

DEPOSIT DATE
D043 DEC 09 1998

**** FLORIDA PUBLIC SERVICE COMMISSION ****

DIVISION OF COMMUNICATIONS
BUREAU OF SERVICE EVALUATION

981824-TC

APPLICATION FORM
for
AUTHORITY TO PROVIDE PAY TELEPHONE SERVICE
WITHIN THE STATE OF FLORIDA

INSTRUCTIONS

- A. This form is used as an application for an original certificate to provide pay telephone service within the State of Florida.
- B. Print or type all responses to each item requested in the application and appendices. If an item is not applicable, please explain why.
- C. Use a separate sheet for each answer which will not fit the allotted space.
- D. Once completed, submit the original and two (2) copies of this form, the signed Applicant Acknowledgement Card, and a non-refundable application fee of \$100.00 to:

Florida Public Service Commission
Division of Records and Reporting
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6770

- E. If you have questions about completing the form, contact:

Florida Public Service Commission
Division of Communications
Bureau of Certification and Evaluation
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6600

RECEIVED
FLORIDA PUBLIC
SERVICE COMMISSION
98 DEC -9 11 9 21
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FORM PSC/CMU 32 (8/98)
Required by Commission Rule Nos. 25-24.510 and 25-24.511

DOCUMENT NUMBER-DATE

13831 DEC-98

FPSC-RECORDS/REPORTING

1. Name of company;

United Payphones of America, Inc

2. Name under which applicant will do business (fictitious name, etc.):

United Payphones of America, Inc.

3. Official mailing address (including street name & number, post office box, city, state, and zip code).

7041 W. Commercial Blvd.

Suite 6-A

Tamarac FL 33319

4. Florida address (including street name & number, post office box, city, state, and zip code):

7041 W. Commercial Blvd

Suite 6-A

Tamarac FL. 33319

5. Structure of organization;

Individual

General Partnership

Other, _____

Corporation

Limited Partnership

✓ 6. If incorporated in Florida, provide proof of authority to operate in Florida:

(a) Florida Secretary of State Corporate registration number: 1998000057412 - (see attached)

✓ 7. If using fictitious name-d/b/a, provide proof of compliance with the fictitious name statute (Chapter 865.09 FS) to operate in Florida:

(a) Florida Fictitious Name registration number: N/A

✓ 8. FEID Number (if applicable): 65-0858523

11. Who will serve as liaison to the Commission with regard to the following?

(a) The application:

Name : Andrew Marcus
Title : President
Address: 7041 W. Commercial Blvd Suite 6-A
City/State/Zip: Tamarac FL 33319
Telephone No.: 954-720-3488 Fax No.: 954-720-8419
Internet E-Mail Address: ACME@Gate.Net
Internet Website Address: N/A

(b) Official Point of Contact for the ongoing operations of the company:

Name : Andrew Marcus
Title : President
Address: 7041 W. Commercial Blvd Suite 6A
City/State/Zip: Tamarac FL 33319
Telephone No.: 954-720-3488 Fax No.: 954-720-8419
Internet E-Mail Address: ACME@Gate.Net
Internet Website Address: N/A

(c) Complaints/Inquiries from customers:

Name : Andrew Marcus
Title : President
Address: 7041 W. Commercial Blvd Suite 6A
City/State/Zip: Tamarac FL 33319
Telephone No.: 954-720-3488 Fax No.: 954-720-8419
Internet E-Mail Address: ACME@Gate.Net
Internet Website Address: N/A

15. List the states in which the applicant:

a. is currently providing pay telephone service:

None

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, rules, or orders. Explain circumstances:

None

16. Please check (✓) the services that will be provided:

LOCAL	<input type="checkbox"/>
LONG DISTANCE	<input type="checkbox"/>
COIN	<input checked="" type="checkbox"/>
CALLING CARD	<input type="checkbox"/>
CREDIT CARD	<input type="checkbox"/>
OTHER (Describe)	<input type="checkbox"/>

**** APPLICANT ACKNOWLEDGEMENT STATEMENT ****

1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of .15 of one percent of the gross operating revenue derived from intrastate business. Regardless of the gross operating revenue of a company, a minimum annual assessment fee of \$50 is required.
2. **GROSS RECEIPTS TAX:** I understand that all telephone companies must pay a gross receipts tax of two and one-half percent on all intra and interstate business.
3. **SALES TAX:** I understand that a seven percent sales tax must be paid on intra and interstate revenues.
4. **APPLICATION FEE:** I understand that a non-refundable application fee of \$100.00 must be submitted with the application.

UTILITY OFFICIAL:



Signature

11/12/98

Date

President

Title

954-720-3488

Telephone No.

Address: 7041 W. Commercial Blvd
Suite 61A
TAMARAC FL 33319

954-720-8419

Fax No.

ATTACHMENTS:

- A - Affidavit
- B - Applicant Acknowledgment

**** APPENDIX A ****


AFFIDAVIT

By my signature below, I, the undersigned owner/officer, have read the foregoing and declare that, to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable Commission rules and orders.

I will comply with all current and future Commission requirements regarding pay telephone service. I understand that I am required to pay a regulatory assessment fee (minimum of \$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 in the application within 10 days of the change.

Further, I am aware that, pursuant to Chapter 837.06, Florida Statutes, "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, punishable as provided in s. 775.082 and s. 775.083."

UTILITY OFFICIAL:

Signature: 

Date: 11/12/98

Printed Name: Andrew Marcus

Title: President

Address: 7041 W. Commerica (Blvd)

Suite 6A
Tamrac FL 33319

954-720-8419
Fax No.

**** APPENDIX B ****

APPLICANT ACKNOWLEDGMENT

Applicant: United Phosphorus of America, Inc
Andrew Marcus Pres

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

Signature: 

Date: 11/12/98

Printed Name: Andrew Marcus

Title: President

Address: 7041 W. Commercial Blvd Tel. No. 954-720-3488
Suite 6-A Fax No. 954-720-8419
Tamara FL 33319

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.



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

August 26, 1998

AMERILAWYER

CORAL GABLES, FL

Re: Document Number P98000057412

The Articles of Amendment to the Articles of Incorporation of **ANDREWS NETWORK CORP.** which changed its name to **UNITED PAYPHONES OF AMERICA, INC.**, a Florida corporation, were filed on August 25, 1998.

Should you have any questions regarding this matter, please telephone (850) 487-6050, the Amendment Filing Section.

Teresa Brown
Corporate Specialist
Division of Corporations

Letter Number: 998A00044103

DEPOSIT DATE
D043 DEC 09 1998

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FPSC-RECORDS/REPORTING

UNITED PAYPHONES OF AMERICA INC

800-355-5030
7051 WEST COMMERCIAL BLVD, NO. 3A
TAMARAC, FL 33319

1190

PAY TO THE ORDER OF

FL Public Service Commission

One Hundred and $\frac{4}{100}$

\$100.00

DOLLARS

12/9 98

Bennett

627-102
1940 Shumard Blvd.
Tallahassee, Florida 32310

FOR certi