



Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

October 24, 2000

Mr. Osvaldo Rubio  
Mr. Fabulous Cleaner and Laundry  
1568 Northeast 165 Street  
North Miami Beach, Florida 33162

Re: Facility No.: 0251078-001

Dear Mr. Rubio:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 21, 2000.

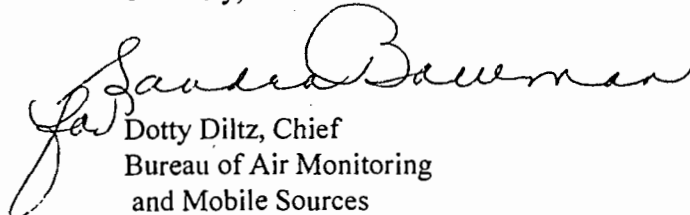
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

**Bowman, Sandy**

---

**From:** Gordon, Ray (DERM) [GordoR@miamidade.gov]  
**Sent:** Thursday, March 08, 2007 11:07 AM  
**To:** Bowman, Sandy  
**Subject:** RE: Title V General Permits

Re: AIRS ID # 0250707  
AIRS ID # 0251078  
AIRS ID # 0250922

All three facilities were inspected yesterday and are closed

**Ray A. Gordon**  
Air Compliance Project Manager  
Office:305-372-6925  
gordor@miamidade.gov

"Delivering Excellence Every Day"

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

**From:** Bowman, Sandy [mailto:Sandy.Bowman@dep.state.fl.us]  
**Sent:** March 07, 2007 12:31 PM  
**To:** Gordon, Ray (DERM)  
**Subject:** RE: Title V General Permits

Ray,

Thank you very much for getting back with me on this. I appreciate it.

*Sandy Bowman*

---

**From:** Gordon, Ray (DERM) [mailto:GordoR@miamidade.gov]  
**Sent:** Wednesday, March 07, 2007 9:48 AM  
**To:** Bowman, Sandy  
**Subject:** RE: Title V General Permits

Sandy

We were in the middle of moving our office and was not able to check out these facilities. We will check them today and let you know

**Ray A. Gordon**  
Air Compliance Project Manager  
Office:305-372-6925  
gordor@miamidade.gov

3/12/2007

"Delivering Excellence Every Day"

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

**From:** Bowman, Sandy [mailto:Sandy.Bowman@dep.state.fl.us]

**Sent:** February 22, 2007 2:53 PM

**To:** Gordon, Ray (DERM)

**Cc:** Grant, Patricia

**Subject:** RE: Title V General Permits

Ray,

We have been unable to contact the following facilities by phone:

AIRS ID # 0250707

AIRS ID # 0251078

AIRS ID # 0250922

Do you know if these facilities are still operating or if they are inactive? Thanks.

*Sandy Bowman*

*Environmental Administrator*

*Division of Air Resource Management*

*850/921-9583 or sandy.bowman@dep.state.fl.us*



# Department of Environmental Protection

Jeb Bush  
Governor

Division of Air Resource Management  
2600 Blair Stone Road, MS 5510  
Tallahassee, Florida 32399-2400

Colleen M. Castille  
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 is located on the mailing label.

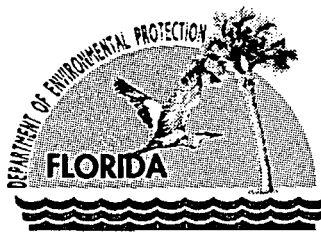
**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID# 251078  
SAVE-ON CLEANERS AND  
LAUNDRY INC  
1568 NE 165th Street  
N MIAMI BEACH, FLORIDA

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



Jeb Bush  
Governor

# Department of Environmental Protection

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

Colleen M. Castille  
Secretary

December 6, 2006

## NOTICE OF ANNUAL OPERATION FEE

To: Users of Title V Air General Permits

Records in the Division of Air Resource Management indicate that you operate a source of air pollution and that you have claimed eligibility for your facility to operate under a Title V Air General Permit pursuant to Chapter 62-213, Florida Administrative Code (F.A.C.).

