-971400-TC

DEPOSIT

DATE

ATTACHMENT B

D639

OCT 21 1997

### FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

Sun Shine Variete Services	NESS I	atha Eli
ADDRESS OF THE APPLICANT(S)		
STREET 290 N.W. 98 ST		
CITY Miem's		
STATE & ZIP CODE FL , 33150	i i	
TYPE OF ORGANIZATION (CHECK ONE) √		
INDIVIDUAL DOING BUSINESS UNDER HIS/HER OWN NAME:	(×)	12
OCUMENTATION: No other documentation needed.		
B. PARTNERSHIP:	1 1	4.9
OCUMENTATION: Attach a copy of the partnership agree name and address of all partners.	ment, and a	list with the
C. CORPORATION:	( )	
OCUMENTATION: Attach proof that articles of incorporal iled with the Florida Secretary of State's Office, If incorporate proof from the Florida Secretary of State that applicant in Florida and provide name and address of Florida Register.	rated outside has authorit	e of Florida,
NAMENONE		

DOCUMENT NUMBER-DATE

10827 OCT 225

## FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

DATE

D. DOING E	BUSINESS UNDER A FICTITIOUS NAME:
DOCUMENTA the Florida Se	ATION: Attach proof that a fictitious name(s) has been registered wit accretary of States Office.
PROVIDER N	NAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUAL PONSIBLE FOR COMMISSION CONTACTS:
NAME:	N/H
TITLE:	
PHONE:	
HAS APPLICA	ANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ETC ASE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDE
OF THE APP	LICANT EVER BEEN GRANTED OR DENIED A PAY TELEPHON E IN THE STATE OF FLORIDA? THIS INCLUDES ACTIVE AN PAY TELEPHONE CERTIFICATES.
OF THE APP	LICANT EVER BEEN GRANTED OR DENIED A PAY TELEPHON E IN THE STATE OF FLORIDA? THIS INCLUDES ACTIVE AN

## FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

В.	HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PATELEPHONE PROVIDER.
C.	HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONIPROVIDER. EXPLAIN CIRCUMSTANCES.
D,	HAS HAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS OF TELECOMMUNICATIONS STATUTES, EXPLAIN CIRCUMSTANCES.
OR	ASE INDICATE IF ANY OFFICERS OF THE CORPORATION, PARTNERSHINDIVIDUAL APPLICANT HAVE BEEN ADJUDGED BANKRUPT, MENTALL DIMPETENT, OR FOUND GUILTY OF ANY FELONY OR OF ANY CRIME, OF THER SUCH ACTIONS MAY RESULT FROM PENDING PROCEEDINGS.
PLE	ASE CHECK   THE SERVICES THAT WILL BE PROVIDED:
LO	
CO	G DISTANCE A
00	

9.

10.

## FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

PROPOSED PLANS TO I	NUMBER OF P PLACE IN THE F	AY TELEPHONE INS	TRUMENTS THE AF	PPL
HOW DOES		NT INTEND TO SERV	CE AND MAINTAIN	ΕA
PERSONAL			۵	
PART-TIME	TECHNICIAN TECHNICIAN		۵	
SERVICE/R OTHER DE	EPAIR/MAINTE	NANCE CONTRACT	<b>≥</b> △	

14.	WILL EACH OF THE PAY TELEPHONES WHICH YOU CONFORM TO SUBSECTIONS 4.29.2 - 4.29.4 and - 4 AMERICAN NATIONAL STANDARD SPECIFICATION BUILDINGS AND FACILITIES ACCESSIBLE AND USA HANDICAPPED PEOPLE (ATTACHMENT F ANSI STA 24.515(14), F.A.C.)	.29.8 OF THE S FOR MAKING ABLE BY PHYSICALLY
	YES	is.

