

JAY M. GOTTLIEB

Attorney At Law
2807 Southwest 27th Avenue
Miami, Florida 33133-3701

DEPOSIT

DATE

D7 17

FEB 26 1998

980296 1C

TEL: (305) 567-0000
FAX: (305) 445-9999

February 25, 1998

Florida Public Service Commission
Betty Easley Bldg., C/o Records & Reporting
2540 Shumard Oak Boulevard
Capital Circle Office Center
Tallahassee, FL 32399-0850

Attn: Brenda H. Hawkins, Regulatory Analyst

Re: Application For Certificate to Provide Pay Telephone Service Within Florida

Dear Ms. Hawkins:

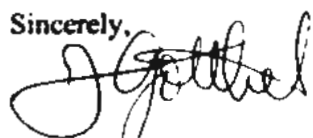
Enclosed please find the Application (and 2 copies) with application fee (\$100) I am filing on behalf of myself and 3 siblings (I am the group's representative) to provide pay telephone service within the State of Florida. The projected site for the five (5) contemplated payphones is a section of a strip shopping center we have inherited, in Miami-Dade County, Florida. I am the representative for our family group; we are acting in our individual capacities.

You indicated if you received this application by tomorrow, you might be able to have the application hearing calendared for some time in March

Please don't hesitate to call me for clarification or additional information

With kindest regards, I am,

Sincerely,



Jay M. Gottlieb

59 FEB 25 PM 12 59

RECEIVED DATE

02687 FEB 26 88

951296 10

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1 LEGAL NAME OF THE APPLICANT Michael Richter
Richter, Jean

2 NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS
Michael Richter

3 ADDRESS OF THE APPLICANT(S)
STREET 2807 SW 72nd Ave
CITY MIAMI
STATE & ZIP CODE FL 33155

4. TYPE OF ORGANIZATION (CHECK ONE)

A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER OWN NAME:

DOCUMENTATION: No other documentation needed

B. PARTNERSHIP

DOCUMENTATION: Attach a copy of the partnership agreement and a list with the name and address of all partners

C. CORPORATION

DOCUMENTATION Attach proof that articles of incorporation have been filed with the Florida Secretary of State's Office. If incorporated outside of Florida attach proof from the Florida Secretary of State that applicant has authority to operate in Florida and provide name and address of Florida Registered Agent

NAME _____

ADDRESS _____

RECEIVED
2687 FEB 26 88
RECORDING

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

D. DOING BUSINESS UNDER A FICTITIOUS NAME

DOCUMENTATION: Attach proof that a fictitious name(s) has been registered with the Florida Secretary of States Office

5. PROVIDER NAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUAL WHO IS RESPONSIBLE FOR COMMISSION CONTACTS.

NAME:

JAY W. HILL

TITLE:

Attorney

PHONE:

(305) 222-1111

6. HAS APPLICANT OR ANY SUBSIDIARY PARTNER OFFICER, DIRECTOR ETC., OR IN THE CASE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE APPLICANT EVER BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE STATE OF FLORIDA? THIS INCLUDES ACTIVE AND CANCELED PAY TELEPHONE CERTIFICATES

No

7. IF THE ANSWER TO QUESTION 6 IS YES PLEASE EXPLAIN AND LIST THE CERTIFICATE HOLDER AND CERTIFICATE NUMBER

8. LIST THE STATES IN WHICH THE APPLICANT

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE

Ala.

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

B. HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPHONE PROVIDER.

None

C. HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVIDER. EXPLAIN CIRCUMSTANCES

None

D. HAS HAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS OF TELECOMMUNICATIONS STATUTES EXPLAIN CIRCUMSTANCES.

None

9. PLEASE INDICATE IF ANY OFFICERS OF THE CORPORATION PARTNERSHIP OR INDIVIDUAL APPLICANT HAVE BEEN ADJUDGED BANKRUPT MENTALLY INCOMPETENT, OR FOUND GUILTY OF ANY FELONY OR OF ANY CRIME, OR WHETHER SUCH ACTIONS MAY RESULT FROM PENDING PROCEEDINGS.