As a source of air pollution, your facility is required under Section 403.0872, Florida Statutes (F.S.), to pay an annual operation fee as established by the Department in Rule 62-213.205, F.A.C.

Your annual operation fee is \$50 for calendar year **2006**. 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 invoice constitutes the Department's written notice as required under the general permit rule.

Any annual operation fee not postmarked by **March 1, 2007**, may be subject to a 50% penalty, plus interest computed in accordance with Section 220.807, F.S. In addition, please be aware that under Rule 62-213.205(1)(g), F.A.C., failure to timely pay any required annual operation fee, penalty, or interest constitutes grounds for revocation of the Title V Air General Permit.

To submit your fee payment, please follow the directions on the enclosed invoice form. If you have any questions, you may call Dickson Dibble at 850/921-9586 or Sandra Bowman at 850/921-9583. Thank you for your prompt attention to this matter.

Sincerely,

A handwritten signature in cursive script that reads "Sandra Veazey".

Sandra Veazey, Chief  
Bureau of Air Monitoring  
and Mobile Sources

SV/sb

Enclosure: Invoice Form

"More Protection, Less Process"

Printed on recycled paper.

METROPOLITAN DADE COUNTY, FLORIDA



Department of Environmental Resources Management  
33 S.W. 2nd Avenue  
Miami, FL. 33130-1540

SEND TO:

Name: Rick Butler or Sandy

Company/Department: FDEP

Phone Number:

Fax Number: 850-922-6979

Message:

Apparently the notification for  
Mr. Fabulous Cleaners and Laundry had  
not been received in Tallahassee.  
Thank you for your assistance.

*[Signature]*

FROM:

Name: Tara Fannin

Division/Section: Air Facilities

Phone Number: 305-372-6922

Fax Number: (305) 372-6954

Date: 11-8-00

Number of Pages (including this one):

5

RECEIVED  
NOV - 8 2000  
Bureau of Air Monitoring  
& Mobile Sources

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PERCHLOROETHYLENE DRY CLEANER  
 AIR GENERAL PERMIT NOTIFICATION FORM

**RECEIVED**

AUG 28 2000

**Part III. Notification of Intent to Use General Permit 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):	SAVE-OW Cleaners and Laundry Inc.		
2. Site Name (For example, plant name or number):	Mr. Fabulous Cleaners and Laundry		
3. Hazardous Waste Generator Identification Number:	FLD 982 142 309		
4. Facility Location:	Street Address: 1568 NE 165 STREET.		
	City: N. Miami Beach	County: DADE	Zip Code: 33142
5. Facility Identification Number (DEP USE ONLY - do not fill in):			

**Responsible Official**

0251078-001

6. Name and Title of Responsible Official:			
Name: OSVALDO RUBIO	Title: V. Pres.		
7. Responsible Official Mailing Address:			
Organization/Firm:			
Street Address:	AS ABOVE		
City: SAME	County:	Zip Code:	
8. Responsible Official Telephone Number:			
Telephone: (305) 940-0722	Fax: ( )		

**Facility Contact (If different from Responsible Official)**

9. Name and Title of Facility Contact (For example, plant manager):	RUDY MIRANDA President		
10. Facility Contact Address:			
Street Address:	SAME AS ABOVE		
City:	County:	Zip Code:	
11. Facility Contact Telephone Number:			
Telephone: (305) 940-0722	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")
<u>1988</u>	<u>Existing</u> /New	<u>RC</u> /CA/None required	<u>SAME</u>
_____	Existing/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	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? N/A

How many dryers/reclaimers do you have on-site? N/A

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/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	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?**

90 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".)

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:  10  47

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.*

Oswaldo Ruiz  
Print name of responsible official

[Signature]  
Signature

4/28/00  
Date

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

AUG 28 2000

Part III. Notification of Intent to Use General Permit Quality

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.

