



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

March 28, 2000

Ms. Lilia Muniz
Atrium Cleaners
7937 Northwest 53 Street
Miami, Florida 33166

Re: Facility No.: 0250710-002

Dear Ms. Muniz:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on February 16, 2000.

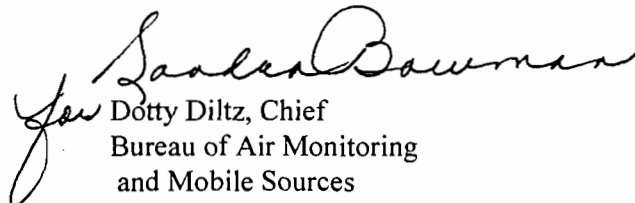
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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


Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Ewart Anderson, Dade County

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

Printed on recycled paper.

0250710-002

p15

1.(a)

"New" should be circled
under Status according to
1/98 purchase date. Circle New.

RECEIVED
FEB 24 2000

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

FEB 16 2000

Part III. Notification of Intent to Use General Permit
Bureau of Air Monitoring
& Mobile Sources
Air Quality Management Division
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.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	MUGAR Inc DBA ATRIUM Cleaners
2. Site Name (For example, plant name or number):	ATRIUM Cleaners
3. Hazardous Waste Generator Identification Number:	FLD 981026584
4. Facility Location: Street Address: City: Miami FL County: Dade Zip Code: 33166	7937 NW 53 Street
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0250710-002

Responsible Official

6. Name and Title of Responsible Official: Name: Lilia Muniz Title: President	
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 7937 NW 53 Street City: Miami County: Dade Zip Code: 33166	
8. Responsible Official Telephone Number: Telephone: (305) 594-0845 Fax: () -	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	
10. Facility Contact Address: Street Address: City: County: Zip Code:	
11. Facility Contact Telephone Number: Telephone: () - 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")
1/98	Existing/New	RC/CA/None required	Same
_____	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?

[195] gallons (You must fill this in) (last owner)

(b) If less than 12 months, how many? [_____] 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? 1

For each boiler, indicate its horsepower (HP) rating: 2 0

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.

Lila MURIC
Print name of responsible official


Signature

2/16/2000
Date

BILL OF SALE

KNOW ALL MEN by these presents, that ZEIDEL ENTERPRISES, INC., D/B/A Atrium Cleaners, with a business address of 7937 NW 53 Street, Miami, county of Miami-Dade, state of Florida, herein referred to as Transferor, for and in consideration of the sum of one hundred and twelve thousand and 00/100 (\$112,000.00) dollars paid to the Transferor, at or before the ensealing and delivery of these presents by MUGAR, INC., a Florida corporation, with offices at 427 Madeira Avenue, in the city of Coral Gables, county of Miami-Dade, state of Florida, herein referred to as the Transferee, and for other good and valuable consideration, the receipt whereof is hereby acknowledged, sells, transfers, sets over and assigns to the said Transferee, the following described business: The dry-cleaning business located at 7937 NW 53 Street, Miami, county of Miami-Dade, State of Florida, 33166, including the stock in trade, fixtures, equipment, contract rights¹, lease, good will², licenses, rights under any contract for telephone service or other rental, maintenance or use of equipment³, machinery and fixtures at the said premises, more particularly described in the Schedule attached.

Transferor, both in its corporate capacity and individually, hereby covenants and agrees that it is responsible for all debts and obligations incurred by the business before the execution of this Bill of Sale, and Transferor hereby covenants and agrees to be responsible for and pay all said debts and obligations.

To have and to hold, the same unto the Transferee forever, not subject to any liens or encumbrances whatever.

¹ Contract rights do not include and this sale does not include the sale of all pending accounts receivable for work already done. The parties understand and agree that they have already satisfactorily resolved the purchase and sale of the accounts receivable and the parties will on or about the time of this sale, give each other appropriate consideration for said accounts receivable.

² Good will does not include the name "Zeidel Enterprises, Inc." It does include the sale and the use of the name "Atrium Cleaners", for purposes of good will and any other related business related purposes.

³ Rights under any contract for telephone service or other rental, maintenance or use of equipment, machinery and fixtures do not include the right to deposits. The parties understand and agree that they have or will satisfactorily resolve the issue of deposits on or about the date of closing as part of this transaction.

Transferor covenants and agrees to and with Transferee to warrant and defend the sale of said business and business assets hereby sold, unto the Transferee against all and every person and persons whomsoever.

