

Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

April 10, 2002

Mr. Amin Q. Lalji
Best Quality Cleaners
14720 Northeast Sixth Avenue
Miami, Florida 33161

Re: Facility No.: 0250900-002

Dear Mr. Lalji:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 4, 2002.

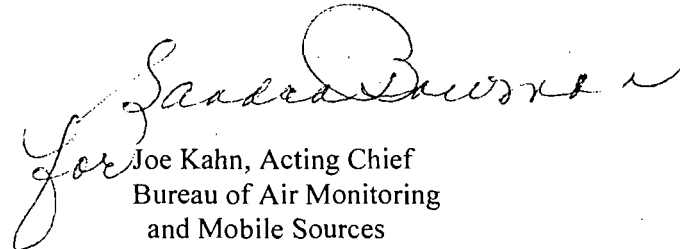
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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


for Joe Kahn, Acting Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Ms. Mallika Muthiah, Dade County

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

Printed on recycled paper.

Fees Paid 97

SOL ϕ

Compliance MNC

otherstone

305-681-4555

~~INACTIVE~~

RECEIVED
 DEC 20 2006
 Bureau of Air Monitoring
 & Mobile Sources

PERCHLOROETHYLENE DRY CLEANER
 AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

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):	Amin Laji Pak Fidai Ent	
2. Site Name (For example, plant name or number):	Best Quality Cleaners	
3. Hazardous Waste Generator Identification Number:		
4. Facility Location:		
Street Address:	14720 NE 6 th Ave	Zip Code: 33161
City:	Miami	County: DADE

Responsible Official

6. Name and Title of Responsible Official:		
Name:	Amin Laji	Title: Owner
7. Responsible Official Mailing Address:		
Organization/Firm:		
Street Address:	14720 NE 6 th Ave	Zip Code: 33161
City:	Miami	County: DADE
8. Responsible Official Telephone Number:		
Telephone:	(305) 949-7766	Fax: () -

0250900-002 INACTIVE

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: () -

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.

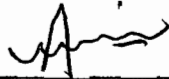
Responsible Official Certification

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.

Amin Laji

Print name of responsible official



Signature

11-16-06

Date

Best Quality Cleaners

14720 NE 6th Ave

N. Miami FL 33161

SOUTH FLORIDA PDC

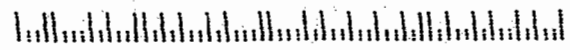
FL 330

18 DEC 2006 PM 4 L



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

32399+6342



**TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 11:10 TIME OUT: 11:30 AIRS ID #: 0250900
 TYPE OF FACILITY: Perc Dry Cleaning.
 FACILITY NAME: Best Quality Cleaners DATE: 11/15/06
 FACILITY LOCATION: 14720 NE 6 Ave
 RESPONSIBLE OFFICIAL: Amin LALYL PHONE NUMBER: 305-949-7766

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENTS/PROBLEM	FOLLOW-UP ACTION REQUIRED
/	
/	
/	
/	
/	
/	

COMMENTS: Dry cleaning machine out of service, Plans to install Petroleum machine within 2 weeks.

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: TERRENCE ANDERSON 11/07
 (Approximate)

INSPECTION CONDUCTED BY: TERRENCE ANDERSON
 (Please Print)

INSPECTOR'S SIGNATURE: [Signature]

Dibble, Dickson

From: Dibble, Dickson
Sent: Friday, December 22, 2006 11:51 AM
To: 'andert@miamidade.gov'
Cc: Bowman, Sandy; Grant, Patricia
Subject: AIRS ID# 0250900, BEST QUALITY CLEANERS, INACTIVE

Terrance,

Re: PAK-FIDAQ ENT, INC
BEST QUALITY CLEANERS
14720 NE 6TH AVE
MIAMI, FL 33161
(305) 949-7766

Status: INACTIVE

This is to confirm our conversation of 12/21/06, that I have received a notification/registration form from the R/O Amin Lalji indicating that he wished to surrender all existing DEP permits at this facility. When I called the facility for further details, you may recall that I told you the new owner (Marie Frederick) answered the phone and told me that Mr. Lalji was no longer the owner, but she (Mrs. Frederick) was.

As the result I have changed the status of the facility to INACTIVE. Change of ownership requires that.