Management: Division

Bureau of Air Monitoring  
Mobile Sources

SEP 21 2000

RECEIVED

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): SAVE-OW Cleaners and Laundry Inc
2. Site Name (For example, plant name or number): Mr. Fabulous Cleaner and Laundry
3. Hazardous Waste Generator Identification Number: FLD 982 142 309
4. Facility Location: Street Address: 1568 NE 165 STREET. City: N. Miami Beach County: DADE Zip Code: 33162
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0251078-001

Responsible Official

6. Name and Title of Responsible Official: Name: OSVALDO RUBIO Title: V. Pres.
7. Responsible Official Mailing Address: Organization/Firm: Street Address: AS ABOVE City: SAME County: Zip Code:
8. Responsible Official Telephone Number: Telephone: (305) 940-0722 Fax: ( ) -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): RUDY MINANDA PRESIDENT
10. Facility Contact Address: Street Address: SAME AS ABOVE City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: (305) 940-0722 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")
1988	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? [ N/A ]

How many dryers/reclaimers do you have on-site? [ N/A ]

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?**

[ 90 ] 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><br>(NONE REQUIRED) <input checked="" type="checkbox"/>   | <u>New machines at small area source</u><br>Refrigerated condenser <input type="checkbox"/> |
| <u>Existing machines at large area source</u><br>Carbon adsorber <input type="checkbox"/><br>Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u><br>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?  1

For each boiler, indicate its horsepower (HP) rating:  10  47

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.*

Oswaldo Ruiz  
Print name of responsible official

  
Signature

4/28/00  
Date

MS 5510 MC Acct# 5521

Best Available Copy

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

RECEIVED

JAN 14 1991

Bureau of Air Monitoring  
& Mobile Sources

RETURNED  
TO  
SENDER  
UNCLAIMED

AIRS ID# 251078 10  
MR FABULOUS CLEANER AND  
LAUNDRY  
1568 NE 165th Street  
N MIAMI BEACH, FL 33162



# Department of Environmental Protection

Jeb Bush  
Governor

Division of Air Resource Management  
2600 Blair Stone Road, MS 5510  
Tallahassee, Florida 32399-2400

Colleen M. Castille  
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 is located on the mailing label.**

**TOTAL AMOUNT DUE: \$50.00**

**Do NOT Remove Label**

AIRS ID# 251078 10  
MR FABULOUS CLEANER AND  
LAUNDRY  
1568 NE 165th Street  
N MIAMI BEACH, FL 33162

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





Jeb Bush  
Governor

# Department of Environmental Protection

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

Colleen M. Castille  
Secretary

December 6, 2004

## NOTICE OF ANNUAL OPERATION FEE

To: Users of Title V Air General Permits

Records in the Division of Air Resource Management indicate that you operate a source of air pollution and that you have claimed eligibility for your facility to operate under a Title V Air General Permit pursuant to Chapter 62-213, Florida Administrative Code (F.A.C.).

As a source of air pollution subject to Title V of the federal Clean Air Act, your facility is required under Section 403.0872, Florida Statutes (F.S.), to pay an annual operation fee as established by the Department in Rule 62-213.205, F.A.C.

Your annual operation fee is \$50 for calendar year 2004. A notice of your obligation to pay the annual operation fee was sent to you by first class U.S. mail, along with an invoice form and instructions. If you have already submitted the annual operation fee in response to that request, please disregard this letter.

If you have not yet submitted the annual operation fee, this notice (with the enclosed replacement invoice) is being sent in accordance with Rule 62-213.205(1)(g), F.A.C., as a reminder that any annual operation fee not postmarked by **March 1, 2005**, may be subject to a 50% penalty, plus interest computed in accordance with Section 220.807, F.S. In addition, please be aware that under Rule 62-213.205(1)(g), F.A.C., failure to timely pay any required annual operation fee, penalty, or interest constitutes grounds for revocation of the Title V Air General Permit.