### APPLICANT ACKNOWLEDGMENT CARD

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

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

I, THE UNDERSIGNED OWNER OR OFFICER OF THE ABOVE NAMED ENTITY, HAVE READ THE FOREGOING AND DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION IS A TRUE AND CORRECT STATEMENT, I AM AWARE THAT PURSUANT TO S. 837.06, FLORIDA STATUTE, 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. I WILL COMPLY WITH ALL CURRENT AND FUTURE COMMISSION REQUIREMENTS REGARDING THE PAY TELEPHONE SERVICE. I UNDERSTAND THAT A NON-REFUNDABLE APPLICATION FEE OF \$100 MUST ACCOMPANY THE APPLICATION, ALSO I UNDERSTAND THAT I AM REQUIRED TO PAY A REGULATORY ASSESSMENT FEE (MINIMUM \$50,00 PER CALENDAR YEAR), FILE AN ANNUAL PAY TELEPHONE SERVICE REPORT, AND PAY GROSS RECEIPTS TAX. FURTHERMORE I AGREE TO KEEP THE COMMISSION ADVISED OF ANY CHANGES IN THE NAMES OR ADDRESSES LISTED ABOVE WITHIN TEN (10) DAYS OF THE CHANGE.

1/2	atha Eliodor	
	(SIGNATURE OF OWNER/CHIEF OFFICER O	F APPLICANT

DATE: 10/20/97

### APPLICANT ACKNOWLEDGMENT CARD

Applicant					
acknowledge receipt and understanding of the Florida Public Service Commission's Rules and Requirements relating to my provision of Pay Telephone Service.					
Signature:	-7.				
Title:					
Date:					

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



#### City of Miami OFFICIAL RECEIPT

Nº 143864 (Includes Sales Tax \$ Date: 10 /100 Dollars Quen sine This Receipt no ALID unless dated, filled in and signed by authorized employee of department or division designated hereon and until the City has col-Department lected the proceeds of any checks tendered as payment herein. **Division** C FN/TM 402 Rev. 10/88

Distribution: White - Customer, Canary - Finance, Pink - Issuing Department

DADE COUNTY TAX COLLECTOR-OCCUPATIONAL LICENSE SECTION 140 W. FLAGLER ST. - 14th FLOOR MIAMI, FLORIDA 33130

OFFICIAL TEMPORARY RECEIPT

TYPE OF BUSTO

CASH DICHECK

THIS RECEIPT IS ISSUED AS EVIDENCE OF PAYMENT FOR YOUR OCCUPATIONAL LICENSE OR PERMIT.

YOUR LICENSE/PERMIT WILL BE MAILED TO YOU WITHIN 10 DAYS FROM THE DATE VALIDATED 06 9391 001 101097 000012000 BELOW.

