

State of Florida

Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

ORIGINAL

CERTIFIED MAIL
Return Receipt Requested
No. 99-0059

UNCLAIMED
Aventura Food Mart, Inc.
Abdul R. Bashir
15320 North Miami Avenue
Miami FL 33186-6737



1-30
FEB 04 1999
FEB 14 1999

Is your RETURN ADDRESS complete on the reverse side?

SENDER:

Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return the card to you.
Attach this form to the front of the package, or on the back if space does not permit.
Write "Return Receipt Requested" on the package below the article number.
This Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to: 981434 4a. Article Number 99-0059

Aventura Food Mart, Inc.
Abdul R. Bashir
15320 North Miami Avenue
Miami FL 33169-6737

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

Certified
 Insured
handle COD

(Only if requested)

Thank you for using Return Receipt Service.

Domestic Return Receipt

ACK _____
AFA _____
APP _____
CAF _____
CMU _____
CTR _____
EAG _____
LEG _____
LIN _____
OPC _____
RCH _____
SEC _____
WAS _____
OTH _____

DOCUMENT NUMBER-DATE

02073 FEB 23 99

FPSC-RECORDS/REPORTING