

D. Yzquierdo
1021 E. 17th Street
Hialeah, FL 33010-3317
(305) 888-6766

July 13, 1998

Kay Flynn
Chief of Records
Florida Public Service Commission
Division of Records and Reporting
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

Dear Chief of Records:

I would like to request a (cancellation) of the following; certificate number, # 4536, company code, # TF602.

This cancellation should coincide with the issuance of my new certificate number that I am presently applying for with the Public Service Commission for my new corporation. Should you have any questions pertaining to this request, please call the phone number listed above.

respectfully yours,

Daniel Yzquierdo.

Enclosure: Division of Records update request for: April 1, 1997.

RECEIVED
DIVISION OF RECORDS
AND REPORTING
JUL 21 11:00 AM
TALLAHASSEE

DOCUMENT NUMBER-DATE

07662 JUL 21 88

FPSC-RECORDS/REPORTING

DEPOSIT

DATE

ATTACHMENT B

D 8 1 4

JUL 21 1998

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT Daniel Yzquierdo

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

INTERSOUTH Payphone Corp. *see attached copy.

3. ADDRESS OF THE APPLICANT(S)

STREET 1021 E. 17th Street

CITY Hialeah,

STATE & ZIP CODE FL 33010-3317

4. TYPE OF ORGANIZATION (CHECK ONE) [X]

A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER OWN NAME: []

DOCUMENTATION: No other documentation needed

B. PARTNERSHIP: []

DOCUMENTATION: Attach a copy of the partnership agreement, and a list with the name and address of all partners.

C. CORPORATION: [X]

DOCUMENTATION: Attach proof that articles of incorporation have been filed with the Florida Secretary of State's Office. If incorporated outside of Florida, attach proof from the Florida Secretary of State that applicant has authority to operate in Florida and provide name and address of Florida Registered Agent. Rick Myers

NAME:

ADDRESS:

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

D. DOING BUSINESS UNDER A FICTITIOUS NAME: []

DOCUMENTATION: Attach proof that a fictitious name(s) has been registered with the Florida Secretary of States Office.

5. PROVIDER NAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUAL WHO IS RESPONSIBLE FOR COMMISSION CONTACTS:

NAME: D. Yzquierdo

TITLE: President

PHONE: (305)888-6766

6. HAS APPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ETC., OR IN THE CASE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE APPLICANT EVER BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE STATE OF FLORIDA? THIS INCLUDES ACTIVE AND CANCELED PAY TELEPHONE CERTIFICATES.

Yes

7. IF THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST THE CERTIFICATE HOLDER AND CERTIFICATE NUMBER.

D. Yzquierdo Company Code #TF602 Certificate #4536.

8. LIST THE STATES IN WHICH THE APPLICANT:

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE.

Florida

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

B. HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPHONE PROVIDER.

Florida

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, EXPLAIN CIRCUMSTANCES.

No

9. PLEASE INDICATE IF ANY OFFICERS OF THE CORPORATION, PARTNERSHIP OR INDIVIDUAL APPLICANT 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.

None

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

10. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED.

LOCAL	<input checked="" type="checkbox"/>
LONG DISTANCE	<input checked="" type="checkbox"/>
COIN	<input checked="" type="checkbox"/>
CALLING CARD	<input checked="" type="checkbox"/>
CREDIT CARD	<input checked="" type="checkbox"/>
OTHER, DESCRIBE	<input type="checkbox"/> _____

11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 07

12. HOW DOES THE APPLICANT INTEND TO SERVICE AND MAINTAIN EACH PAYPHONE?

PERSONALLY	<input checked="" type="checkbox"/>
FULL-TIME TECHNICIAN	<input type="checkbox"/>
PART-TIME TECHNICIAN	<input type="checkbox"/>
SERVICE/REPAIR/MAINTENANCE CONTRACT	<input checked="" type="checkbox"/>
OTHER DESCRIBE	<input type="checkbox"/>

13. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA IOXXX+0, 950-XXXX, AND 1-800? (See Rule 25-24.515(6), F.A.C.

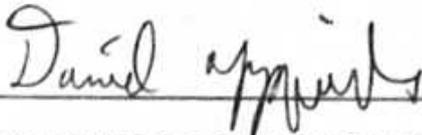
Yes

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

14. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL CONFORM TO SUBSECTIONS 4.29.2 - 4.29.4 and - 4.29.8 OF THE AMERICAN NATIONAL STANDARD SPECIFICATIONS FOR MAKING BUILDINGS AND FACILITIES ACCESSIBLE AND USABLE BY PHYSICALLY HANDICAPPED PEOPLE (ATTACHMENT F ANSI STANDARDS) (See Rule 25-24.515(14), F.A.C.)

Yes

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.



(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: 07-13-98

APPLICANT ACKNOWLEDGMENT

Applicant D. Yzquierdo

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

Signature: David Yzquierdo

Title: President

Date: 07-13-98

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.

Commissioners:
JULIA L. JOHNSON, CHAIRMAN
J. TERRY DEANON
SUSAN F. CLARK
DIANE K. KIESLING
JOE GARCIA

State of Florida



Blanca S. Bayó, Director
Division of Records and Reporting
(904) 413-6770

Public Service Commission

April 1, 1997

D. Yzquierdo
1021 East 17th Street
Hialeah, FL 33010-3317

Dear Sir or Madam:

The Commission is reviewing its information on regulated utilities. Please check the information below and note any change(s) on this letter, and return the letter to us within 15 days of receipt. Pursuant to Commission Rule 25-22.005(7), F.A.C., any future changes in this information must be reported to us in writing. Thank you for your cooperation.

Sincerely,

Kay Flynn
Kay Flynn, Chief of Records

D. Yzquierdo

Location:
1021 East 17th Street
Hialeah, FL 33010-3317

Mailing Address:
1021 East 17th Street
Hialeah, FL 33010-3317

Liaison Officer(s):
Daniel Yzquierdo, Owner, (305) 888-6766

FAX No(s):

Internet e-mail address:

Internet home page address:

FEID Number:

Company Code: TP602

Certificate(s): 4536

Date Completed:

By:

07/07/98

CORPORATE DETAIL RECORD SCREEN

3:41 P

DM: P98000000243 ST:FL ACTIVE/FL PROFIT * FLD: 01/02/1998
NAME : INTERSOUTH PAYPHONE CORP.
PRINCIPAL: 1021 EAST 17TH STREET
ADDRESS: HIALEAH, FL 33010
NAME : AMERILAWYER
ADDR : 343 ALMERIA AVENUE
CORAL GABLES, FL 33134 US
FIN REP : * NONE FILED *

07/07/98

OFFICER/DIRECTOR DETAIL SCREEN

3:41 P

CORP NUMBER: P98000000243 CORP NAME: INTERSOUTH PAYPHONE CORP.
TITLE: PSTD NAME: YZQUIERDO, DANIEL
1021 EAST 17TH STREET
HIALEAH, FL 33010

DEPOSIT

DATE

ATTACHMENT B

D 814 # JUL 21 1998

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RICK MARRS

INTER SOUTH PAYPHONE
1021 E. 17 ST. CORP.
HIALEAH, FL 33010

07-17-98

PAY TO THE ORDER OF FLA - Public Service Comm.

\$ 100.00/XX

DOLLARS

COMMERCEBANK
NATIONAL ASSOCIATION
1801 East 4th Avenue
Hialeah, Florida 33010

FOR P.S.C. CONT. 98

D. YZQUIERDO