110.01-93.397

PAYMENT RECEIVED AS CERTIFIED ABOVE - DADE COUNTY TAX COLLECTOR



## OFFICIAL RECEIPT

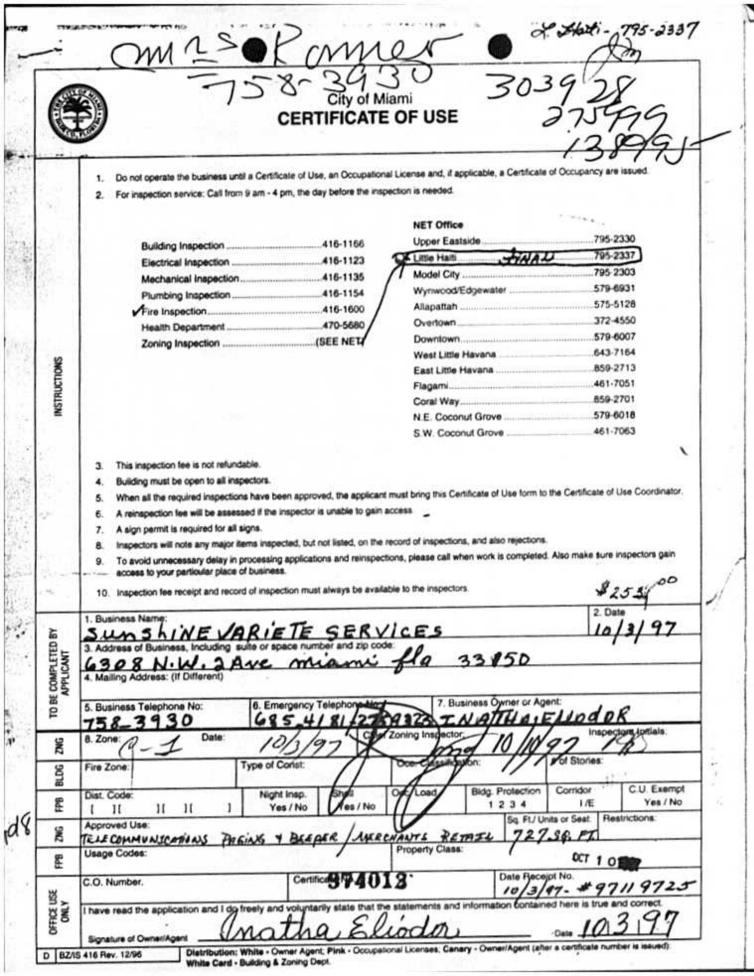
Nº 143865

\$(Includes Sales Ta	\$ 157.00 , Date 10 9 97
Received from Surphise	White Services 100 Dollars
For Decupational	icense Belevence No CRECK # 267
This Receipt not VALID unless dated, filled in and signed by authorized employee of department or division designation.	By Julia martini Hatti DET
nated hereon and until the City has col- lected the proceeds of any checks indered as payment herein.	Division:

Page: 1 Document Name: Marina Gamboa BUSINESS R/BUSS FCN:CM CUST303928 BUSS 138995 AV A.R.P.S. SVC ADDR: 6308 NW 2 ------BUSINESS NAME-------OWNER INFORMATION------NAME\_ SUNSHINE VARIETE SERVICES NAME ADDR 1 ADDR 26308 NW 2 AV ADDR 2 ADDR 3 CTY/ST CTY/STMIAMI FL PHONE 3057583930 ZIP33150 PHONE ZIP -----BUSINESS INFORMATION-----FED. EMPL. ID S.S.N.262852
SALES TAX ID OPEN DATE..100897
TYPE......OL01 OLD C.U... S.S.N. 262852756 STATUS.....OACTIVE STATUS DATE100897 HOLD..... HOLD DATE MAINT DATE100897 LAST MAINT BY LDB LOCATION... -----BILLING INFORMATION-----NO. OF LICENSES... 2 NO. OF BILLS..... G.U. 1 O.L. 1 OTHER

TOTAL BALANCE DUE.

18 1 Pg=1 FORM RCV LTAI





INSTRUCTIONS

TO BE COMPLETED BY APPLICANT

ZNG

9036

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ZNG

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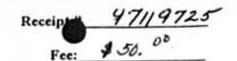
OFFICE USE ONLY

