

910188-TC

Barley's Grocery
1410 NW 119 ST,
Miami,
Fla 33167.
May 20, 1991

Re: Annual Report.

I have filed my annual report as requested by your office as of January 1991.

Unfortunately I understood that my report cannot be found in your office or did not get to your office.

I checked with your office and was told it is not there.

As ordered by your office I am supplying another under registered cover, with return receipt.

I understand there is a \$250.00 fee for reinstatement which I think is too much. Moreover I do not think this should be applied to me.

If it a small fee for maybe being late I can understand.

Respectfully awaiting your reply
Thanks
Albert Bailey

DOCUMENT NUMBER-DATE
05338 MAY 28 1991
PSC-RECORDS/REPORTING

1. This is an application for (check one):
() Original Authority (New company).
() Approval of Sale/Transfer (To another certificated company).
(X) Approval of Assignment of existing certificate (To a noncertificated company).

2. The legal name of the applicant:

ALBERT BAILEY

3. Name under which the applicant will do business:

BAILEY'S GROCERY

- (a) Provide proof of compliance with the fictitious name statute (Chapter 865.09 FS), if applicable.

4. Address of the building to be served (include street name and number, city, state and zip code).

1410 NW 119 ST., MIAMI FLA 33168

5. Address of the applicant (include street name and number, suite number, P.O. box, city, state and zip code). If mailing address differs from above, provide that also.

SAME AS ABOVE

6. Who is to serve as liaison with the Commission in regard to (please give name, title, address and telephone number):

- (a) The application:

Albert BAILEY 1410 NW 119 St Miami 33167
(305) 687-7861

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

- (c) Tariff:

(d) Complaints/Inquiries from customers:

7. Structure of organization; Individual
 Corporation
 Foreign Corporation
 Foreign Partnership
 General Partnership
 Limited Partnership
 Other, _____

8. If applicant is an individual or partnership, please give name, title and address of sole proprietor or partners. ALBERT BAILEY 1410 NW 19th Miami FLA 33160

a) Provide proof of compliance with the foreign partnership statute (Chapter 620.169 FS), if applicable.

9. If incorporated, give name, titles and addresses of the directors, chief officers and ten largest stockholders.

N/A

10. If incorporated, please give:

(a) Proof from the Florida Secretary of State that the applicant has authority to operate in Florida.

N/A

(b) Name and address of the company's Florida registered agent.

11. Provide information as to whether any of the officers or directors have been 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, please explain.

N/A

12. Indicate if any of the officers, directors, partners or stockholders have previously been and/or currently are an officer, director, partner or stockholder in any other Florida certificated telephone company.

N/A

(a) If yes, give name of company and relationship.

(b) If no longer associated with company, give reason why not.

13. Who will receive the bills for your service?
 Business customers for use at their business.
 Other: (specify) _____

14. Who will send the bill for your services?
Provide name and address.

ALBERT BARNEY 1710 NW 119 St Miami

15. When billed party receives bill for your services, will the name of your company appear on the bill (provide copy of bill)?

yes.

If not, explain why?

16. Who will the billed party contact to ask questions about the bill (Provide name and phone number). How will he be informed of this?

ALBERT BARNEY (205) 687-7861

17.. What effect will your company's operation have on the quality of service available from alternate suppliers?

18. What effect will your company's operation have on telephone service rates charged to customer's of other companies?
19. When did you start providing services as a shared tenant provider? *N/A*
20. List other states in which you provide shared tenant service? *NONE*
21. Of that list, which states have regulatory requirements for certification?
22. Have you ever been denied a certificate or been required to show cause or been penalized in another state? *NO*
If yes, give details. *N/A*
23. Have you ever received B1 or R1 STS access service from a Florida LEC? *NO*
If yes, who and when? *N/A*
24. What type of PBX serves your building? *NONE*
25. How many trunks go into your PBX for the single building?
26. Please submit the proposed tariff under which the company plans to begin operation. Use the format enclosed.