To submit your fee payment, please follow the directions on the enclosed invoice form. If you have any questions, you may call Bruce Thomas at 850/921-7744 or Sandra Bowman at 850/921-9583. Thank you for your prompt attention to this matter.

Sincerely,

Joseph Kahn, Chief  
Bureau of Air Monitoring  
and Mobile Sources

/JK

Enclosure: Invoice Form

"More Protection, Less Process"

Printed on recycled paper.

# **ATTENTION:**

The Title V Air General Permit is ***NOT*** transferable and does not follow a change in ownership of the facility. If you are a new owner and have not submitted a notification form, please contact Bruce Thomas at 850/921-7744.



POSTAGE  
REQUIRED

TITLE V - General Permit  
Receipts  
Post Office Box 3070  
Tallahassee, FL 32315-3070



# Florida Department of Environmental Protection

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

Charlie Crist  
Governor

Jeff Kottkamp  
Lt. Governor

Michael W. Sole  
Secretary

March 7, 2007

## NOTICE OF PAST DUE

## 2006 ANNUAL EMISSIONS FEE

To: Users of the Title V Air General Permit

Previously, two notices of your obligation to pay the annual emissions fee have been sent to you by first class U.S. mail, including an invoice form with payment instructions. Your annual emissions fee of \$50 for the calendar year **2006** was due and payable on, or postmarked no later than, **March 1, 2007**. **If you have already submitted payment, please disregard this notice.**

This notice (with the enclosed replacement invoice) is being sent in accordance with Rule 62-213.205(1)(g), Florida Administrative Code (F.A.C.), as a reminder that any annual emissions fee not paid may be subject to a 50 percent penalty, plus interest computed in accordance with Section 220.807, Florida Statutes (F.S.). In addition, under Rule 62-213(1)(g), F.A.C., failure to timely pay any required annual emissions fee, penalty, or interest constitutes grounds for revocation of the Title V Air General Permit. According to our records, we have not received your air emissions fee payment. Therefore, you are being assessed a 50 percent penalty plus the invoice amount of \$50.00, for a **total amount of \$75.00**.

Records in the Division of Air Resource Management indicate that during calendar year **2006** you operated a facility which is a source of air pollution. You have also claimed eligibility for this facility to operate under a Title V Air General Permit pursuant to Rule 62-213, F.A.C.

As a source of air pollution subject to Title V of the federal Clean Air Act, your facility under Section 403.0872, F.S., is required to pay an annual emissions fee, as established by the Department in Rule 62-213.205, F.A.C. You are also required, under Rule 62-213.300(2)(c)2, F.A.C., to notify the Department in writing of any change(s) in facility status.

To submit your **\$75.00 fee payment**, please follow the directions on the enclosed invoice form. If you have any questions, you may call Dick Dibble at 850/921-9586 or Sandra Bowman at 850/921-9583. Thank you for your prompt attention to this matter.

Sincerely,

Sandra Veazey, Chief  
Bureau of Air Monitoring  
and Mobile Sources

/SV

Enclosure: Invoice Form



# Department of Environmental Protection

Jeb Bush  
Governor

Division of Air Resource Management  
2600 Blair Stone Road, MS 5510  
Tallahassee, Florida 32399-2400

Colleen M. Castille  
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 is located on the mailing label.**

**TOTAL AMOUNT DUE: \$75.00**

Do **NOT** Remove Label

AIRS ID#251078  
SAVE-ON CLEANERS AND LAUNDRY  
INC  
1568 NE 165th Street  
N MIAMI BEACH, FLORIDA 33162

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

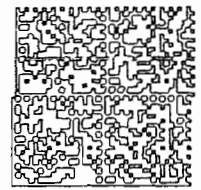


TITLE V - General Permit  
Receipts  
Post Office Box 3070  
Tallahassee, FL 32315-3070

