

Jeb Bush  
Governor

# Department of Environmental Protection

Twin Towers Office Building  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

David B. Struhs  
Secretary

November 8, 2001

Mr. Luis E. Aldana  
Peerless Cleaners  
7379 Northwest 36 Street  
Miami, Florida 33166

Re: Facility No.: 0250880-002

Dear Mr. Aldana:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 5, 2001.

Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements of the Title V general permit.

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office  
Bureau of Air Monitoring and Mobile Sources MS 5510  
Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the district or local air program compliance inspector in your area.

Sincerely,

*JD* Dotty Diltz, Chief  
Bureau of Air Monitoring  
and Mobile Sources

DD/jw

cc: Ms. Mallika Muthiah, Dade County

*"Protect, Conserve and Manage Florida's Environment and Natural Resources"*

RECEIVED  
OCT - 5 2001

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

SEP 25 2001

Bureau of Air Monitoring  
and Air Resources  
Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Part III. Notification of Intent to Use General Permit

Air Quality

Management Division

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	EXPORT AMERICA INC		
2. Site Name (For example, plant name or number):	PEERLESS CLEANERS.		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:	7379 NW 36 ST.		
Street Address:			
City:	MIAMI	County:	DADE
		Zip Code:	33166
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0250880-002		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	LUIS E. ALDIANA	Title:	PRES.
7. Responsible Official Mailing Address:			
Organization/Firm:	7379 NW 36 ST.		
Street Address:			
City:	/	County:	
		Zip Code:	
8. Responsible Official Telephone Number:			
Telephone:	(305) 477 3399	Fax:	( ) -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	ALICIA ECHEVERRIA		
10. Facility Contact Address:			
Street Address:	SAME		
City:		County:	
		Zip Code:	
11. Facility Contact Telephone Number:			
Telephone:	(305) 477 3399	Fax:	( ) -

**Facility Information**

**1.(a) DRY-TO-DRY MACHINES ONLY**

How many dry-to-dry machines do you have on-site? [ 1 ]

For each dry-to-dry machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
1/88	<u>Existing</u> /New	<u>RC</u> /CA/None required	7/88
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

\*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

**1.(b) TRANSFER MACHINES ONLY**

How many washers do you have on-site? [ \_\_\_\_\_ ]

How many dryers/reclaimers do you have on-site? [ \_\_\_\_\_ ]

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a **NEW** unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

\*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

[ 160 ] gallons (You must fill this in)

(b) If less than 12 months, how many? [ 8 ] months

Check why it is less than 12 months: New owner: [  ] Did not keep records: [ \_\_\_\_\_ ]

New store: [ \_\_\_\_\_ ] New machine [ \_\_\_\_\_ ]

Unopened store [ \_\_\_\_\_ ] (date of expected opening \_\_\_\_\_)

3. What is the facility's source classification based on the definitions found in section (3) of Part II? Indicate with an "X". Select one classification only.)

Small Area Source

- Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)
- Transfer only on-site (used less than 200 gallons of perc per year)
- Both machine types on-site (used less than 140 gallons of perc per year)

Large Area Source

- Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)
- Transfer only on-site (used 200 - 1,800 gallons of perc per year)
- Both machine types on-site (used 140 - 1,800 gallons of perc per year)

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)

Existing machines at small area source  
(NONE REQUIRED)

New machines at small area source  
Refrigerated condenser

Existing machines at large area source  
Carbon adsorber   
Refrigerated condenser

New machines at large area source  
Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site (see attached memo for the criteria).

All steam and hot water generating units exempt  OR  
No such units on-site

How many boilers do you have on-site?