D BZ/IS 416 Rev. 12/96

## City of Miami CERTIFICATE OF USE

2.	Do not operate the business until a Cert For inspection service: Call from 9 am -	ficate of Use, an Occupation 4 pm, the day before the insp	ection is needed.	
			NET Office	
			5743045 2016 a.m.	795-2330
	Building Inspection	416-1166	Upper Eastside	795-2337
	Electrical Inspection	416-1123	Little Haiti SYNAL	795-2303
	Mechanical Inspection	416-1135	Model City	579-6931
	Plumbing Inspection	416-1154	Wynwood/Edgewater	575-5128
	Fire Inspection	416-1600	Allapattah	372-4550
	Health Department		Overtown	579-6007
	Zoning Inspection	(SEE NET	Downtown	643-7164
			West Little Havana	859-2713
			East Little Havana	461-7051
			Flagami	859-2701
			Coral Way	579-6018
			N.E. Coconut Grove	461-7063
3. 4, 5. 6. 7.	A reinspection fee will be assessed if the A sign permit is required for all signs.	been approved, the applicant the inspector is unable to gain.		e Certificate of Use Coordinat
4, 5, 6, 7, 8, 9,	Building must be open to all inspectors When all the required inspections have A reinspection fee will be assessed if it A sign permit is required for all signs.	been approved, the applicant he inspector is unable to gain spected, but not listed, on the sing applications and reinspec- ters.	record of inspections, and also rejections. sons, please call when work is completed. A	so make sure inspectors gain
4, 5, 6, 7, 8, 9,	Building must be open to all inspectors.  When all the required inspections have A reinspection fee will be assessed if it A sign permit is required for all signs. Inspectors will note any major items in:  To avoid unnecessary delay in process access to your particular place of busin Inspection fee receipt and record of inspections. Name:	been approved, the applicant the inspector is unable to gain appected, but not listed, on the sing applications and reinspectess.  IETE SERV	record of inspections, and also rejections. sons, please call when work is completed. A able to the inspectors.	iso make sure inspectors gain
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4. 5. 6. 7. 8. 9. 10. Bu S.A. 3. Bu J. Zo	Building must be open to all inspectors. When all the required inspections have A reinspection fee will be assessed if it A sign permit is required for all signs. Inspectors will note any major items instruction for a subject or a subject of the	been approved, the applicant he inspector is unable to gain applications and reinspectes.  Spected, but not listed, on the ling applications and reinspectes.  Spection must always be available to the space number and zip communication.	record of inspections, and also rejections. sons, please call when work is completed. A sole to the inspectors.  I.C.E.S. Je.: fla 33150  7. Business Owner or Agent Zoning Inspector:  Occ. Classification:	2.53.  2. Date 10/3/97  LodoR Inspectors forbals: of Stories:  Corridor 1/E  Country C
4, 5. 6. 7. 8. 9. 10 S. Ad S. Ad S. Ad S. Ad S. Ad S. Zo Dist. [	Building must be open to all inspectors. When all the required inspections have A reinspection fee will be assessed if it A sign permit is required for all signs. Inspectors will note any major items in To avoid unnecessary delay in process access to your particular place of busin Inspection fee receipt and record of inspection fee receipt and record of inspection of Business Name:  WASHINE VARIATION SUITE OF TYPE OF T	been approved, the applicant he inspector is unable to gain applications and reinspectors.  In the properties of the spector is unable to gain applications and reinspectors.  In the properties of the spector is a spector in the spe	record of inspections, and also rejections. sons, please call when work is completed. A sole to the inspectors.  ICES  BE: Fla 3315D  7. Business Owner or Agent Ezoning Inspector:	2.53.  2. Date 10/3/97  Inspectors to Dals: of Stories  Corridor 1/E Yes / or Seat: Restrictions.

Distribution: White - Owner Agent, Pink - Occupational Licenses, Canery - Owner/Agent (after a certificate number White Card - Building & Zoning Dept.



### CITY OF MIAMI



# FIRE SAFETY PERMIT APPLICATION

Date: 10/3/97

Business Name: Sunshine Variete Services
Business Address: 6308 NW 2 AVENUE 33138
Proposed Use: TELECOMMUNICATIONS THEISTED BIEFER SVC & MEACHANTS RETAIN
Mailing Address (if different):
Business Telephone Number: 758-3930
Building/Business (Owner or Agent): Real Proprity Care
Address: 419 West 49 street # 106
Hialeah FL. 33012
Phone: 757-1930
Emergency Telephone Number: 275-9323-685-4181

97119725

BUILDING AN ZONING RECEIPT PROCESSING

RECEIPT NO: 97119725 PAID 10/03/1997

DATE: 10/03/1997

ENTERED BY: JM4

PERMIT NO: 000000000

WAIVED: NO

(12)

NAME:

SUNSHINE VARIETE SERVIC

ADDRESS: 6308 NW 2 AVE., MIAMI, FL 33150

PHONE:

(305) 758-3930

COMMENTS: CU&FIRE SAFETY

TOTAL DUE:

303.00 CASHIER: JM4

CHK NO: 266 AMOUNT:

303.00

CHK NO:

AMOUNT:

0.00

CHK NO: AMOUNT:

0.00

CASH

AMOUNT:

0.00

CREDIT CARD AMOUNT:

0.00

TOTAL

AMOUNT: 303.00

Window BZWIN/1 at PRODUCTION

21 1 Pg=1 FORM RCV LTAI

#### **RECORD OF INSPECTIONS**

#### INSTRUCTIONS:

- This card must be prominently displayed on the site.
   When all categories of inspection have been approved for use; the owner, agent or tenant should send this form to the Building and Zoning Department located at Miami Riverside Center, 4th Floor, 444 S.W. 2 Ave, Miami, FL 33128

	INSPECTION(S)	DATE	COMMENT(S)	INSPECTOR
6				
ZONING				
\/	FINAL	10/9/9	0/5	105
SI .				
BUILDING				
	FINAL			
SING				
PLUMBING				
	FINAL			
ICAL				
MECHANICAL		-		
-	FINAL			
WITY KPT.				
DADE COUNTY HEALTH DEPT.				
	FINAL			
			Service F/X	
FRENE 16-1			RENT DOOK LOOK - V	
E.Z.	FINAL	10-8-97		Tim X
3				
RLECTRICAL				
	FINAL			



## City of Miami APPLICATION FOR OCCUPATIONAL LICENSE

19. Address 2:  City Liami State 2p+4 33/50  State 2p+4 33/50  21. Fi. State Sales Tax No.:  City Liami Proof) (check one) (1) Disabled Veteran (2) Full (over 65, Physical Handcap, or widow with minor deporation of the control of t								
9. Type of solid waste service 10. Customer Number 11. Bill Number 12. Detail No.  13. Business Record: 14. Business Location: 6308 N. W. 2 AVC  15. Business Name: 6308 N.W. 2 AVC  17. Address 1: 6308 N.W. 2 AVC  19. Address 2: 20. S.S. No.  19. Address 2: 20. S.S. No.  19. Address 41ach Proof) (check one) (1) Disabled Veteran (2) Full (over 85, Physical Handcap, or widow with minor deposite Place P	nber:	4. Name Change: 🔾	ino	License: Dyes Dr	Ino 3. Ad	2. Multiple License: Qyes Q	New Business: Dyes Ono	1. Add New Bo
13. Business Record:  14. Business Location:  15. Business Name:  16. Phone:  17. Address 1:  18. Tax Payer ID:  19. Address 2:  19. Address 2:  19. Address 4 Itax Proof) (check one) (1) Disabled Veteran (2) Full (over 65, Physical Handicap, or widow with minor dept 23. License Holder Name:  20. S.S. Nk  21. Fl. State Sales Tax No.:  22. Discount Claimed (Please Attach Proof) (check one) (1) Disabled Veteran (2) Full (over 65, Physical Handicap, or widow with minor dept 23. License Holder Name:  22. Discount Claimed (Please Attach Proof) (check one) (1) Disabled Veteran (2) Full (over 65, Physical Handicap, or widow with minor dept 23. License Holder Name:  24. License Code No.  25. Address 1:  26. Address 1:  27. IND: (1) yes (1) Out (2) Disabled Proof) (2) Supplementary (2)		B. Certificate of use nur	. 1	nange: Dyes Ono	7. Unit (	Address Change: Qyes Qr	: Dyes Ono	5. Void: Dyer
15. Business Name:    Sun Bhine   Variete Services   18. Phone:   18. Phone:   17.58-3930   18. Tax Payer ID:   18. Tax Payer	mber	12. Detail No	Number	M 11. Bill N	ustomer Numi	10.0	of solid waste service	9. Type of solid
15. Business Name:    3 Un Bhine   Variete Services   16. Phone:   1758-3930     17. Address 1:   6308 N.W. 2 Ave   18. Tax Payer ID:   FEI = 20.   S.S. N.     19. Address 2:   20.   S.S. N.     21. FI. State Sales Tax No.:   22. Discount Claimed (Please Attach Proof) (check one) (1) Disabled Veteran   (2) Full (over 65, Physical Handicap, or widow with minor depole 23. License Holder Name:   24a. License Code No.   25. Hold (DV 2520 NO)   2520 NO)   2520 NO)   250 NO)   250 NO)   250 NO)   26. Address 1:   27. IND:   29. Address 2:   27. IND:   29. Discount:   30. Amount   30. Amount   33. State   34. Phone:   758-3930   35. Prope   35. Name 2:   37. Address 1:   34. Phone:   35. Prope   35. Name 2:   37. Address 2:   37. Address 2:   37. Address 2:   37. Address 2:   38. Address 2:   37. Address 2:   38. Address 2:   37. Address 3:   38. Address 2:   37. Address 3:   39. Prope   29. Discount:   30. Amount   33. Address 2:   37. Address 3:   37. Address 3:   38. Address 2:   37. Address 3:   38. Address 3:   3		Unit/Suite		2 Ave	Ν. ω.	ness Location: 630 8	siness Record: 14. Bus	13. Business F