I advised Mrs. Frederick to complete and submit a new registration form as the current/new owner of the PERC facility. Mrs. Frederick indicated that the PERC machine was and is still out of service, she was not using it and that her intention was to have it removed as she would be switching to a petroleum-based solvent. I told her that as long as the PERC machine and PERC were still on-site and regardless of whether or not she used it, she would still have to file a registration form. ***That's where you come in, to deliver a blank Air General Permit Notification (registration form) form to her, for completion and submission.*** Once I receive the form and it is input and then it passes the review (30 days) period, her facility will once again become ACTIVE status.

Once she has the PERC and the PERC machine removed from the facility/site, she would then notify us in writing to that effect and we would then INACTIVTE her facility.

Waiting to hear about your field visit to the facility...

Thank you for your assistance

Dick

Dickson E. Dibble

FL Dept of Environmental Protection
Div. of Air Resource Management
Bureau of Air Monitoring & Mobile Sources
Air General Permit Program
(850) 921-9586
SunCom 291-9586
ICG-#345
Dickson.Dibble@dep.state.fl.us

12/22/2006

0250900-002

Page 16

5. Add boiler information.

3/22/2002

Spoke to Armin Kalji and he stated
he has one boiler at 10 horsepower
and uses natural gas for fuel.

BEST AVAILABLE COPY

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MAR - 4 2002

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Air Quality
Management Division

Part III. Notification of Intent to Use General Permit

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):
PAK FIDAE ENT. INC. D/B/A BEST QUALITY CLEANERS.

2. Site Name (For example, plant name or number):
BEST QUALITY CLEANERS.

3. Hazardous Waste Generator Identification Number:
N/A.

4. Facility Location:
Street Address: **14720 N.E. 6 AVENUE**
City: **MIAMI** County: **FL** Zip Code: **33161**

5. Facility Identification Number (DEP Form 2002-06 notification):
0250900-002

Responsible Official

0250900-002

6. Name and Title of Responsible Official:
Name: **AMIN Q. LALJI** Title: **PRESIDENT**

7. Responsible Official Mailing Address:
Organization/Firm: **14720 N.E. 6 AVE**
Street Address:
City: **MIAMI** County: **FL** Zip Code: **33161**

8. Responsible Official Telephone Number:
Telephone: **(305) 949 7766** Fax: () -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
BEST QUALITY CLEANERS.

10. Facility Contact Address:
Street Address: **SAME AS ABOVE.**
City: County: Zip Code:

11. Facility Contact Telephone Number:
Telephone: **(305) 949 - 7766.** Fax: () -

Bureau of Air Monitoring
& Mobile Sources

RECEIVED
MAR 8 2002

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")
<u>4, 97</u>	<input checked="" type="radio"/> Existing <input type="radio"/> New	<input checked="" type="radio"/> RC <input type="radio"/> CA <input type="radio"/> None required	<u>Same</u>
_____	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?

[0] gallons (You must fill this in)

(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".)

- | | |
|--|--|
| <u>Existing machines at small area source</u>
(NONE REQUIRED) <input type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input checked="" type="checkbox"/> |
| <u>Existing machines at large area source</u>
Carbon adsorber <input type="checkbox"/>
Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u>
Refrigerated condenser <input type="checkbox"/> |

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 AMIN Q. LAJI
Print name of responsible official

X Amin
Signature

X 3-2-02
Date

ATTN CAMILO PEREZ

Bowman, Sandy

From: Barros, Marcelo (DERM) [BarroM@miamidade.gov]
Sent: Tuesday, March 19, 2002 11:10 AM
To: Bowman, Sandy
Cc: Perez, Camilo (DERM)
Subject: RE: AIRS ID #0250900

Hi Sandy:

After reviewing our file regarding this facility (AIRS ID #0250900), I found that several things went through some cracks and ended very confusing.

According to our file, when this facility was inspected on 09/10/98, Mitch found that the perc machine was not operating and that the company was under a new RO (Micheline Louis). As a result of this inspection on 10/30/98, we reported to DEP that the status of this facility was to be changed from active to inactive within ARMS.

On 08/19/00, Debbie Griner visited this facility and wrote a note stating that the perc machine was having electrical problems and was not in use.

Again on 06/05/01, Debbie Griner visited this site and wrote that she spoke with Amin Lalji, the original owner, who reported that the intermediate owner was no longer the RO. She also reported that the machine was not in service and gave the RO an Initial Notification form, with instructions to submit that form, if he planned to start operating the machine.

