767 NW 50 ST.

City:

MIAMI Hialeah

County:

Miami Dade

Zip Code:

FL 33142-3935

Facility Start-Up Date (Estimated start-up date of proposed new facility.)(N/A for existing facility.)

— 4-1-12

Facility Contact

Name and Position Title (Plant manager or person to be contacted regarding day-to-day operations at the facility.)

Print Name and Title: — **MARTHA Lozada** **OWNER**

Facility Contact Telephone Numbers

Telephone: **X (305) 360-3582** Fax: _____

Cell phone: _____

E-mail: _____

Facility Contact Mailing Address

Organization/Firm: _____ **Sea Point Marine**

Street Address: _____ **3767 NW 50th**

City: **Hialeah**

County: _____ **Miami Dade**

Zip Code: _____ **33142-3935**

Other Contact/Representative (to serve as additional Department contact)

Name and Position Title

Print Name and Title: _____

Other Contact/Representative Telephone Numbers

Telephone: _____ Fax: _____

Cell phone: _____

E-mail: _____

Other Contact/Representative Representative Mailing Address

Organization/Firm: _____

Street Address: _____

City: _____

County: _____

Zip Code: _____

Material Usage Rates

If this is an **initial registration** for a reinforced polyester resin operation, provide an estimate of the total quantity, in pounds, of styrene-containing materials (resin and gelcoat) expected to be used over a 12-month period.*

Resin: 10,000 Lb
Gelcoat 2,000 Lb

If this is a **re-registration** for a reinforced polyester resin operation, provide the highest 12-month total quantity, in pounds, of styrene-containing materials (resin and gelcoat) used in the last five years. Indicate the 12-month period over which this usage occurred.

*Note: the general permit limits the usage of such material to 76,000 pounds (38 tons) in any consecutive 12 months.

Description of Facility

Below, or as an attachment to this form, provide a description of the reinforced polyester resin operations at the facility in sufficient detail to demonstrate the facility's eligibility for use of this air general permit and to provide a basis for tracking any future equipment or process changes at the facility. Describe all air pollutant-emitting processes and equipment at the facility, and identify any air pollution control measures or equipment used.

Boat Repair / Manufacture 9 - 13 ft
Molds, gelcoat Resin spray guns
Compressor, spray booth

Helpful Definitions

- “Department” or “DEP” - The State of Florida Department of Environmental Protection.
- “Emissions Unit” - Any part or activity of a facility that emits or has the potential to emit any air pollutant.
- “Facility” - All of the emissions units which are located on one or more contiguous or adjacent properties, and which are under the control of the same person (or persons under common control).
- “Owner” or “Operator” - Any person or entity who or which owns, leases, operates, controls or supervises an emissions unit or facility.
- “Polyester Resin Material” – Materials used in polyester resin operations which include isophthalic, orthophthalic, halogenated, bisphenol-A, vinyl-ester or furan resins; cross-linking agents; catalysts, gel coats, inhibitors, accelerators, promoters, and any other VOC containing materials.
- “Reinforced Polyester Resin Operations” – An operation that entails saturating a reinforcing material such as glass fiber with a polyester resin material. Such operations include the production or rework of product by mixing, pouring, hand laying-up, impregnating, injecting, forming, spraying, and/or curing unsaturated polyester materials with fiberglass, fillers, or any other reinforcement materials and associated cleanup.

2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2012
Secretary of State

DOCUMENT# P11000052375

Entity Name: SEA POINT MARINE, CORP

Current Principal Place of Business:

3825 NW 32 AVE REAR
MIAMI, FL 33142

New Principal Place of Business:

3767 NW 50 STREET
MIAMI, FL 33142

Current Mailing Address:

3825 NW 32 AVE REAR
MIAMI, FL 33142

New Mailing Address:

3767 NW 50 STREET
MIAMI, FL 33142

FEI Number: 45-2459377

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOZADA, MARTHA
360 TAMIAMI CANAL ROAD
MIAMI, FL 33144 US

Name and Address of New Registered Agent:

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

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: LOZADA, MARTHA
Address: 360 TAMIAMI CANAL ROAD
City-St-Zip: MIAMI, FL 33144

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARTHA LOZADA

PRES

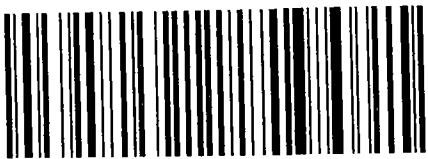
03/22/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date

CERTIFIED MAIL™

Sea Point Marine
3767 NW 50 St.
Hialeah Miami FL
33142.

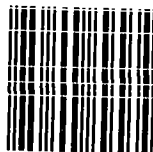


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UNITED STATES
POSTAL SERVICE

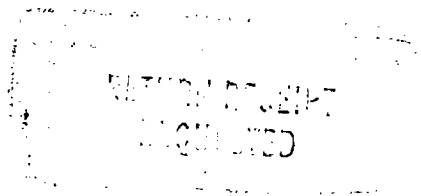
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Department of Environmental Protection
Receipts.

PO Box 3070

Tallahassee, FL 32315-3070

32315\$3070