~~MCS#~~ 5510 ~~MCMG Act #~~ 5527

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

*Vacant*



Master

016H16501646  
\$00.390  
03/08/2007  
Mailed From 32399  
US POSTAGE

AIRS ID#251078  
SAVE-ON CLEANERS AND LAUNDRY  
INC  
1568 NE 165th Street  
N MIAMI BEACH, FLORIDA 33162

RECEIVED

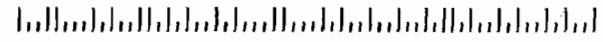
MAR 14 2007

Office of Air Monitoring  
& Mobile Sources  
NIXIE 331 1 07 03/12/07

RETURN TO SENDER  
ATTEMPTED - NOT KNOWN  
UNABLE TO FORWARD

BC: 32399654299 \*0838-01467-08-37

32399%6542  
33162+4011-68 C020



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

440089 JUN14 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~~

25  
75.00

Do **NOT** Remove Label

AIRS ID # Z31078

OSVALDO RUBIO  
MR FABULOUS CLEANER &  
LAUNDRY  
1568 NE 165TH STREET  
N MIAMI BEACH, FL 33162

Bureau of Air Mail  
& Mobile Services  
JUN 17 2004  
RECEIVED

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



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

**OFFICIAL USE**

7001 1140 0001 7556 3029

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

*Handwritten signature and postmark*  
 Postmark Here

Total Postage: AIKS ID # 251018  
 Sent To: MR FABULOUS CLEANER & LNDRY  
 OSVALDO RUBIO  
 Street, Apt. A or PO Box No: 1568 NE 165TH STREET  
 City, State, Z: N MIAMI BEACH, FL 33162

#0251018

PS Form 3800, January 2001 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:

AIKS ID # 251018  
 MR FABULOUS CLEANER AND LAUNDRY  
 OSVALDO RUBIO  
 1568 NE 165TH STREET  
 N MIAMI BEACH, FL 33162

2. Article Number (Transfer from service label)

7001 1140 0001 7556 3029

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Guillermo Pascuella*  Agent  Addressee  
 B. Received by (Printed Name) C. Date of Delivery  
 G PASCUELLA 4-3-04  
 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

UNITED STATES POSTAL SERVICE



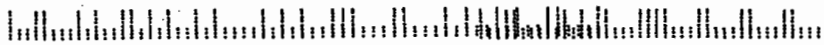
0002

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

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

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

RECEIVED  
 APR 6 2004  
 Bureau of Air Monitoring  
 Mobile Sources



**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage</b>	AIRS ID # 251078

2nd Ct  
Postmark Here 2003

**Sent To** OSVALDO RUBIO  
 MR FABULOUS CLEANER &  
 LAUNDRY  
 1568 NE 165TH STREET  
 N MIAMI BEACH, FL 33162

PS Form 3800, June 2002 See reverse for instructions

7003 0500 0004 0144 9133

**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 # 251078

OSVALDO RUBIO  
 MR FABULOUS CLEANER &  
 LAUNDRY  
 1568 NE 165TH STREET  
 N MIAMI BEACH, FL 33162

2. Article Number  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery  
 3/16/04

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

7003 0500 0004 0144 9133

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 •

DEPARTMENT OF ENVIRONMENTAL PROTECTION  
MOBILE SOURCE CONTROL PROGRAM  
MAIL STATION 5510  
2800 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
of Mobile Sources

MAR 15 2004

32399-2400

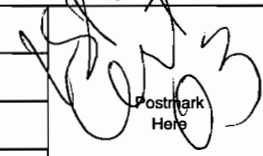
2399+2400



**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

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

ID# 251078

Sent to: OSVALDO RUBIO

Street or PO: MR FABULOUS CLEANER & LNDRY

City, State, ZIP: 1568 NE 165TH STREET  
 N MIAMI BEACH, FL 33162

PS Form 3811, August 2001

7003 2260 0003 5650 0483

**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:

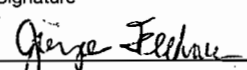
ID# 251078  
 OSVALDO RUBIO  
 MR FABULOUS CLEANER & LNDRY  
 1568 NE 165TH STREET  
 N MIAMI BEACH, FL 33162