Camilo inspected this facility on 09/21/01 and gave Mr. Lalji the same instructions Debbie did.

As a result of those directives, Mr. Lalji submitted a new Initial Notification form to Camilo on 03/02/02.

I agree with you that the best way to go with this case at this point will be by issuing a re-certification.

To avoid this type of confusion in the future, Camilo will pass the new Initial Notification forms to me, prior from submitting them to the DEP.

Sorry for the inconvenience and thanks for your all your help and patience with this case.

Best regards.

Marcelo.

-----Original Message-----

From: Bowman, Sandy [mailto:Sandy.Bowman@dep.state.fl.us]
Sent: Monday, March 18, 2002 12:13 PM
To: Barros, Marcelo (DERM)
Cc: Butler, Rick; Davis, William
Subject: RE: AIRS ID #0250900

Hi Marcelo!

Hope you had a great weekend. It is warming up here!

In reviewing the recent notification form submittal from Best Quality Cleaners (AIRS 0250900). We noticed that the first project (initial submittal) expires 11/19/2002. We also noticed that the owner is the same for both Project 1 and Project 2.

The history records indicate that the facility was inactivated in

1998. We understand through the information in the files that there was a change in ownership. However, we never received a notification form providing us with information on an owner between the two submittals. The information we received shows that Amin Lalji is the owner for both Project 1 and Project 2. He is the only owner of record that we are aware of for this facility.

Was there another owner after 1998 and did Amin Lalji have to reassume ownership? Since the ownership of the two submittals is the same, I have entered Project 002 as a re-certification. This is about 8 months sooner than necessary and may not accurately reflect the real situation.

However, if Amin Lalji is a "new" owner, then I can change the ARMS to reflect this.

I appreciate your help on this one.

Sandy

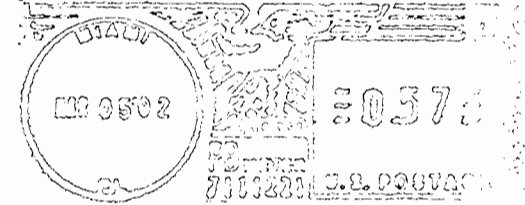
Sandy Bowman
Environmental Consultant
DEP-Division of Air Resource Management
(850)921-9583 or SUNCOM 291-9583
E-Mail: Sandy.Bowman@dep.state.fl.us



DE248955



MIAMI-DADE COUNTY, FLORIDA
ENVIRONMENTAL RESOURCES MANAGEMENT
AIR QUALITY MANAGEMENT DIVISION
13 SW 2nd AVENUE SUITE 900
MIAMI FLORIDA 33130-1540
31.01-44 2/98



Attn: Sandy Bowman
FDEP, DARM
MS 5500
2600 Blair Stone Rd.
Tallahassee, FL 32399-2400

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 Return Receipt Fee
 (Endorsement Required)
 Restricted Delivery Fee
 (Endorsement Re

Postmark
 Here

Total Postage

AIRS ID# 250900 3rd Cert04
 BEST QUALITY CLEANERS

Sent To

14720 NE 6TH AVE
 MIAMI, FL 33161

Street, Apt. No.,
 or PO Box No.
 City, State, ZIP+

PS Form 3800, June 2002

See Reverse for Instructions

7004 2510 0004 6986 6071

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:

AIRS ID# 250900 3rd Cert04
 BEST QUALITY CLEANERS
 14720 NE 6TH AVE
 MIAMI, FL 33161

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X 

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

7/17

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
 7004 2510 0004 6986 6071

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 •

DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

F I V E D
APR 13 2005

du. (10)
& Mobile Sources



7004 2510 0002 3939 2632	U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT <i>(Domestic Mail Only, No Insurance Coverage Provided)</i>	
	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) _____	Postmark Here
	AIRS ID# 250900 1stC BEST QUALITY CLEANERS 14720 NE 6TH AVE MIAMI, FL 33161	
PS Form 3800, June 2002 See Reverse for Instructions		

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:

AIRS ID# 250900 1stC
 BEST QUALITY CLEANERS
 14720 NE 6TH AVE
 MIAMI, FL 33161

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *AK-2/8/5* Agent
 Addressee

B. Received by (Printed Name)
AMIN KEMARUDIN

C. Date of Delivery
2-28

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 (Transfer from service label) 7004 2510 0002 3939 2632

