



SUNTEL METRO

SUNTEL METRO

127 N. MAGNOLIA
 ORLANDO, FL 32801
 407-872-0470
 800-785-1355
 FAX 407-872-0547

00 AUG 11 AM 9:50
 MAIL ROOM

August 1, 2000

Florida Public Service Commission
 Division of Records and Reporting
 2540 Shumard Oak Blvd.
 Tallahassee, FL 32399-0850

Dear Sirs:

DEPOSIT DATE
D 3 4 7 **AUG 12 2000**

001117-TX

Enclosed please find an original and 6 copies of the Application for Authority to Provide Alternative Local Exchange Service within the State of Florida along with the application fee of \$250.00 as indicated.

Thank you for your attention to this matter.

Sincerely,

Richard J. Kirkwood
 President

DOCUMENT NUMBER-DATE
0974 | AUG 11 8
 FPSC-RECORDS/REPORTING

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

DIVISION OF TELECOMMUNICATIONS
BUREAU OF CERTIFICATION AND SERVICE EVALUATION

APPLICATION FORM
for
AUTHORITY TO PROVIDE
ALTERNATIVE LOCAL EXCHANGE SERVICE
WITHIN THE STATE OF FLORIDA

001117.TX

Instructions

- ◆ This form is used as an application for an original certificate and for approval of the assignment or transfer of an existing certificate. In the case of an assignment or transfer, the information provided shall be for the assignee or transferee (See Appendix A).
- ◆ Print or type all responses to each item requested in the application and appendices. If an item is not applicable, please explain why.
- ◆ Use a separate sheet for each answer which will not fit the allotted space.
- ◆ Once completed, submit the original and six (6) copies of this form along with a non-refundable application fee of **\$250.00** to:

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

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

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

DOCUMENT NUMBER-DATE

09741 AUG 11 8

APPLICATION

1. This is an application for \checkmark (check one):

(\checkmark) **Original certificate** (new company).

() **Approval of transfer of existing certificate:** Example, a non-certificated company purchases an existing company and desires to retain the original certificate of authority.

() **Approval of assignment of existing certificate:** Example, a certificated company purchases an existing company and desires to retain the certificate of authority of that company.

() **Approval of transfer of control:** Example, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

2. Name of company:

SUNTEL METRO, INC.

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

SUNTEL METRO

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

127 N. Magnolia Ave.

Orlando, FL 32801

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

SAME

6. Structure of organization:

- () Individual (X) Corporation
() Foreign Corporation () Foreign Partnership
() General Partnership () Limited Partnership
() Other _____

7. **If individual**, provide:

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

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

(a) **The Florida Secretary of State corporate registration number:**

P 98000098571

9. **If foreign corporation**, provide proof of authority to operate in Florida:

(a) **The Florida Secretary of State corporate registration number:**

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

(a) **The Florida Secretary of State fictitious name registration number:**

11. **If a limited liability partnership**, provide proof of registration to operate in Florida:

(a) The Florida Secretary of State registration number:

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

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

13. **If a foreign limited partnership**, provide proof of compliance with the foreign limited partnership statute (Chapter 620.169, FS), if applicable.

(a) The Florida registration number: _____

14. Provide **F.E.I. Number**(if applicable): 59-3550100

15. Indicate if any of the officers, directors, or any of the ten largest stockholders have previously been:

(a) adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. Provide explanation.

No

(b) an officer, director, partner or stockholder in any other Florida certificated telephone company. If yes, give name of company and relationship. If no longer associated with company, give reason why not.

RICHARD KIRKWOOD, PRESIDENT - SUNTEL NETWORK, INC.

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

(a) The application:

Name: RICHARD KIRKWOOD

Title: PRESIDENT

Address: 127 N. Magnolia Ave.

City/State/Zip: Orlando, FL 32801

Telephone No.: 407-872-0470 Fax No.: 407-872-0547

Internet E-Mail Address: RKirkwood@Suntelmetro.net

Internet Website Address: WWW.Suntelmetro.net

(b) Official point of contact for the ongoing operations of the company:

Name: SAME

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

(c) Complaints/Inquiries from customers:

Name: SAME

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

17. List the states in which the applicant:

(a) has operated as an alternative local exchange company.

NONE

(b) has applications pending to be certificated as an alternative local exchange company.

N/A

(c) is certificated to operate as an alternative local exchange company.

N/A

(d) has been denied authority to operate as an alternative local exchange company and the circumstances involved.