2. Article Number  
 (Transfer from service label)

7003 2260 0003 5650 0483

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

*X* 

B. Received by (Printed Name) C. Date of Delivery

J. FREEMAN 2-6-04

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 •

Bureau of Air Monitoring  
& Mobile Sources

RECEIVED  
FEB 13 2004

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





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**

426337 MAR21 2003

Do NOT Remove Label

AIRS ID#0251078  
MR FABULOUS CLEANER AND LAUNDRY  
OSVALDO RUBIO  
1568 NE 165TH STREET  
N MIAMI BEACH FL  
33162

FOR GOVERNMENT USE ONLY  
Org.: 3755010100 EQA1  
Fund: 20-2-035001  
Obj.: 002273

RECEIVED  
MAR 25 2003  
Bureau of Air  
& Mobile  
Services  
Tampa

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

7001 0320 0001 7976 4252

OFFICIAL USE

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

*Handwritten signature*  
 Postmark Here

AIRS ID#0251078

Sent To MR FABULOUS CLEANER AND LAUNDRY  
 Street, A OSVALDO RUBIO  
 or PO Box 1568 NE 165TH STREET  
 City, State N MIAMI BEACH FL  
 33162

**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#0251078  
 MR FABULOUS CLEANER AND LAUNDRY  
 OSVALDO RUBIO  
 1568 NE 165TH STREET  
 N MIAMI BEACH FL  
 33162

**COMPLETE THIS SECTION ON DELIVERY**

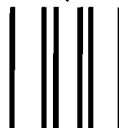
A. Signature  
 X *Alvaro Eagan*  Agent  
 Addressee  
 B. Received by (Printed Name) C. Date of Delivery  
 A EAGAN 3-10-03  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

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 7976 4252



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  
2800 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

BUR. OF AIR MONITORING  
& MOBILE SOURCES

MAR 13 2003

RECEIVED



**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#0251078

Sent To **MR FABULOUS CLEANER AND LAUNDRY**

Street, or PO Box **OSVALDO RUBIO**

City, State **N MIAMI BEACH FL**

**33162**

Postmark (Here) *[Handwritten Signature]*

7001 0320 0001 7975 6271

PS Form 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#0251078

**MR FABULOUS CLEANER AND LAUNDRY**  
**OSVALDO RUBIO**  
**1568 NE 165TH STREET**  
**N MIAMI BEACH FL**  
**33162**

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) \_\_\_\_\_ B. Date of Delivery **2-9-03**

C. Signature **x Graciela**  Agent  Addressee

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

7001 0320 0001 7975 6271

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

Bureau of Air Monitoring  
& Mobile Sources

FEB 12 2003

RECEIVED



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

7000 0600 0026 4126 1324

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total</b>	

Postmark  
Here

AIRS ID # 0251078

Recipi MR FABULOUS CLEANER AND LAUNDRY  
 Street, OSVALDO RUBIO  
 City, S 1568 NE 165TH STREET  
 N MIAMI BEACH FL 33162

PS Form

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 # 0251078  
 MR FABULOUS CLEANER AND LAUNDRY  
 OSVALDO RUBIO  
 1568 NE 165TH STREET  
 N MIAMI BEACH FL 33162

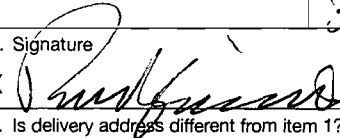
**COMPLETE THIS SECTION ON DELIVERY**

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

3-6-01

C. Signature

X



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 1324

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

407019 MAR 8 2001

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 # 0251078  
MR FABULOUS CLEANER AND LAUNDRY  
OSVALDO RUBIO  
1568 NE 165TH STREET  
N MIAMI BEACH FL 33162

