

Application for Delivery of Mail Through Agent

See Privacy Act Statement on Reverse

BOX # 256

1. Date 5-21-01

In consideration of delivery of my or our (firm) mail to the agent named below, the addressee and agent agree: (1) the addressee or the agent must not file a change of address order with the Postal Service upon termination of the agency relationship; (2) the transfer of my or our (firm) mail to another address is the responsibility of the agent; (3) all mail delivered to the agency under this authorization must be prepaid with new postage when redeposited in the mails; (4) upon request the agent must provide to the Postal Service all addresses to which the agency transfers mail; and (5) when any information required on this form changes or becomes obsolete, the addressee(s) must file a revised application with the Commercial Mail Receiving Agency (CMRA).

NOTE: The applicant must execute this form in duplicate in the presence of the agent, his or her authorized employee, or a notary public. The agent provides the original completed signed Form 1583 to the Postal Service and retains a duplicate completed signed copy at the CMRA business location. The CMRA copy of Form 1583 must at all times be available for examination by the postmaster (or designee) and the Postal Inspection Service. The addressee and the agent agree to comply with all applicable postal rules and regulations relative to delivery of mail through an agent. Failure to comply will subject the agency to withholding of mail from delivery until corrective action is taken.

This application may be subject to verification procedures by the Postal Service to confirm that the applicant resides or conducts business at the home or business address listed in boxes 8 or 11, and that the identification listed in box 9 is valid.

2. Name in Which Applicant's Mail Will Be Received for Delivery to Agent.
(Complete a separate Form 1583 for EACH applicant. Spouses may complete and sign one Form 1583. Two items of valid identification apply to each spouse. Include dissimilar information for either spouse in appropriate box.)

MARWAN ALSHEHHI

3. Address to Be Used for Delivery Including ZIP + 4

Box 256
3384 SNEEDDAW ST.
Hollywood, FL 33021

4. Applicant Authorizes Delivery to and in Care of
(Name, address, and ZIP Code of agent)

5. Will This Delivery Address Be Used for Soliciting or Doing Business With the Public? (Check one)

Yes No

6. This Authorization Is Extended to Include Restricted Delivery Mail for the Underlined(s)

7. Name of Applicant

Marwan Alshehhi

8. Home Address (Number, street, city, state, and ZIP Code)

Marwan Alshehhi

10001 W ATLANTIC BV
Coral Springs FL 33071

Telephone Number (954) 815 3004

9. Two Types of Identification are Required. One Must Contain a Photograph of the Addressee(s). Agent Must Write in Identifying Information. Subject to Verification.

10. Name of Firm or Corporation

a. A420-540-78-169-0

b. PASSPORT 27334344

Acceptable identification includes: driver's license; armed forces, government, or recognized corporate identification card; passport or alien registration card or other credential showing the applicant's signature and a serial number or similar information that is traceable to the bearer. A photocopy of your identification may be retained by agent for verification.

11. Business Address (Number, street, city, state and ZIP Code)

Telephone Number ()

12. Kind of Business

13. If Applicant is a Firm, Name Each Member Whose Mail Is to Be Delivered. (All names listed must have verifiable identification. A guardian must list the names and ages of minors receiving mail at their delivery address.)

14. If a CORPORATION, Give Names and Addresses of Its Officers

15. If Business Name of The Address (Corporation or Trade Name) Has Been Registered, Give Name of County and State, and Date of Registration.

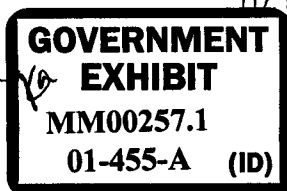
Warning: The furnishing of false or misleading information on this form or omission of material information may result in criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties). (18 U.S.C. 1001)

16. Signature of Agent/Notary Public

17. Signature of Applicant (If firm or corporation, application must be signed by officer. Show title.)

Signature of Agent/Notary Public

Signature of Applicant: Marwan Alshehhi



السفارة

1. Family Name: ALSHEHHI
 2. First Given Name: MARWAN
 3. Country of Issuance: UNITED ARAB EMIRATES
 4. Birth Date: 09/05/78
 5. Sex: M
 6. Height: 178
 7. Weight: 70
 8. Eyes: BRN
 9. Hair: BRN
 10. Complexion: FAIR
 11. Signature: [Signature]

NOV 02 2011

Departure Record 191

Immigration and Naturalization Service

24188895 08
Departure Number

Visas

UNITED STATES OF AMERICA

Issuing Post Name: DUBAI

Visa Number: 20000180320001

Suriname: ALSHEHHI

Given Name: MARWAN-YOUSEF MOHAMED R LEKRAB

Visa Type/Class: R B1/B2

Passport Number: A0460773

Issue Date: 18 JAN 2000

Birth Date: 09 MAY 1978

Nationality: UAE

Entries: M

Expiry Date: 17 JAN 2010

Annotation:

27334344

VNAREALSHEHHI<<MARWAN<YOUSSE<MOHAMED<R<LEKRA
A0460773<1ARE7805097M00011888320E44A86501882

AA
175

Florida DRIVER LICENSE CLASS

The Sunshine State

LICENSE NUMBER: A420-540-78-169-0

MARWAN ALSHEHHI
10001 W ATLANTIC BV
CORAL SPRINGS, FL 33071-0000

BIRTH DATE	SEX	HGT.	REST	ENDORSE
06-09-78	M	5-10	A	
ISSUED	EXPIRES	DUPLICATE		
04-12-01	06-09-07	00-00-00		

SAFE DRIVER

Operation of a motor vehicle constitutes consent to any sobriety test required by law

1818 Jx

SunTrust Bank / Gulf Coast
PO Box 3833
Crest wire Facility
Orlando, FL 32897