NONE

- (e) has had regulatory penalties imposed for violations of telecommunications statutes and the circumstances involved.

NONE

- (f) has been involved in civil court proceedings with an interexchange carrier, local exchange company or other telecommunications entity, and the circumstances involved.

NONE

18. Submit the following:

A. Financial capability.

The application **should contain** the applicant's audited financial statements for the most recent 3 years. If the applicant does not have audited financial statements, it shall so be stated.

The unaudited financial statements should be signed by the applicant's chief executive officer and chief financial officer **affirming that the financial statements are true and correct** and should include:

1. the balance sheet:
2. income statement: and
3. statement of retained earnings.

NOTE: *This documentation may include, but is not limited to, financial statements, a projected profit and loss statement, credit references, credit bureau reports, and descriptions of business relationships with financial institutions.*

Further, the following (which includes supporting documentation) should be provided:

1. **written explanation** that the applicant has sufficient financial capability to provide the requested service in the geographic area proposed to be served.
 2. **written explanation** that the applicant has sufficient financial capability to maintain the requested service.
 3. **written explanation** that the applicant has sufficient financial capability to meet its lease or ownership obligations.
- B. **Managerial capability:** give resumes of employees/officers of the company that would indicate sufficient managerial experiences of each.
- C. **Technical capability:** give resumes of employees/officers of the company that would indicate sufficient technical experiences or indicate what company has been contracted to conduct technical maintenance.

**** APPLICANT ACKNOWLEDGMENT 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 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 \$250.00 must be submitted with the application.

UTILITY OFFICIAL:

<u><i>Richard J. [Signature]</i></u>	<u>8/1/00</u>
Signature	Date
<u><i>President</i></u>	<u>407-872-0470</u>
Title	Telephone No.
Address: <u><i>127 N. Magnolia Ave.</i></u>	<u>407-872-0547</u>
<u><i>Orlando, FL 32801</i></u>	Fax No.

ATTACHMENTS:

- A - CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT
- B - INTRASTATE NETWORK
- C - AFFIDAVIT

CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT

I, (Name) _____,

(Title) _____ of (Name of Company)

_____ and current holder of Florida Public Service Commission Certificate Number # _____, have reviewed this application and join in the petitioner's request for a:

- () sale
- () transfer
- () assignment

of the above-mentioned certificate.

UTILITY OFFICIAL:

Signature

Date

Title

Telephone No.

Address: _____

Fax No.

INTRASTATE NETWORK (if available)

Chapter 25-24.825 (5), Florida Administrative Code, requires the company to make available to staff the alternative local exchange service areas only upon request.

1. POP: Addresses where located, and indicate if owned or leased.

1) _____	2) _____
_____	_____
3) _____	4) _____
_____	_____

2. SWITCHES: Address where located, by type of switch, and indicate if owned or leased.

1) _____	2) _____
_____	_____
3) _____	4) _____
_____	_____

3. TRANSMISSION FACILITIES: POP-to-POP facilities by type of facilities (microwave, fiber, copper, satellite, etc.) and indicate if owned or leased.


<u>POP-to-POP</u>	<u>OWNERSHIP</u>
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____

AFFIDAVIT

By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application and attached documents and that the applicant has the technical expertise, managerial ability, and financial capability to provide alternative local exchange company service in the State of Florida. I 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.


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:

	8/1/00
Signature	Date
President	407-872-0470
Title	Telephone No.
Address: 127 N. Magnolia Ave.	407-872-0470
Orlando, FL 32801	Fax No.


Suntel Metro, Inc P&L

Unaudited (in 000's)	For Period Ended		
	12/31/00	12/31/01	12/31/02
Revenues	300	1200	2400
Expenses			
4200 Network	20	100	250
4400 Utility Costs	152	505	1030
4500 Staff	35	175	355
4600 Sales	5	11	51
4700 Interest	12	114	159
4800 Rents	3	15	20
4900 Office	10	30	40
5000 Computer	5	10	15
5100 Legal	10	15	20
5200 Taxes	5	10	15
5300 Depreciation	23	70	150
5400 Amortization	20	45	45
Total Expenses	300	1100	2150
Net Income	0	100	250

Affirmation - I affirm as the Chief Executive/Chief Financial Officer that these forecasts are true and correct. Affirmed 

