

001764-TC

ORIGINAL

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

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

3. Official mailing address:  
Street: 8084 NW 10 St. #5  
P.O.Box: no  
City: Miami  
State: FL Zip: 33126

4. Florida address:  
Street: 8084 NW 10 St. #5  
P.O.Box: -  
City: Miami  
State: FL Zip: 33126

DEPOSIT  
D395  
DATE  
DEC 11 2000

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: no

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:** no

8. **F.E.I. Number (if applicable):** no

9. **If individual, provide:**

**Name:** ODALYS MARTINEZ

**Title:** Owner

**Address:** 8084 NW 10 St. # 5

**City/State/Zip:** Miami, FL. 33126

**Telephone No.:** 305-269-9621 **Fax No.:** 305-262-1788

**Internet E-Mail Address:** MartinezDormir@.AOL.Com

**Internet Website Address:** no

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

a. **Name:** n/a

**Title:** n/a

**Address:** n/a

**City/State/Zip:** n/a

**Telephone No.:** n/a **Fax No.:** n/a

**Internet E-Mail Address:** n/a

**Internet Website Address:** n/a

10. Partnership (continued)

b. **Name:** n/a  
**Title:** n/a  
**Address:** n/a  
**City/State/Zip:** n/a  
**Telephone No.:** n/a **Fax No.:** n/a  
**Internet E-Mail Address:** n/a  
**Internet Website Address:** n/a

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

a. The application:

**Name:** ODALYS MARTINEZ  
**Title:** OWNER  
**Address:** 8084 NW 10 St. #5  
**City/State/Zip:** Miami, FL. 33126  
**Telephone No.:** 305-269-9621 **Fax No.:** 305-262-1788  
**Internet E-Mail Address:** MartinezDormir@.AOL.Com  
**Internet Website Address:** -

b. Official Point of Contact for ongoing company operations including complaints and inquiries:

**Name:** ODALYS MARTINEZ  
**Title:** OWNER  
**Address:** 8084 NW 10 St. #5  
**City/State/Zip:** Miami, FL 33126  
**Telephone No.:** 305-269-9621 **Fax No.:** 305-262-1788  
**Internet E-Mail Address:** MartinezDormir@.AOL.Com  
**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: \_\_\_\_\_ NO \_\_\_\_\_

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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.

\_\_\_\_\_ NO \_\_\_\_\_

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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.

\_\_\_\_\_ NO \_\_\_\_\_

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15. List other states in which the applicant:

a. Is currently providing pay telephone service.

NO

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

NO

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

NO

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

NO

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

LOCAL

LONG DISTANCE

COIN

CALLING CARD

CREDIT CARD

OTHER (Describe) \_\_\_\_\_

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 10

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) \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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:**

ODALYS MARTINEZ  
**Print Name**

  
**Signature**

OWNER  
**Title**

12-02-2000  
**Date**

305-269-9621  
**Telephone No.**

305-262-1788  
**Fax No.**

**Address:** 8084 NW 10 St. # 5 Miami, FL 33126

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*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:**

ODALYS MARTINEZ  
Print Name

  
Signature

OWNER  
Title

12-02-2000  
Date

305-269-9621  
Telephone No.

305-262-1788  
Fax No.

**Address:** 8084 NW 10 St. # 5 Miami, FL 33126  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_




**\*\*APPLICANT ACKNOWLEDGMENT\*\***

**Applicant** ODALYS MARTINEZ

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

ODALYS MARTINEZ  
**Print Name**

  
**Signature**

OWNER  
**Title**

12-02-2000  
**Date**

305-269-9621  
**Telephone No.**

305-262-1788  
**Fax No.**

**Address:** 8084 NW 10 St. #5 Miami, FL 33126

**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.**

001764-JL

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ODALYS MARTINEZ

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


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DEPOSIT DATE  
D395 DEC 11 2000

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 General Partnership  
 Limited Partnership  
 Other: \_\_\_\_\_

74219132592

TravelersExpress.  INTERNATIONAL MONEY ORDER

12/06/00 75-53 919

7421913259 MONEY ORDER

IMPORTANT - SEE BACK BEFORE CASHING

PAY TO THE ORDER OF: Florida Public Service Commission

PURCHASER, SIGNER FOR DRAWER: Paul

PURCHASER, BY SIGNING YOU AGREE TO THE SERVICE CHARGE AND OTHER TERMS ON THE REVERSE SIDE

ADDRESS: 8084 NW 10 St. #5 Miami, FL 33126

PAY ONLY

ONE HUNDRED \*\*\*\* DOLLARS 00 CENTS

THIS AMOUNT

147732001090010

1433220341106259

ISSUER/DRAWER: TRAVELERS-EXPRESS COMPANY, INC.

Payable Through WF National Bank South Central Faribault, MN

in Florida:

DOCUMENT NUMBER-DATE  
15802 DEC-88  
FPSC-RECORDS/REPORTING