For each boiler, indicate its horsepower (HP) rating:

What type of fuel do you use?  propane  natural gas  
 No. 2 fuel oil  No. 4 fuel oil  
 No. 6 fuel oil  Other (please list) \_\_\_\_\_

#### 6. Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Purchase receipts and solvent purchases/solvent addition log
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Startup, shutdown, malfunction plan

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are \_\_\_\_\_
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

**Responsible Official Certification**

*I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.*

*I will promptly notify the Department of any changes to the information contained in this notification.*

X LUIS E. ALDANA

Print name of responsible official

X [Signature]

Signature

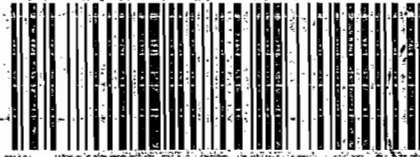
X 9/25/01

Date

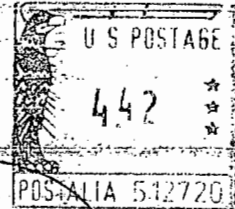
MS# 5510 MC Acct # 5524

Department of Environmental Protection  
2600 Blair Stone Rd  
Tallahassee FL 32399-2400

**CERTIFIED MAIL**



7003 2260 0003 5651 0512



ID# 250880  
LUIS ALDANA  
PEERLESS CLEANERS  
7379 NW 36TH STREET  
MIAMI FL 33166

*Refused*  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
Office of Air Quality & Noise  
Sources  
FEB 17 2004  
RECEIVED



BEST AVAILABLE COPY

**SENDER COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ID# 250880  
 LUIS ALDANA  
 PEERLESS CLEANERS  
 7379 NW 36TH STREET  
 MIAMI, FL 33166

2. Article Number  
(Transfer from)

7003 2260 0003 5651 0512

PS Form 3811 August 2001

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

- Certified Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.

4. Restricted Delivery (Extra Fee)  Yes

U.S. Postal Service™

**CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

7003 2260 0003 5651 0512

Postage \$

Certified Fee

Return Receipt Fee  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

Total Fee: ID# 250880

Sent to

LUIS ALDANA  
 PEERLESS CLEANERS  
 7379 NW 36TH STREET  
 MIAMI, FL 33166

Street

or P.O. Box

City, St.

State, ZIP+4

Postmark  
Here

PS Form 3800, June 2002

See reverse for instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Received by (Please Print Clearly) <span style="float: right;">B. Date of Delivery <b>3/8/02</b></span></p> <hr/> <p>C. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p><i>[Signature]</i></p> <hr/> <p>D. Is delivery address different from item 1? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 0250880</p> <p><b>PEERLESS CLEANERS</b>  <b>LUIS E ALDANA</b>  <b>7379 NW 36TH STREET</b>  <b>MIAMI FL</b>  <b>33166</b></p>	<p>3. Service Type <span style="float: right;"><input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.</span></p> <p><input checked="" type="checkbox"/> Certified Mail  <input type="checkbox"/> Registered  <input type="checkbox"/> Insured Mail</p> <hr/> <p>4. Restricted Delivery? (Extra Fee) <span style="float: right;"><input type="checkbox"/> Yes</span></p>
<p>2. Article Number (Copy from service label)  <b>7001 0320 0001 7976 2272</b></p>	
<p>PS Form 3811, July 1999 <span style="margin-left: 100px;">Domestic Return Receipt</span> <span style="float: right;">102595-99-M-1789</span></p>	

U.S. Postal Service									
CERTIFIED MAIL RECEIPT									
(Domestic Mail Only; No Insurance Coverage Provided)									
OFFICIAL USE									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Postage</td> <td style="width: 20%;">\$</td> </tr> <tr> <td>Certified Fee</td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td></td> </tr> </table>	Postage	\$	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		<p>Postmark Here</p>
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Restricted Delivery Fee (Endorsement Required)									
<p>AIRS ID # 0250880</p>									
<p><b>Total Post:</b> PEERLESS CLEANERS</p>									
<p>Sent To: LUIS E ALDANA</p>									
<p>7379 NW 36TH STREET</p>									
<p>MIAMI FL</p>									
<p>33166</p>									
<p>PS Form 3800, January 2001 <span style="float: right;">See Reverse for Instructions</span></p>									