Transferor also covenants and warrants that a Renazzi dry cleaning machine, and a Unipress Double Buck with vacuum machine, and all other equipment have been properly maintained according to manufacturer's specifications.

Transferor further covenants and agrees that it will not disclose and will hold in confidence any and all proprietary information and other matters owned by Transferor, including but not limited to names and addresses of clients, providers, contacts, advertising lists, accounts receivable, vendors, customers, customer lists, data, programs, know-how, marketing plans, financial and technical information, owned by Transferor which are subject to this transference, and Transferor further specifically agrees not to do business with or solicit business from any and all present clients of Transferor.

And the Transferor, both in its corporate capacity and individually, further covenants and agrees to and with the Transferee, not to reestablish, reopen, be engaged in, nor in any manner whatsoever become interested, or indirectly either as a secret employee, as owner, as partner, as agent, or as a stockholder, director or officer of a corporation, or otherwise, in any business, trade or occupation similar to the one hereby sold, that is in the dry cleaning business, within a five mile radius of the current location of Atrium Cleaners, and for a period of two (2) years from the date of this sale. Transferor may, however, own five (5) percent or less of the stock in a publicly traded entity which does engage in such business, may be employed by the Federal Government, any of its agencies, the government of any state, or any agency or political subdivision thereof, even though such governmental entity is engaged in such business

The transferor hereby transfers and assigns to the Transferee a monthly Lease, if any, covering the premises used in connection with the said business. No security deposit, if any, is transferred with this sale⁴. The warranties and

⁴ The parties understand and agree that they have satisfactorily resolved the issue of the security deposit, and the appropriate funds will be exchanged on or about the time of closing.

covenants contained in the agreement hereto and those entered into by affidavit attached, shall survive this Bill of Sale and become a part hereof and shall continue in full force and effect as tough herein set forth fully and at length. It is agreed that the Transferor will remain at the premises without salary for a period of fifteen days (Fifteen days means fifteen calendar days following the sale of this business) upon transfer of business and possession by Transferee, in order to assist Transferee during said fifteen day transition period, and said assistance to include but not be limited to training the Transferee on the delivery and billing of service to hotels which are current clients of the business, and to assist the Transferee in introducing the Transferee to the customers and extending the business' good will to the new owner.

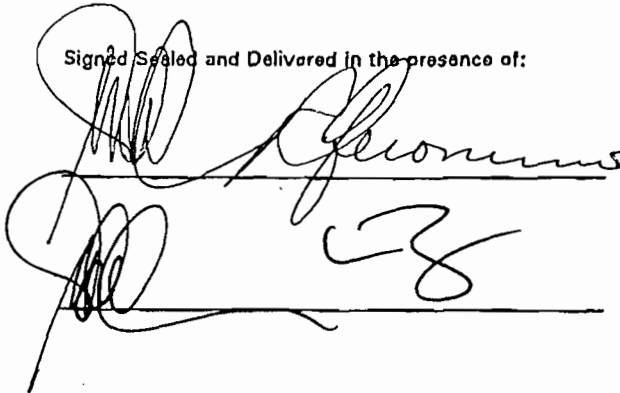
Transferor covenants and agrees to take any and all steps that may be reasonably required to execute and deliver any and all further instruments and assurances for the purpose of giving full force and effect to the provisions of this Bill of Sale, including but not limited to the Assignment of Contracts.

The terms, covenants and agreements herein contained shall bind and inure to the benefit of the respective parties hereto, and their respective legal representatives, successors and assigns.

The gender and number used in this instrument are used as a reference term only and shall apply with the same effect whether the parties are of the masculine or feminine gender, corporate or other form, and the singular shall likewise include the plural.

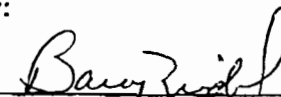
IN WITNESS WHEREOF, the Transferor has signed and sealed these presents on the 15 day of FEBRUARY, 2000.

Signed Sealed and Delivered in the presence of:

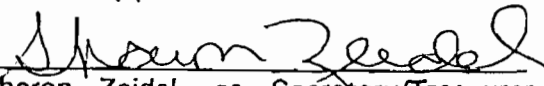
Handwritten signatures of two witnesses, one appearing to be 'Blonimus' and another with initials 'EZ', written over horizontal lines.

