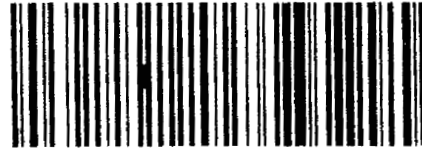


ORIGINAL

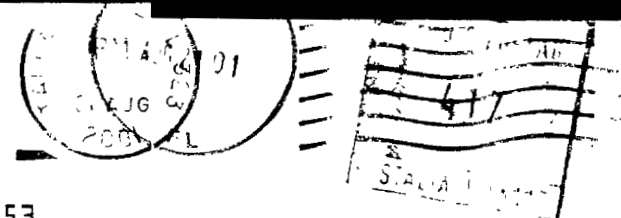
CERTIFIED MAIL

State of Florida  
Public Service Commission

2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850



7000 0600 0026 4144 9753



7/23/01  
AUG 23 2001

SAINTEL, INC.  
Mr. Belony Saint-Vil  
14300 West Dixie Highway  
North Miami Beach FL 33161-3027

RETURN TO  
UNCLAIMED

1st NOTICE ~~SEP 5 2001~~  
2nd NOTICE ~~SEP 8 2001~~  
RETURNED ~~SEP 8 2001~~

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 this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

4a. Article Number

SAINTEL, INC.  
Mr. Belony Saint-Vil  
14300 West Dixie Highway  
North Miami Beach FL 33161-3027

010607

- Certified
- Insured
- COD

Address (Only if requested and fee is paid)

is your RET

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

DOCUMENT NO.  
11516-01  
9-17-01

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20  
A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

010607

1710 PAA