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FLORIDA PUBLIC SERVICE COMMISSION

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

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**DIVISION OF COMMUNICATIONS
BUREAU OF SERVICE EVALUATION**

**APPLICATION FORM FOR CERTIFICATE TO PROVIDE
PAY TELEPHONE SERVICE
WITHIN THE STATE OF FLORIDA**

991881-TC

INSTRUCTIONS

- ◆ This form is used as an application for an original certificate to provide pay telephone service within the State of Florida.
- ◆ Print or type all responses to each item requested in the application. If an item is not applicable, please explain.
- ◆ Use a separate sheet for each answer which will not fit within the allotted space.
- ◆ Once completed, submit the original and two (2) copies of this form 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**

DEPOSIT
D 2 1 7

DATE
DEC 0 9 1999

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

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

1. Name of company or name of individual (not fictitious name or d/b/a):

Alexander Diny II

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

North Atlantic Payphones Inc.

3. Official mailing address:

Street: 1172 S Dixie Hwy #148

P.O. Box: _____

City: Coral Gables

State: Florida Zip: 33146

4. Florida address:

Street: N/A

P.O. Box: _____

City: _____

State: _____ Zip: _____

5. Structure of organization:

Individual

Corporation

General Partnership

Limited Partnership

Other: _____

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

Florida Secretary of State
Corporate Registration Number: N/A

7. If using fictitious name d/b/a (doing business as), provide proof of compliance with the fictitious name statute (Chapter 865.09, Florida Statutes) to operate in Florida:

Florida Fictitious Name
Registration Number: N/A

8. F.E.I. Number (if applicable): N/A

9. If individual, provide:

Name: Alexander Dina II

Title: _____

Address: 1172 S Dixie Hwy #148

City/State/Zip: Coral Gables

Telephone No.: (305) 461-1360 Fax No.: (305) 461-1360

Internet E-Mail Address: alex.dina@hotmail.com

Internet Website Address: _____

10. If partnership, provide name, title and address of all partners and a copy of the partnership agreement:

a. Name: N/A

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____
10. Partnership (continued)
b. Name: _____ *N/A*
Title: _____
Address: _____
City/State/Zip: _____
Telephone No.: _____ Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

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

a. The application:
Name: _____ *SAME AS OWNER*
Title: _____
Address: _____
City/State/Zip: _____
Telephone No.: _____ Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

b. Official Point of Contact for ongoing company operations including complaints and inquiries:
Name: _____ *N/A*
Title: _____
Address: _____
City/State/Zip: _____
Telephone No.: _____ Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

12. Indicate if applicant or any subsidiary, partner, officers, directors, or any stockholder has been previously adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings.

If so, provide explanation: N/A

13. Has the applicant or any subsidiary, partner, officer, director, or any stockholder ever been granted or denied a pay telephone certificate in the State of Florida? (This includes active and canceled pay telephone certificates.) If yes, provide explanation and list the certificate holder and certificate number.

N/A

14. Is the applicant or any subsidiary, partner, officer, director, or any stockholder a subsidiary, partner, or officer in any other Florida certificated pay telephone company? If yes, give name of company and relationship. If no longer associated with company, give reason why not.

N/A

15. List other states in which the applicant:

a. Is currently providing pay telephone service.

MA

b. Has applications pending to be certified as a pay telephone provider.

MA

c. Has been denied authority to operate as a pay telephone provider. Explain circumstances.

MA

d. Has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders. Explain circumstances.

MA

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

- LOCAL
 - LONG DISTANCE
 - COIN
 - CALLING CARD
 - CREDIT CARD
 - OTHER (Describe) 411 Free
- _____

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: _____

18. How does the applicant intend to service and maintain each payphone? Check (✓) all that apply.

- PERSONALLY
 - FULL-TIME TECHNICIAN
 - PART-TIME TECHNICIAN
 - SERVICE/REPAIR/MAINTENANCE CONTRACT
 - OTHER (Describe) linked payphones of America
- _____
- _____
- _____

19. Will each of the installed pay telephones provide access to all locally available long distance carriers via 10XXX+0, 10XXXX+0, 101XXXX+0, 950, and toll free (e.g. 800, 877, and 888)? See Rule 25-24.515(10), Florida Administrative Code.

- Yes
 - No Explain: _____
- _____
- _____
- _____

20. Will each of the installed pay telephones conform to subsections 4.28.8.4 and 4.29 of the American National Standard (CABO/ANSI A117.1-1992), Accessible and Usable Buildings and Facilities, approved December 15, 1992 by the American National Standards Institute, Inc.? See Rule 25-24.515(18), Florida Administrative Code.

- Yes
 - No Explain: _____
- _____
- _____
- _____

APPLICANT FEE/TAX STATEMENT

1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of 0.15 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 the 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:

Alexander Dinut
Print Name

Owner
Title

(305) 461-1360
Telephone No.

Alexander Dinut
Signature

Dec 6, 1999
Date

(305) 461-1360
Fax No.

Address: _____
_____ 1172 S Dixie Hwy #148
_____ Cord Gables, FL 33146

****ACKNOWLEDGMENT****

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, pay applicable sales tax, and pay gross receipts tax. Furthermore, I agree to keep the Commission advised of any changes in the names and 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:

Alexander Dinn

Print Name

Alexander Dinn

Signature

Owner

Title

Dec 6, 1999

Date

(305) 461-1360

Telephone No.

(305) 461-1360

Fax No.

Address:

1172 S Dixie Hwy #148

Coral Gables, FL 33146

****APPLICANT ACKNOWLEDGMENT****

Applicant: Alexander Dimitt

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

Alexander Dimitt Alexander Dimitt
Print Name Signature

Owner Dec 6, 1999
Title Date

(305) 461-1360 (305) 461-1360
Telephone No. Fax No.

Address: 1172 S. Dixie Hwy #48
Coral Gables, FL 33146

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

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

NationsBank

Cashier's Check

No. 0718725

Notice to Purchaser: In the event this check is lost, misplaced or stolen, a 4 month statement and 90 day waiting period will be required prior to replacement. This check should be negotiated within 90 days.

Date: DECEMBER 07, 1999

If this check is not returned for cancellation by the remitter or presented for payment by the payee or an endorsee within one year after its date, it will be subject to a nonrefundable dormancy fee of \$5.00 per month thereafter.

Banking Center: CORAL GABLES

0006102 0001A 0718725

ALEXANDER DIMU II

Remitter (Purchased By)

** 100.00 **

ONE HUNDRED DOLLARS AND 00 CENTS

To The Order Of: ****FLORIDA PUBLIC SERVICE COMMISSION**
DIVISION OF COMMUNICATIONS****

REDACTED
DOCUMENT NUMBER - DATE

Authorized Signature: *[Handwritten Signature]*

0914-3726 (10/98)

NationsBank, N.A.
San Antonio, Texas

15106 DEC -9 98

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