ZEIDEL ENTERPRISES, INC.

By:




Barry Zeidel, as President, Director, and individually



Sharon Zeidel, as Secretary/Treasurer, Director, and individually

Transferee has read the foregoing Bill of Sale and agrees to abide by its terms.



JUAN F. Gonzalez

MUGAR, INC.

By:



Louis D. Garcia, President

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

ZEIDEL ENTERPRISES, INC., D/B/A Atrium Cleaners, by its President, BARRY ZEIDEL, and its Secretary/Treasurer, SHARON ZEIDEL, being duly sworn, depose and say that they have a business address at 7937 NW 53 Street, Miami, Florida 33166.

That they are the President and Secretary/Treasurer of the Transferor named in the foregoing Bill of Sale.

That Transferor is the sole and absolute owner of the property described in the foregoing Bill of Sale, and more specifically enumerated in the schedule thereto annexed and made a part thereof, and has full right and authority to sell and transfer the same.

That the said property and each and every part thereof, is free and clear of any and all liens, mortgages, security interests, levies, debts, taxes or other claims or encumbrances, except for the liens that are being satisfied contemporaneously with this transfer.

That there are no actions pending against the Transferor in any court; nor are there any replevins, judgments or executions outstanding, now in force; nor has any petition in bankruptcy or arrangement been filed by or against the Transferor; nor has the Transferor taken advantage of any law relating to insolvency.

That the Transferor is not indebted to anyone and has no creditors, except for the debts and creditors who are being paid contemporaneously with this sale.

That the Transferor, to the extent permitted by law, jointly and severally do hereby agree to indemnify and hold the Transferee harmless from and against any and all losses, claims, damages, liabilities and obligations of any kind and

description, including any reasonable attorney fees incurred by Transferee in investigating, defending or settling such losses, damages, liabilities and obligations, arising out of the Transferor's conduct of its business prior to the date of this transfer and matters directly related thereto. Under no circumstances, however, shall such indemnification of obligations exceed the purchase price paid to Transferor by Transferee.

That this Affidavit is made for the purpose and with the intent of inducing MUGAR, INC., with offices at 427 Madeira Avenue, Coral Gables, Florida 33134, Transferee to purchase the business and property described in the said Bill of Sale knowing that said Transferee will rely on this affidavit and pay a good and valuable consideration.

ZEIDEL ENTERPRISES, INC.

By:

Barry Zeidel

Barry Zeidel, as President, Director, and individually

Sharon Zeidel

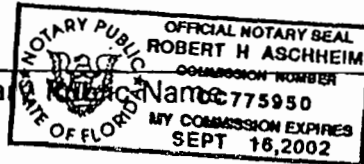
Sharon Zeidel, as Secretary/Treasurer, Director, and individually

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

The foregoing instrument was acknowledged before me on this 15th day of February, 2000 by BARRY ZEIDEL who is known to me or who produced FL Driver Licence as identification and who took an oath.

(SEAL)

NOTARY PUBLIC




STATE OF FLORIDA
COUNTY OF MIAMI-DADE

The foregoing instrument was acknowledged before me on this 15 day of February, 2000 by SHARON ZEIDEL

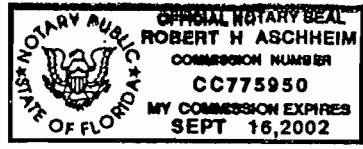
who is known to me or who produced FL Driver License
_____ as identification and who took an oath.

(SEAL)



NOTARY PUBLIC

Notary Public Name



ATRIUM CLEANERS
EQUIPMENT INVENTORY
(ESTIMATED FAIR MARKET VALUES)