None

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

10. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED

LOCAL
LONG DISTANCE
COIN
CALLING CARD
CREDIT CARD
OTHER, DESCRIBE _____

11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR 5

12. HOW DOES THE APPLICANT INTEND TO SERVICE AND MAINTAIN EACH PAYPHONE?

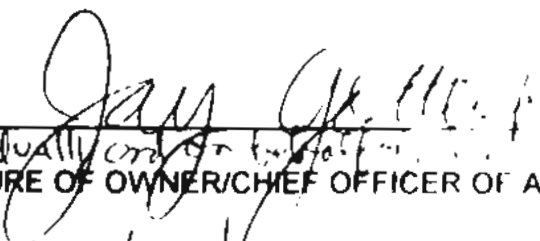
PERSONALLY
FULL-TIME TECHNICIAN
PART-TIME TECHNICIAN
SERVICE/REPAIR/MAINTENANCE CONTRACT
OTHER DESCRIBE _____

13. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA IOXXX+0, 950-XXXX, AND 1-800? (Sec Rule 25.24.515, F.A.C.)

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

14. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL CONFORM TO SUBSECTIONS 4 29 2 - 4 29 4 and 4 29 8 OF THE AMERICAN NATIONAL STANDARD SPECIFICATIONS FOR MAKING BUILDINGS AND FACILITIES ACCESSIBLE AND USABLE BY PHYSICALLY HANDICAPPED PEOPLE (ATTACHMENT F ANSI STANDARDS) (See Rule 25-24 515(14), F.A.C.)

I, THE UNDERSIGNED OWNER OR OFFICER OF THE ABOVE NAMED ENTITY HAVE READ THE FOREGOING AND DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION IS A TRUE AND CORRECT STATEMENT, I AM AWARE THAT PURSUANT TO S. 837.06, FLORIDA STATUTE WHOEVER KNOWINGLY MAKES A FALSE STATEMENT IN WRITING WITH THE INTENT TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS OFFICIAL DUTY SHALL BE GUILTY OF A MISDEMEANOR OF THE SECOND DEGREE. I WILL COMPLY WITH ALL CURRENT AND FUTURE COMMISSION REQUIREMENTS REGARDING THE PAY TELEPHONE SERVICE. I UNDERSTAND THAT A NON-REFUNDABLE APPLICATION FEE OF \$100 MUST ACCOMPANY THE APPLICATION. ALSO I UNDERSTAND THAT I AM REQUIRED TO PAY A REGULATORY ASSESSMENT FEE (MINIMUM \$50.00 PER CALENDAR YEAR), FILE AN ANNUAL PAY TELEPHONE SERVICE REPORT, AND PAY GROSS RECEIPTS TAX. FURTHERMORE I AGREE TO KEEP THE COMMISSION ADVISED OF ANY CHANGES IN THE NAMES OR ADDRESSES LISTED ABOVE WITHIN TEN (10) DAYS OF THE CHANGE.


Individually owned or controlled by the undersigned
(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT) *Individually owned and controlled by Jay G. Miller*

DATE: 2/25/98

APPLICANT ACKNOWLEDGMENT

Applicant JAY [unclear]

I acknowledge receipt and understanding of the Florida Public Service Commission's Rules and Requirements relating to my provision of Pay Telephone Service.

Signature: [Handwritten Signature]

Title: Assistant Manager - [unclear]

Date: 2/1/11

THIS MUST BE COMPLETED AND RETURNED WITH THE APPLICATION BEFORE THE CERTIFICATION PROCESS BEGINS. FAILURE TO DO SO WILL RESULT IN A DELAY OF THE CERTIFICATE BEING ISSUED.

JAY M. GOTTLIEB

Attorney At Law
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Miami, Florida 33133 3701

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ESTATE OF CHARLES E. GOTTLIEB

JAY M. GOTTLIEB
PH: (305) 567 0000
2807 S.W. 27TH AVE
MIAMI, FL 33133

CONSUMERS SAVINGS BANK
2000 S.W. 10TH AVE
MIAMI, FL 33135

2903

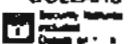
2/25/98

PAY TO THE ORDER OF Public Service Commission

*****100.00

One Hundred and 00/100**

DOLLARS



MEMO Application Fee