Suntel Metro, Inc Balance Sheet

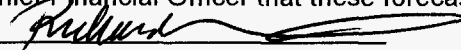
Unaudited		12/31/00	12/31/01	12/31/02
in (000's)		Estimate	Projected	Projected
Assets				
Current Assets				
1000	Cash	100	1500	1500
1005	Deposits	300	400	500
1200	A/R	300	900	1200
Total Current Assets		700	2800	3200
Fixed Assets				
1500	Equipment	500	1000	1500
1550	Network	100	500	1000
1575	Intangibles	1200	1200	1200
Total Fixed Assets		1800	2700	3700
Total Assets		2500	5500	6900
Liabilities				
Current Liabilities				
2000	A/P	100	600	850
	2010 Notes	400	1800	1800
	2050 Equip Fin	500	1000	1500
Total Liabilities		1000	3400	4150
Equity				
3000	Capital Stock	1500	2000	2500
3050	Ret Earnings	0	100	250
Total Equity		1500	2100	2750
Total Liabilities and Equity		2500	5500	6900

Affirmation - I affirm as the Chief Executive/Chief Financial Officer that these forecasts are true and correct. Affirmed 

Statement of Retained Earnings

Statement Of Retained Earnings

unaudited	(in 000's	12/31/00	12/31/01	12/31/02
Retained Earnings		0	0	100
Income added to RE		0	100	250
Period Ending RE		0	100	350

Affirmation - I affirm as the Chief Executive/Chief Financial Officer that these forecasts are true and correct. Affirmed 

Suntel Metro, Inc.

The company intends to execute UNE-P contracts with Bellsouth, GTE/Verizon, and Sprint in the initial phase of its development and operate on a resold basis until sufficient clients are developed to justify installing soft switches in client cities to reduce the cost of unbundled network elements. We have been assured of financing for equipment (when justified to install) through vendor financing.

The company will provide deposits to its vendors to initiate services. These resources are presently available to us. The company will sell services above the cost in the vendor contracts and bill and collect promptly for those services. Therefore, it will be able to maintain services provided. The company has sufficient resources to meet ownership and lease obligations. As explained before, the company will only build out to client cities when sufficient revenues exist to cost justify the obligation. Reserves will be maintained to meet obligations. Outside capital investment is available to Suntel Metro, Inc.

The company is a sister company to Suntel Network, Inc. a certified IXC operating in Florida for over 10 years. As such we are familiar with Florida market requirements to succeed in a very competitive market. We are also familiar with FPSC and its policies. Over the last ten years, We could count on one hand the number of complaints against our company something very few companies could claim. This is because we give our customers something that is lost in Corporate America today: personalized service by a real human being. We will operate with a small motivated staff knowledgeable in telecommunications services with an average experience of 10 years.

Managerial Capability:

Richard J. Kirkwood, President

Over 15 years experience, 10 years as the head of Suntel Network, Inc in finance and operations of telecommunications companies

Linda Ellis, Customer Management

Over 15 years experience, 10 years with Suntel Network, Inc in customer service and billing operations

Technical Capability:

Kevin Hidden, VP-Network Operations

Over 20 years experience, 10 years with Suntel Network, Inc in data, switching, chief technician, and network management

Shawn Parsons, Software Consultant

Over 10 years experience, 8 years working on software for the management and billing of telecommunication services

In summary, Suntel Metro, Inc is a very good ALEC candidate deserving of issuance of a certificate.



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127 N. MAGNOLIA
ORLANDO, FL 32801
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August 1, 2000

Florida Public Service Commission
Division of Records and Reporting
2540 Shumard Oak Blvd.
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DEPOSIT DATE
D347 AUG 12 2000


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001117-TX

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Thank you for your attention to this matter.

Sincerely,


Richard J. Kirkwood
President

ORIGINAL DOCUMENT IS PRINTED ON CHEMICAL REACTIVE PAPER & HAS A MICROPRINTED BORDER



SUNTEL METRO, INC.
127 N. MAGNOLIA AVE.
ORLANDO, FLORIDA 32801
PHONE: (407) 872-0470



BANK OF CENTRAL FLORIDA
ORLANDO, FLORIDA 32801
63-993/631

10560

8/ 1'00

PAY TO THE ORDER OF Florida Public Service Commission

\$ *****250.00

Two Hundred Fifty and 00/100***** DOLLARS

FPSC
2540 Shumard Rd
Tallahassee, FL 32399

DOCUMENT NUMBER - DATE

09741 AUG 11

MEMO Application for ALEC

THE REVERSE SIDE OF THIS DOCUMENT INCLUDES AN ARTIFICIAL WATERMARK. HOLD AT AN ANGLE TO VIEW
"010560"