65-076 5708

Bureau of Air Monitoring  
& Mobile Sources

MAR - 9 2001

RECEIVED

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

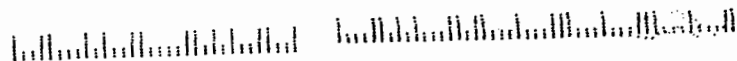
MR Fabulous Cleaner  
1568 NE 165 Th. Street  
N. Miami Beach. FLA.  
33162



TITLE V - General Permit  
Receipts  
Post Office Box 3070  
Tallahassee, FL 32315-3070

**RETURN RECEIPT  
REQUESTED**

32315+3070



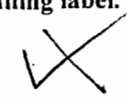


THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

414291 FEB19 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 # 0251078  
MR FABULOUS CLEANER AND LAUNDRY  
OSVALDO RUBIO  
1568 NE 165TH STREET  
N MIAMI BEACH FL  
33162

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

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

7000 0600 0026 4128 8253

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>	<b>\$</b>	

Re **MR FABULOUS CLEANER AND LAUNDRY**  
 St: **OSVALDO RUBIO**  
 1568 NE 165TH STREET  
 Ci: **N MIAMI BEACH FL**  
 33162

AIRS ID # 0251078

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 # 0251078  
**MR FABULOUS CLEANER AND LAUNDRY**  
**OSVALDO RUBIO**  
**1568 NE 165TH STREET**  
**N MIAMI BEACH FL**  
**33162**

2. Article Number (Copy from service label)

**7000 0600 0026 4128 8253**

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery  
 C. Signature *Osvaldo Rubio*  Agent  Addressee  
 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



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

7000 0600 0026 4126 6046

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

Postmark  
Here

1 AIRS ID # 0251078  
 MR FABULOUS CLEANER AND LAUNDRY  
 OSVALDO RUBIO  
 1568 NE 165TH STREET  
 N MIAMI BEACH FL 33162

PS Form 3800, February 2000. See reverse for instructions

<b>SENDER:</b>		<b>ACTION ON DELIVERY</b>	
<p>PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS</p> <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>FEB 13 2001</b> B. Date of Delivery</p>	
<p>1. Article Addressed to:</p> <p>AIRS ID # 0251078                  MR FABULOUS CLEANER AND LAUNDRY                  OSVALDO RUBIO                  1568 NE 165TH STREET                  N MIAMI BEACH FL 33162</p>		<p>C. Signature <b>X Arlene Cagan</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No                  If YES, enter delivery address below:</p>	
<p>2. Article Number (Copy from service label)  <b>7000 0600 0026 4126 6046</b></p>		<p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, July 1999</p>		<p>Domestic Return Receipt 102595-99-M-1789</p>	

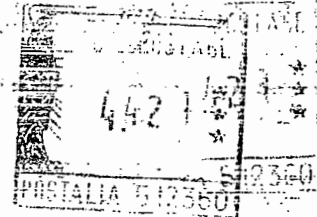
MS# 5510 MC Acct # 5521

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

**CERTIFIED MAIL**



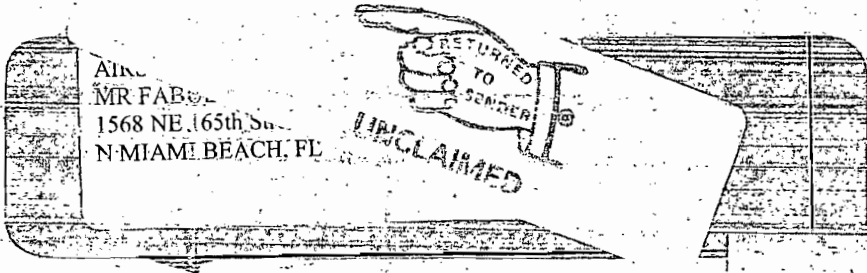
7004 2510 0002 3939 4810



**RECEIVED**  
MAR 31 2005

Bureau of Air Monitoring  
& Mobile Sources

*NOTED 3/4/05  
PATTIN*



ATTN:  
MR FABO  
1568 NE 165th St  
N- MIAMI BEACH, FL

RETURNED TO SENDER  
**UNCLAIMED**

32399-6642 01

**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#0251078.....2<sup>nd</sup> Cert 05  
 MR FABULOUS CLEANER AND LAUNDRY  
 1568 NE 165<sup>th</sup> Street  
 N MIAMI BEACH, FL