7001 0320 0001 7976 2272



PLACE STICKER AT TOP OF

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Received by (Please Print Clearly) <span style="float: right;">B. Date of Delivery</span>  <span style="float: right; font-size: 1.2em;">2/9/02</span></p> <p>C. Signature <span style="float: right;"><input type="checkbox"/> Agent</span>  <input checked="" type="checkbox"/> <span style="float: right;"><input type="checkbox"/> Addressee</span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">AIRS ID # 0250880</p> <p>PEERLESS CLEANERS  LUIS E ALDANA  7379 NW 36TH STREET  MIAMI FL  33166</p>	<p>3. Service Type</p> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Copy from service label)</p> <p style="font-size: 1.5em; font-family: monospace;">70000520002093730992</p>	
<p>PS Form 3811, July 1999 <span style="margin-left: 150px;">Domestic Return Receipt</span> <span style="float: right;">102595-99-M-1789</span></p>	

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)											
<div style="display: flex; justify-content: space-between;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; font-size: 1.2em;">7000 0520 0020 9373 0992</div> <div style="border: 1px solid black; width: 90%; height: 30px;"></div> </div>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; padding: 5px;">Postage \$</td> <td style="width: 60%;"></td> </tr> <tr> <td style="padding: 5px;">Certified Fee</td> <td></td> </tr> <tr> <td style="padding: 5px;">Return Receipt Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td style="padding: 5px;">Restricted Delivery Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td style="padding: 5px;"><b>Total Pos</b></td> <td style="padding: 5px;">AIRS ID # 0250880</td> </tr> </table> <p style="text-align: center; margin-top: 10px;">PEERLESS CLEANERS  LUIS E ALDANA  7379 NW 36TH STREET  MIAMI FL  33166</p>	Postage \$		Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		<b>Total Pos</b>	AIRS ID # 0250880
Postage \$											
Certified Fee											
Return Receipt Fee (Endorsement Required)											
Restricted Delivery Fee (Endorsement Required)											
<b>Total Pos</b>	AIRS ID # 0250880										
<p><b>Recipient</b></p> <p><b>Street, Apt</b></p> <p><b>City, State</b></p>	<p style="text-align: center;">Postmark Here</p>										
<p>PS Form 3800, February 2000 <span style="float: right;">See Reverse for Instructions</span></p>											

PLACE STICKER AT TOP OF ENVELOPE

SENDER: COMPLETE THIS SECTION	ACTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Received by (Please Print Clearly) _____ B. Date of Delivery <u>4-10-03</u></p> <p>C. Signature <u>[Signature]</u> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">AIRS ID#0250880</p> <p>PEERLESS CLEANERS  LUIS E ALDANA  7379 NW 36TH STREET  MIAMI FL  33166</p>	<p>3. Service Type</p> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Copy from service label)  <u>70001670001331092206</u></p>	
<p>PS Form 3811, July 1999                      Domestic Return Receipt                      102595-99-M-1789</p>	

U.S. Postal Service <b>CERTIFIED MAIL RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)													
OFFICIAL USE													
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Postage</td> <td style="width: 10%;">\$</td> <td style="width: 60%;"></td> </tr> <tr> <td>Certified Fee</td> <td></td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> <td></td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td></td> <td></td> </tr> </table> <p><b>Total Postage:</b> _____</p>	Postage	\$		Certified Fee			Return Receipt Fee (Endorsement Required)			Restricted Delivery Fee (Endorsement Required)			<p style="text-align: center; font-size: 1.5em;"><u>[Signature]</u></p> <p style="text-align: center;">Postmark Here</p> <p style="text-align: center;">AIRS ID#0250880</p>
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Certified Fee													
Return Receipt Fee (Endorsement Required)													
Restricted Delivery Fee (Endorsement Required)													
<p><b>Sent To:</b> PEERLESS CLEANERS  LUIS E ALDANA  7379 NW 36TH STREET  MIAMI FL  33166</p>													
<p>PS Form 3800, May 2000                      See Reverse for Instructions</p>													