17. Address 1:  18. Tax Payer ID:  FEI #  19. Address 2:  19. Address 2:  19. Address 2:  19. Address 2:  19. Address 3:  19. Address 4:  19. Address 4:  19. Address 4:  19. Address 5:  19. Address 6:  19. Address 6:  19. Address 6:  19. Address 6:  19. Address 7:  19. Address 7:  19. Address 7:  19. Address 8:  19. Address 8:  19. Address 8:  19. Address 9:  20. Address 9:  21. Address 9:  22. Address 9:  23. Address 9:  24. License Pinitary		and the same	Service P		The Workship of		OKO STATE NO.	2000(20)
17. Address 1:  6308 N.W., 2AM  19. Address 2:  City				rices	Ser	hino Variet	siness Name: Sun &	15. Business N
19. Address 2:  City		Payer ID:	18. Tax				dress1:	7. Address1;
City Claimed (Please Attach Proof) (check one) (1) Disabled Veteran (2) Full (over 65, Physical Handicap, or widow with minor depole 23. License Holder Name:  22. Discount Claimed (Please Attach Proof) (check one) (1) Disabled Veteran (2) Full (over 65, Physical Handicap, or widow with minor depole 23. License Holder Name:  24a. License Code No.  25. Hold (2) S  24b. License Tite Re majurety Code (2) S  24b. License Tite Re majurety Code (2) S  24c. License Tite (2) S  2			20.			i de lizze		
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23. License Holder Name:  Sunshine Voritiseric  24b. License Code No.  25b. 40c Cou S  26. Address 1:  Can 8 N.I.V. 2 Av.  29. Address 2:  27. IND: Gyes Gno 28. Discount: 30. Amount  31. City:  State 33. Name 1:  Sunshine Varits Bluries  32. If State License Florida Registration No.  33. Name 1:  Sunshine Varits Bluries  34. Phone:  35. Prope  36. Name 2:  37. Address 1:  Can 8 N.W. 2 Av.  City State  City State  38. Address 2:  City State  39. Resp. Party:  City State  29. Address or proration)  41. Document Number: OLA  Cuty State  40. Date Charge Thru: (only for temporary licenses or proration)  41. Document Number: OLA	de la la	· 其上是(原) 系统	ASSESSED NO.	33100	DESCRIPTION AND ADDRESS OF THE PERSON AND AD	AND THE RESERVE	warra.	THE REAL PROPERTY.
SLENS Nine. Variate Service 25000; © 356000 (CU) 8 26. Address 1:  (308 N.I.V., DAN State Service 27. IND: 1900 100 26. Discount: 30. Amount  31. City:  32. If State License Florida Registration No.  33. Name 1:  Sunghine Variate Blurices 758-3930 35. Prope 1900  36. Name 2:  37. Address 2:  (37. Address 2:  (38. Address 2:  (39. Resp. Party:  LAND 1000 1000 1000 1000 1000 1000 1000 10	ndents) [	r widow with minor dep			eran 🔾 (2) Ful	of) (check one) (1) Disabled Vet		
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Sunshine Vande Blurices 758-3930 year  36. Name 2:  37. Address 1: 6308 N.W. 2 And miani, Il 33/  38. Address 2: City State Zip+4  39. Resp. Party: Manni 10 3350  40. Date Charge Thru: (only for temporary licenses or proration) 41. Document Number: OLA  INATH A EMAIR	NY f			(5)的 (1) 克尔·拉		77	maami.	ALTERNATION OF