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

DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

For use of Mail Monitor
& Mobile Source

FEB 15 2005

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

699E 560E E100 029T 0002

OFFICIAL USE

Postage	\$	<i>Receipt</i> Postmark Here <i>02</i>
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total P		

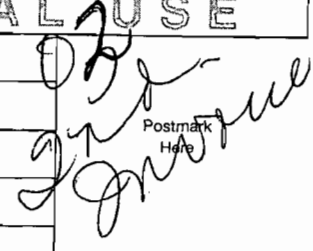
Sent To: 10 AIRS ID # 0250900001AG
 AMIN LALJI
 Street: BEST QUALITY CLEANERS
 City, St: 14720 NE 6TH AVENUE
 MIAMI FL
 33161

PS Form 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. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature <i>Alhadji</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
1. Article Addressed to: 10 AIRS ID # 0250900001AG AMIN LALJI BEST QUALITY CLEANERS 14720 NE 6TH AVENUE MIAMI FL 33161	3. Service Type <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.
2. Article Number (Transfer from service label) <i>7000 1670 0013 3095 3669</i>	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

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)	

AIRS ID#0250900

BEST QUALITY CLEANERS
 AMIN LALJI
 14720 NE 6TH AVENUE
 MIAMI FL
 33161

See for instructions

7001 0320 0001 7975 4666

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:

AIRS ID#0250900

BEST QUALITY CLEANERS
 AMIN LALJI
 14720 NE 6TH AVENUE
 MIAMI FL
 33161

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

2. Article Number (Transfer from service label) **7001 0320 0001 7975 4666**

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 5610
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Mon. & Mobile Sources

MAR 13 2003

RECEIVED

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

OFFICIAL USE

7000 2870 0000 7027 5562

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

Postmark
 Here

AIRS ID#0250900

Total Postage & BEST QUALITY CLEANERS
 AMIN LALJI
Sent To 14720 NE 6TH AVENUE
Street, Apt. No.; MIAMI FL
 33161
City, State, ZIP+4

PS Form 3800, May 2000

See Reverse for Instructions

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:

AIRS ID#0250900
 BEST QUALITY CLEANERS
 AMIN LALJI
 14720 NE 6TH AVENUE
 MIAMI FL
 33161

7000 2870 0000 7027 5562
 2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____

B. Date of Delivery

2/10/03

C. Signature

X *Ahmed*

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

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

Bureau of Air Monitoring
& Mobile Sources

FEB 13 2005

RECEIVED

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

7000 0291 ETD0 BOT2 1602

OFFICIAL USE

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

*02
3-10-00
Miami*
 Postmark
 Here

AIRS ID#0250900

Total Posta

Sent To **BEST QUALITY CLEANERS**
AMIN LALJI
 Street, Apt. N **14720 NE 6TH AVENUE**
MIAMI FL
 City, State, Zi **33161**

PS Form 3800, May 2000 See Reverse for Instructions

SENDER

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

SECTION 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#0250900

BEST QUALITY CLEANERS
AMIN LALJI
14720 NE 6TH AVENUE
MIAMI FL
33161

A. Received by (Please Print Clearly) B. Date of Delivery

APR 10 2000

C. Signature Agent Addressee

X MARIE ECHEVERRIA

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

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)
 90001670001331092091

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

Bureau of Air Monitoring
& Mobile Sources

APR 14 2003

RECEIVED

01



7003 2260 0003 5651 0451	U.S. Postal Service™	
	CERTIFIED MAIL™ RECEIPT	
	<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
	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)	
	Total Pc	ID# 250900
Sent To		
AMIN LALJI		
BEST QUALITY CLEANERS		
14720 NE 6TH AVENUE		
MIAMI, FL 33161		
City, State		
PS Form 3800, June 2002		
See Reverse for Instructions		

Postmark Here

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

459902 MAR15 2006

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$75.00

Do NOT Remove Label

AIRS ID# 250900
BEST QUALITY CLEANERS
14720 NE 6TH AVE
MIAMI, FL 33161

FLAIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

Printed on recycled paper.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

437077 MAR 1 2004

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

250000
AMIN LAHI
BEST QUALITY CLEANERS
14720 NE 6TH AVENUE
MIAMI FL 33161

FOR GOVERNMENT USE ONLY
Org.: 3750101000 EO: A
Fund: 20-2-035001
Obj.: 002273

Bureau of Air Monitoring
& Mobile Sources

MAR 4 2004

RECEIVED