7000 1670 0013 3109 2206

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY										
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">A. Received by (Please Print Clearly)</td> <td style="width: 50%;">B. Date of Delivery <b>7-30-02</b></td> </tr> <tr> <td colspan="2">C. Signature <b>X</b> <i>[Signature]</i></td> </tr> <tr> <td colspan="2" style="text-align: right;"> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee         </td> </tr> <tr> <td colspan="2">D. Is delivery address different from item 1? If YES, enter delivery address below:</td> </tr> <tr> <td colspan="2" style="text-align: right;"> <input type="checkbox"/> Yes  <input type="checkbox"/> No         </td> </tr> </table>	A. Received by (Please Print Clearly)	B. Date of Delivery <b>7-30-02</b>	C. Signature <b>X</b> <i>[Signature]</i>		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee		D. Is delivery address different from item 1? If YES, enter delivery address below:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
A. Received by (Please Print Clearly)	B. Date of Delivery <b>7-30-02</b>										
C. Signature <b>X</b> <i>[Signature]</i>											
<input type="checkbox"/> Agent <input type="checkbox"/> Addressee											
D. Is delivery address different from item 1? If YES, enter delivery address below:											
<input type="checkbox"/> Yes <input type="checkbox"/> No											
<p>1. Article Addressed to:</p> <p><b>10</b>                      AIRS ID # 0250880001AG            AGUSTIN A HEREDIA SR            PEERLESS CLEANERS            7379 MW 36TH STREET            MIAMI FL            33166</p>	<p>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Certified Mail</td> <td><input type="checkbox"/> Express Mail</td> </tr> <tr> <td><input type="checkbox"/> Registered</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td><input type="checkbox"/> C.O.D.</td> </tr> </table>	<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail	<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.				
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail										
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise										
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.										
<p>2. Article Number (Transfer from service label) <b>4000 1670 0013 3095 3713</b></p>	<p>4. Restricted Delivery? (Extra Fee)                      <input type="checkbox"/> Yes</p>										
PS Form 3811, March 2001                      Domestic Return Receipt                      102595-01-M-1424											

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only, No Insurance Coverage Provided)									
OFFICIAL USE									
<table style="width: 100%;"> <tr> <td style="width: 80%;">Postage</td> <td style="width: 20%;">\$</td> </tr> <tr> <td>Certified Fee</td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td></td> </tr> </table>	Postage	\$	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		<p>Postmark Here <b>02</b></p>
Postage	\$								
Certified Fee									
Return Receipt Fee (Endorsement Required)									
Restricted Delivery Fee (Endorsement Required)									
<p>Total Postage: <b>10</b>                      AIRS ID # 0250880001AG</p>									
<p>Sent To: <b>AGUSTIN A HEREDIA SR</b>            Street, Apt. <b>PEERLESS CLEANERS</b>  <b>7379 MW 36TH STREET</b>            City, State: <b>MIAMI FL</b>  <b>33166</b></p>									
PS Form 3800, July 2000                      See Reverse for Instructions									

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only) No Insurance Coverage Provided

7000 2870 0000 7027 5432

**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement P)	

Postmark Here

AIRS ID#0250880

**Total Postage:** PEERLESS CLEANERS  
 Sent To LUIS E ALDANA  
 7379 NW 36TH STREET  
 Street, Apt. N MIAMI FL  
 33166  
 City, State, Zip

PS Form 3800, May 2000 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 PEERLESS CLEANERS  
 LUIS E ALDANA  
 7379 NW 36TH STREET  
 MIAMI FL  
 33166  
 AIRS ID#0250880

7000 2870 0000 7027 5432

2. Article Number  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	2-7-03
D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No	

3. Service Type  
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