1	RENZACCI 440 DRY CLEANING MACHINE	12,500.00
1	ELKAY IN-LINE REFRIGERATION UNIT	250.00
1	FULTON 20 HP BOILER NATURAL GAS	3,000.00
1	BLOW DOWN TANK	300.00
1	FULTON RETURN TANK	250.00
1	CHAMPION 5 HP AIR COMPRESSOR	500.00
1	FORSE SHIRT FOLDER	100.00
1	COLLAR POST	---
1	TABLE	---
1	REFRIGERATOR	---
1	MICROWAVE	---
2	STORAGE SHELVES	---
1	CISSELL SPOTTING TABLE	500.00
1	CISSELL AUTOMATIC PANTS TOPPER	600.00
1	AJAX LEGGER	800.00
1	AJAX MUSHROOM HOT HEAD	750.00
1	AJAX LEGGER HOT HEAD	1,250.00
1	18 BUSHELL BASKET	20.00
1	CISSELL SINGLE PUFFER	100.00
1	CISSELL TRIPLE PUFFER	175.00
1	AJAX SILK PRESSER	1,000.00
1	REMA DRI-VAC	400.00
3	CISSELL ALL-STEAM IRONS	75.00
1	HOFFMAN MANUAL TOPPER PRESS	400.00
1	NEW YORKER UTILITY PRESS	1,000.00
2	CISSELL AIR FINISHERS	1,500.00
1	TRIPLE BAGGER WITH JACK	25.00
1	JACK (BAGGER)	15.00
1	CHANDLER MANUAL BUTTON SEWING MACHINE	250.00
3	INDUSTRIAL FANS STANDING	225.00
2	INDUSTRIAL EXHAUST FANS	500.00
1	AMANO TIME CLOCK	---
1	EXCEL COOLING TOWER	100.00
1	CLEAN PRO 2 USER COMPUTER SYSTEM	---
4	HANGER CADDIES	---
1	IRONING BOARD	100.00
1	DESK WITH CHAIR	---
1	FILE CABINET	---
1	WHITE CONVERTOR, 820 SLOTS 82 FEET	1,500.00
1	8 FT. LIGHTING FIXTURES	---

23,185

PAGE 2: ATRIUM CLEANERS
EQUIPMENT INVENTORY

4	4 FT. LIGHTING FIXTURES	---
5	COUNTERS	---
1	SINGER SEWING MACHINE	250.00
1	REAL BLINDSTITCH MACHINE	400.00
1	6 BUSHELL BASKET	20.00
1	8 BUSHELL BASKET	20.00
1	10 BUSHELL BASKET	20.00
5	12 BUSHELL BASKETS	125.00
1	SPRING BOARD	10.00
1	SCALE	125.00
2	PAINING CARTS	50.00
1	WET BASKET	50.00
4	HAMPERS	50.00
2	5 FT. DOUBLE RACKS STANDING	100.00
2	5 FT. SINGLE RACKS STANDING	75.00
1	5 FT. ROLLING RACK	35.00
1	AJAX COLLAR AND CUFF PRESS	2,000.00
1	AJAX SLEEVER PRESS	3,500.00
1	UNIPRESS DOUBLE BUCK WITH VACUUM	12,500.00
1	AMERICAN DRYER (LAUNDRY)	750.00
1	FRIGIDARE WASHER	---
1	MILNOR SYSTEM 4 FRONT LOADER WASHER	1,500.00
	SUB-TOTAL (EQUIPMENT):	\$49,765.00
	BUILD-OUT (CONSTRUCTION) STORE, LOBBY, COUNTERS, SIGNS, MECHANICAL AND ELECTRICAL INSTALLATION:	35,000.00
	TOTAL:	\$84,765.00

ATRIUM CLEANERS INVENTORY			
THIS ITEMS WERE LEFT OUT OF THE ORIGINAL SCHEDULE			
1 CLEAN PRO 2 USER COMPUTER (MARKET VALUE PER CLEAN PRO CO.)			8,000
1 COLLAR POST			150
1 TABLE			150
1 REFRIGERATOR			200
1 MICROWAVE			150
2 STORAGE SHELVES			100
1 AMANO TIME CLOCK			100
4 HANGER CADDIES			300
1 DESK W / CHAIR			250
1 FILE CABINET			75
12 8/4 FEET LIGHTING FIXTURES			80
5 COUNTERS			2,500
1 FRIGIDARE WASHER			200
TOTAL THIS PAGE			12,285
TOTAL ORIGINAL SCHEDULE			49,765
GRAND TOTAL MARKET VALUE			62,030

van

8,000

70,030

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

250710
LILIA MUNIZ
ATRIUM CLEANERS
7937 NW 53RD STREET
MIAMI-FL 33166

FOR GOVERNMENT USE ONLY
Org.: 37550101000
Fund: 20-2-03500
Obj.: 002273

~~Bureau of Air
& Mobile
Monitoring~~

FEB 5 2004

RECEIVED

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

For delivery information visit our website at www.usps.com

OFFICIAL USE

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

ID# 250710
LILIA MUNIZ
ATRIUM CLEANERS
7937 NW 53RD STREET
MIAMI, FL 33166

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. 	<p>A. Signature <i>Lilia Muniz</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Lilia Muniz</i></p> <p>C. Date of Delivery <i>2/6/04</i></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> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> ID# 250710 LILIA MUNIZ ATRIUM CLEANERS 7937 NW 53RD STREET MIAMI, FL 33166 </div>	<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>2. Article Number <i>(Transfer from service label)</i></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> 7003 2260 0003 5651 1618 </div>	
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540	