2. Article Number  
(Transfer from service)

7004 2510 0002 3939 4810  
3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  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

7004 2510 0002 3939 4810

Domestic Return Receipt

102595-02-M-1540

**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**

7004 2510 0002 3939 4810

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

Postmark Here

Sent To AIRS ID#0251078.....2<sup>nd</sup> Cert 05  
 MR FABULOUS CLEANER AND LAUNDRY  
 Street, Apt. 1 1568 NE 165<sup>th</sup> Street  
 or PO Box N N MIAMI BEACH, FL 33162  
 City, State, ZIP

PS Form 3849

MS# 5510 MC Acct # 07521

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



7004 2510 0002 3939 0591

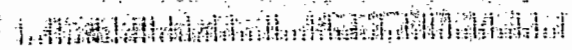
U.S. POSTAGE  
442  
POSTAL SERVICE  
POSTAL BOX 512720

**FORWARDING  
TIME EXPIRES**

**RECEIVED**  
FEB 17 2005  
MOUNTAINS  
MOBILE SOURCE

*FBI*

AIRS ID# 251078-1stC  
MR. FABULOUS CLEANER AND  
LAUNDRY  
1568 NE FLORISSA ST  
NORTH BEACH, FL 33462



PLEASE STICKER A TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS

**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# 251078 1stC  
 MR FABULOUS CLEANER AND  
 LAUNDRY  
 1568 NE 165th Street  
 N MIAMI BEACH, FL 33162

2. Article Number

(Transfer from service label)

7004 2510 0002 3939 0591

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

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**

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

AIRS ID# 251078 1stC  
 MR FABULOUS CLEANER AND  
 LAUNDRY  
 1568 NE 165th Street  
 N MIAMI BEACH, FL 33162

PS Form 3800

1550 3636 2000 0152 7004 2510 0002 3939 0591

MS# 5510

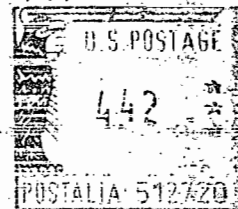
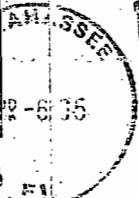
MC Acct # 5521

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

MAIL DELIVERY



7004 2510 0002 3939 9198



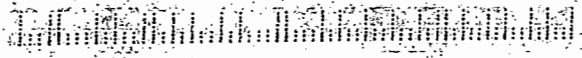
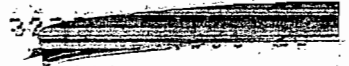
RETURN TO  
AIRS ID 751078 Cert 4  
MR FABUOUS CLEANER AND  
LAUNDRY  
1568 NE 165th Street  
N MIAMI BEACH, FL 33162

*192001*  
*Business closed down*

Forward of Air Mail  
Mobile Support

APR 26 2005

RECEIVED



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse, so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:  AIRS ID# 251078 3 <sup>rd</sup> Cert04 MR FABULOUS CLEANER AND LAUNDRY 1568 NE 165th Street N MIAMI BEACH, FL 33162		B. Received by (Printed Name) _____ C. Date of Delivery _____  D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)		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.	
7004 2510 0002 3939 9198		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

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: \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees: \$	
Sent To	AIRS ID# 251078 3 <sup>rd</sup> Cert04
Street, Apt. No., or PO Box No.	MR FABULOUS CLEANER AND LAUNDRY
City, State, ZIP+4	1568 NE 165th Street N MIAMI BEACH, FL 33162
PS Form 3800-200	

7004 2510 0002 3939 9198