FLORIDA PUBLIC SERVICE COMMISSION

ORIGINAL

DIVISION OF REGULATORY OVERSIGHT CERTIFICATION SECTION

APPLICATION FORM FOR CERTIFICATE TO PROVIDE PAY TELEPHONE SERVICE WITHIN THE STATE OF FLORIDA 010972-TC INSTRUCTIONS

- This form is used as an application for an original certificate to provide pay telephone service within the State of Florida.
- <u>Print or type</u> all responses to each item requested in the application. If an item is not applicable, please explain. Pages 8, 9 and 10 <u>must</u> be completed and signed.
- 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 nonrefundable <u>application fee of \$100.00</u> to:

Florida Public Service Commission	Check received with the deposit. forwarded to Fincel for deposit. Fiscal to forward a copy of check Fiscal to forward a copy of check
Division of Records and Reporting 2540 Shumard Oak Blvd. Tallahassee, Florida 32399-0850 (850) 413-6770	Fiscal to forward a copy of the posit. To FIAR with proof of deposit. Initials of person who forwarded oheck:

If you have questions about completing the form, contact:

Florida Public Service Commission Division of Regulatory Oversight Certification Section 2540 Shumard Oak Blvd. Tallahassee, Florida 32399-0850 (850) 413-6480

Form PSC/CMU-32 (02/99) Required by Commission Rule Nos. 25-24.510 & 25-24.511 File Name: cmu-32.doc

DOCUMENT NUMBER-DATE

08658 JUL 163

AILROOM

5

FPSC-COMMISSION CLERK

	ORIGINAL
1.	Name of company or name of individual (not fictitious name or d/b/a):
2.	Name under which applicant will do business (fictitious name, etc.):
3.	Official mailing address: Street: 7400 MW. 7St. MIAMITL Suite 114 P.O. Box:
	City: MIAMI- State: FLORIDC Zip: 33126
4.	Florida address: Street:
	City:
	State: Zip:
5.	Structure of organization:
	() Individual
	(L) 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; P94 0000 270 38
Requir	SC/CMU-32 (02/99) ed by Commission Rule Nos. 25-24.510 & 25-24.511 DOCUMENT NUMBER - DATE

08658 JUL 165

2

FPSC-COMMISSION CLERK

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
 8. F.E.I. Number (if applicable): <u>65-048-4270</u> 9. If individual, provide: Name: <u>D1S</u> <u>Beltran</u> <u>Beltran</u> <u>Title:</u> <u>Pressionent-</u> <u>Address:</u> <u>T400 nw 755t.</u> <u>Sotte 114</u> <u>City/State/Zip:</u> <u>MIAMI</u> <u>MIAMI</u> <u>F2</u> <u>305-2618497</u> <u>Internet E-Mail Address:</u> <u>W1S</u> <u>LBCS.Com</u> 10. If partnership, provide name, title and address of all partners and a copy of the partnership agreement: Name: <u>Name:</u> <u>M</u> <u>Address:</u>
City/State/Zip:Fax No.:
Internet E-Mail Address:
Internet Website Address:
10. Partnership (continued)

2.	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?

1.	The application:
	Name: DiLowe Barker
	Title: Consultant / Programer
	Address: 100 BISCAYDE Blud Sulte 2500
	City/State/Zip: MIAMI FL 33132
	Telephone No.: <u>305-3713000</u> Fax No.: <u>305-503765</u> 8
	Internet E-Mail Address: dialo@hemc. wet
	Internet Website Address: / A ·

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

Name: LOIS BEITRAN Title: Poesident. Address: 7400 nw 7 st. contell4 City/State/Zip: MIAMI FL 33126 Telephone No.: 3052615339Fax No.: 305-2698497 Internet E-Mail Address: LUIS LBCS.COM Internet Website Address: DOne.	
Address: 7400 n W 7 St. soite 114 City/State/Zip: MIAMI FL 33126 Telephone No.: 3052615339Fax No.: 305-2698497 Internet E-Mail Address: LUIS LBCS. COM	Name: LUIS BEITRAN
City/State/Zip: <u>HIAMI FL</u> <u>331</u> 26 Telephone No.: <u>3052615339</u> Fax No.: <u>305-2693497</u> Internet E-Mail Address: <u>LUIS</u> <u>LISCS</u> <u>CO</u>	Title: Possident.
Telephone No.: 3052615339 Fax No.: 305-2693497 Internet E-Mail Address: LUIS LISC . COM	Address: 7400 nw 7 St. soite114
Internet E-Mail Address: LUIS LBCS. COM	
	Telephone No.: 3052615339 _{Fax No.:} 305-2698497
Internet Website Address: Uone -	Internet E-Mail Address: LUIS CLBCS. COM
	Internet Website Address: Ucme-

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:	NIA-

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.

-00	\geq -	\mathcal{O}	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.

	NO - N-A
_	······································
-	

List	other states in which the applicant:
1.	Is currently providing pay telephone service.
2.	Has applications pending to be certified as a pay telephone provider.
3.	Has been denied authority to operate as a pay telephone provider. Explain circumstances. $NA - NO -$
4.	Has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders. Explain circumstances.

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

15.

/	
(V) LOCAL	
()LONG DISTANCE	
(J) COIN	
() CALLING CARD	
(CDEDIT CADD	
(UOTHER (Describe) _	International.

- 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 (\checkmark) 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.
	(4) 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 <u>two and one-half percent</u> on all intra- and interstate business.
- 3. SALES TAX: I understand the a <u>seven percent</u> 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.

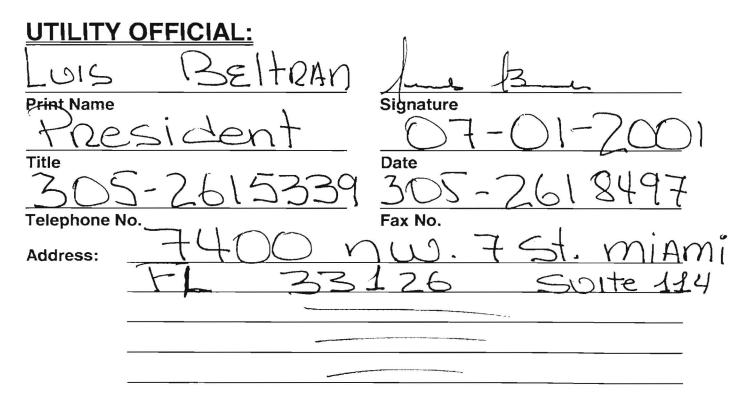
)
17
mi
14
- <u>></u> <u>1</u> <u>r</u>

ACKNOWLEDGMENT

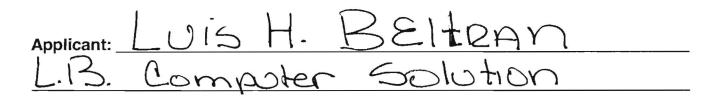
By my signature below, I, the undersigned owner/officer, have read the foregoing and declare that, to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable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



****APPLICANT ACKNOWLEDGMENT****



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

Lois	H. Beltean	Jan Ban	_
Print Name		Signature	
Pres	pident.	07.01-	2001
Title		Date	
305	-2615339	305-26	8497
Telephone N	0.	Fax No.	
Address:	7400 nu	075t.1	HIAMI
	FL. 33.	126 9	Suite 114

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.