#### **ATTACHMENT B**

## D7 1 7 ← FEB 2 7 1999 FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

I.	LEGAL NAME OF THE APPLICANT Alberto A Land					
	980301-7C					
2.	NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS					
<b>3</b> .	ADDRESS OF THE APPLICANT(S)					
	STREET 495 S. Shine DI					
	CITY MB.					
	STATE & ZIP CODE FL , 37141					
4.	TYPE OF ORGANIZATION (CHECK ONE) √					
	A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER OWN NAME:					
٠,	OCUMENTATION: No other documentation needed					
	B. PARTNERSHIP:					
	DOCUMENTATION: Attach a copy of the partnership agreement, and a list with the mame and address of all partners					
' '	SC. CORPORATION:					
DC	CUMENTATION: Attach proof that articles of incorporation have beenfiled 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					
	<del></del>					

	D.	DOING !	BUSINESS	SUNDER	A FICTITIO	DUS NAME	=	1	
				tach proof ary of State		tious name	e(s) has b	een registere	d
				LE, AND I			R OF TH	HE INDIVIDUA	٩L
	NAM	AE:	Alber	to 15	1. 1. 12.0	-		· <u>-</u>	
	TITL	. <b>E</b> :	Our	er.		-			
	PHO	NE:	305 -	866	1342				
ETC., SHAR TELE	OR IN REHOL PHON	N THE CALDER OF NE CERT	ASE OF A THE APP IFICATE II ELED PAY	CLOSELY PLICANT E N THE ST	HELD CO EVER BEE ATE OF F ONE CER	DRPORAT	ION ANY ED OR D THIS IN	ENIED A PA	
	IFICA		DER AND	UESTION CERTIFIC	ATE NUM	BER	XPLAIN	AND LIST TI	ŧΕ
<b>3</b> .	LIST	THE ST	ATES IN V	<b>WHI</b> CH TH	IE APPLIC	CANT		•	

None

HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY ELEPHONE PROVIDER
N/A
C. HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY ELEPHONE PROVIDER EXPLAIN CIRCUMSTANCES
D, HAS HAD REGULATORY PENALTIES IMPOSED FOR IOLATIONS OF TELECOMMUNICATIONS STATUTES EXPLAIN IRCUMSTANCES.  NA
PLEASE INDICATE IF ANY OFFICERS OF THE CORPORATION ARTNERSHIP OR INDIVIDUAL APPLICANT HAVE BEEN ADJUDGED BANKRUPT ENTALLY INCOMPETENT, OR FOUND GUILTY OF ANY FELONY OR OF ANY RIME, OR WHETHER SUCH ACTIONS MAY RESULT FROM PENDING ROCEEDINGS
N/A

10.	PLEASE CHECK   THE SERVICES THAT WILL BE PROVIDED					
	LOCAL LONG DISTANCE COIN CALLING CARD CREDIT CARD OTHER, DESCRIBE					
		<del></del> -				
11 PLAN	PROPOSED NUMBER OF IS TO PLACE IN THE FIR	F PAY TELEPHONE INSTR	RUMENTS THE APPLICANT			
	HOW DOES THE APPLIC PHONE? ▼	CANT INTEND TO SERVICE	AND MAINTAIN EACH			
	PERSONALLY FULL-TIME TECHNICIAN PART-TIME TECHNICIAN SERVICE/REPAIR/MAINT OTHER DESCRIBE	l	✓			
		<del></del>				
			- · · · <del>-</del>			
			· <del>-</del>			
PRO	/IDE ACCESS TO ALL LO	TELEPHONES WHICH YO CALLY AVAILABLE LONG 1-800? (See Rule 25-24.5	DISTANCE CARRIERS			
	Yes					

## FLORIDA PATELEPHONE CERTIFICATE APPLICATION

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.)
Yes

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 ILLINDERSTAND 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 LAGREE TO KEEP THE COMMISSION ADVISED OF ANY CHANGES IN THE NAMES OR ADDRESSES LISTED ABOVE WITHIN TEN (10) DAYS OF THE CHANGE

(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE 3 22 98



Applicant _	Alberto Balin
	owledge receipt and understanding of the Florida Public Service n's Rules and Requirements relating to my provision of Pay Service.
Signature:	Allerto Burn
Title:	Owner
Date:	2-23-96

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.

### ATTACHMENT B

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	S. Show Dr	
	<i>F(</i> , 3 <sup>2</sup> ,3 <sup>2</sup> /4/ TION (CHECK ONE) √	-
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Sc. CORPORATION		. 1
Florida Secretary of Sta from the Florida Secret	h proof that articles of incorporation ate's Office. If incorporated outside tary of State that applicant has auth me and address of Florida Register	of Florida, attach proof ority to operate in
Alberto Or Norma Babani 495 5. Shore Dr. Miami Beach, Fi 35141-2401 Flow? do Public Sov	19085033; 668 200 - 23-48 Vice Com. \$11/203	
L FED		
Bask 7, 23141	CH. 6 VINGERI -	