36. Name 2:  37. Address 1: 6308 N.W. 2 AMC miami, 3L 33/ 38. Address 2: City State Zip+4  39. Resp. Party: 40. Date Charge Thru: (only for temporary licenses or proration)  41. Document Number: OLA		35. Prope	8 39	34. Ph	Sera	ine Varite		3. Name 1:
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39. Resp. Party:  ANATH A ELLOGR  40. Date Charge Thru: (only for temporary licenses or proration)  41. Document Number: OLA	50	33/	le.	; 4	mian	12. 2 Ans	ress 1: 6308 N.	37. Address 1:
39. Resp. Party:  A. Date Charge Thru: (only for temporary licenses or proration)  41. Document Number: OLA  INATH A ELLOBR	Vi .	Zip+4		State	-		Iress 2:	8. Address 2:
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City Code 31-28(9) & 31-42 Requires that the next sections of the application be completed before the license can be issued. SECTION III Please list three to five individuals who are able to arrive at the business location within 15 minutes of notification of fire, burglary emergency, ideally these individuals should have keys to door locks and alarm systems. Type or print only.	Temporary or privation	Rosnaes			From	0. 00	0 3560 7/1	
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To ensure accurate poeting and avoid penalty include a copy of this document and mail payment by the end of the month: City Finance Department Payment Processing, P.O. Box 330708, Miami, Ft. 33233-0708 or in person at 275 N.W. 2 Street (1st floor or 300 Bisca Way Suite 210. This information is given freely and voluntarily and all the facts, figures, statements contained in this application are true and	or other	49. Phone/Beepe 275-932 685-418	he license	to completed before the cation within 15 minus. Type or print only.  48. City/State:  miami f	pplication be the business is d alarm system	hat the next sections of the a riduals who are able to arrive at uid have keys to door locks and 47. Address: 12775 N.E. 12726 mix.	ode 31-28(9) & 31-42 Requires ON III Please list three to five individuals shorts. Pierre ABela ola Appl 9	City Code 31-2 SECTION III Pi emergency. Ide 6. Name:
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2. Ida App	LY	12726 min	micote	miami	Ha	685-4181
3. Paulone	Liodor	290N.W.	98st	miami	Ha	759-9791
Finance Department Pay	ment Processing, P.O.	Box 330708, Miami, FL	33233-0708 or	in person at 275 N.V	N. 2 Street	d of the month: City of Miami (1st floor or 300 Biscsyne Blvd. pplication are true and correct.
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DEPOSIT

DATE

ATTACHMENT B

D639

OCT 21 1997

	FLORIDA PAY TELEPHONE CERTIFICATE AP	PLICA	TION
1.	LEGAL NAME OF THE APPLICANT Inatha E	liodo	<u> </u>
2.	NAME UNDER WHICH THE APPLICANT WILL DO BUSIN	ess 🕡	natha_Elic
3.	ADDRESS OF THE APPLICANT(S)  STREET 290 N.W. 98 ST		
	STATE & ZIP CODE_FL , 33150		
4.	TYPE OF ORGANIZATION (CHECK ONE)   TYPE OF ORGANIZATION (CHECK ONE)   TYPE OF ORGANIZATION (CHECK ONE)	ĺΧ	4
	OWN NAME:  DOCUMENTATION: No other documentation needed.		24
	B. PARTNERSHIP:	( )	d a list with the
	DOCUMENTATION: Attach a copy of the partnership agreed name and address of all partners.	( )	•
	C. CORPORATION:  DOCUMENTATION: Attach proof that articles of incorporal	tion have	been
INATHA ELIC	and with the Florida Secretary of State's Office. If income	atou ou	ority to operate
	orida Public Service commission \$ 10000		
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Inatha Eliodor - FPSO- SI OCI SIMEPORTING