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR MONITORING & MOBILE SOURCE
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 10 2004

RECEIVED



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</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: right;">AIRS ID#0250710</p> <p>ATRIUM CLEANERS LILIA MUNIZ 7937 NW 53RD STREET MIAMI FL 33166</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number:</p> <p style="font-size: large; font-weight: bold;">7001 0320 0001 7976 4320</p>	
<p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1035</p>	

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
<p>Postage \$</p> <p>Certified Fee</p> <p>Return Receipt Fee (Endorsement Required)</p> <p>Restricted Delivery Fee (Endorsement Required)</p> <p>Total Postage</p>	<p style="text-align: right;">Postmark None</p> <p style="text-align: center;">AIRS ID#0250710</p>
<p>Sent To ATRIUM CLEANERS LILIA MUNIZ 7937 NW 53RD STREET MIAMI FL 33166</p>	
<p>PS Form 3800, January 2001 See Reverse for Instructions</p>	

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	¢
AIRS ID#0250710	
Sent To	
ATRIUM CLEANERS	
LILIA MUNIZ	
Street, Apt. No. or PO Box No. 7937 NW 53RD STREET	
City, State, Zip MIAMI FL	
33166	
PS Form 3800	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) TORRES</p> <p>C. Date of Delivery 2-23</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: right;">AIRS ID#0250710</p> <p>ATRIUM CLEANERS LILIA MUNIZ 7937 NW 53RD STREET MIAMI FL 33166</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: right;">7001 0320 0001 7975 7940</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
PS Form 3811, August 2001	Domestic Return Receipt
	102595-02-M-1035

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

air quality
& mobile sources
All Monitoring

MAR 04 2003

RECEIVED



Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

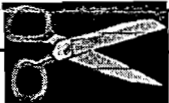
TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

**Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070**



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0250710

ATRIUM CLEANERS
LILIA MUNIZ
7937 NW 53RD STREET
MIAMI FL
33166

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

RECEIVED
MAR 14 2003
Bureau of Air Monitoring
& Noise Sources
425682



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

414273 FEB18 2002 ✓

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID # 0250710
ATRIUM CLEANERS
LILIA MUNIZ
7937 NW 53RD STREET
MIAMI FL
33166

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

405118 FEB122001

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

2/12/01 pd

Do **NOT** Remove Label

ATRIUM CLEANERS LILIA MUNIZ 7937 NW 53RD STREET MIAMI FL 33166	AIRS ID # 0250710
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FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1 Fund: 20-2-035001 Obj.: 002273
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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:

AIRS ID # 0250710

ATRIUM CLEANERS
 LILIA MUNIZ
 7937 NW 53RD STREET
 MIAMI FL
 33166

AIRS ID # 0250710

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *L. Muniz* B. Date of Delivery *2/11/02*

C. Signature *L. Muniz* Agent Addressee

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

2. Article Number (Copy from service label)
70000520002093730367

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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

7000 0520 0020 9373 0367

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total		

AIRS ID # 0250710

Recip: ATRIUM CLEANERS
 LILIA MUNIZ
 7937 NW 53RD STREET
 MIAMI FL
 33166

(City, State, and ZIP Code)

PS Form 3800, February 2000 See Reverse for Instructions

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

SENDER: [REDACTED] **DELIVERY OPTION ON DELIVERY**

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:

AIRS ID # 0250710

ATRIUM CLEANERS
 LILIA MUNIZ
 7937 NW 53RD STREET
 MIAMI FL 33166

A. Received by (Please Print Clearly) B. Date of Delivery
 [Signature] 02-09-01

C. Signature Agent
 Addressee

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

2. Article Number (Copy from service label)
 7000 0600 0026 4126 6381

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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

7000 0600 0026 4126 6381

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

AIRS ID # 0250710

ATRIUM CLEANERS
 LILIA MUNIZ
 7937 NW 53RD STREET
 MIAMI FL 33166

PS Form 3800, February 2000 See Reverse for Instructions