

DEPOSIT

DATE

D022

OCT 19 1998

**\*\* FLORIDA PUBLIC SERVICE COMMISSION \*\***

**DIVISION OF COMMUNICATIONS**  
**BUREAU OF SERVICE EVALUATION**

**APPLICATION FORM**  
**for**  
**AUTHORITY TO PROVIDE PAY TELEPHONE SERVICE**  
**WITHIN THE STATE OF FLORIDA**

981355TC

**INSTRUCTIONS**

- A. This form is used as an application for an original certificate to provide pay telephone service within the State of Florida.
- B. Print or type all responses to each item requested in the application and appendices. If an item is not applicable, please explain why.
- C. Use a separate sheet for each answer which will not fit the allotted space.
- D. Once completed, submit the original and two (2) copies of this form, the signed Applicant Acknowledgement Card, and a non-refundable application fee of \$100.00 to:

Florida Public Service Commission  
Division of Records and Reporting  
2540 Shumard Oak Blvd.  
Tallahassee, Florida 32399-0850  
(850) 413-6770

- E. If you have questions about completing the form, contact:

Florida Public Service Commission  
Division of Communications  
Bureau of Certification and Evaluation  
2540 Shumard Oak Blvd.  
Tallahassee, Florida 32399-0850  
(850) 413-6600

MAIL ROOM

FORM PSC/CMU 32-(8/88) 01 OCT 88  
Required by Commission Rule Nos. 25-24.510 and 25-24.511

RECEIVED  
FLORIDA PUBLIC  
SERVICE COMMISSION

DOCUMENT NUMBER-DATE

0101 OCT 19 98

FPSC-RECORDS/REPORTING

1. Name of company;

ACE OPPORTUNITIES

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

JUAN R. ACEVEDO

3. Official mailing address (including street name & number, post office box, city, state, and zip code).

203A BRIDGES DR. C, ACE OPPORTUNITIES

TAMPA FL 33621-1440

4. Florida address (including street name & number, post office box, city, state, and zip code):

ACE OPPORTUNITIES

203A BRIDGES DR. C

TAMPA FL 33621-1440

5. Structure of organization;

Individual                      ( ) Corporation  
( ) General Partnership      ( ) Limited Partnership  
( ) Other, \_\_\_\_\_

6. If incorporated in Florida, provide proof of authority to operate in Florida:

(a) Florida Secretary of State Corporate registration number: \_\_\_\_\_.

7. If using fictitious name-d/b/a, provide proof of compliance with the fictitious name statute (Chapter 865.09 FS) to operate in Florida:

(a) Florida Fictitious Name registration number: \_\_\_\_\_.

8. FED Number (if applicable): \_\_\_\_\_

9. If individual, provide;

Name : JUAN R. ACEVEDO  
Title : PRESIDENT  
Address: 2039 BRIDGES DR. C  
City/State/Zip: TAMPA, FL 33621-1440  
Telephone No.: (813) 840-9298 Fax No.: (813) 840-9298  
Internet E-Mail Address: JUAN.ACEVEDO@JUND.COM  
Internet Website Address: N/A

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

a. Name : \_\_\_\_\_  
Title : \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Internet E-Mail Address: \_\_\_\_\_  
Internet Website Address: \_\_\_\_\_

b. Name : \_\_\_\_\_  
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?

(a) The application:

Name : JUAN R. ACEVEDO  
Title : PRESIDENT  
Address: 2039 BRIDGES DR. C  
City/State/Zip: TAMPA, FL 33621-1440  
Telephone No.: (813) 840-9298 Fax No.: (813) 840-9298  
Internet E-Mail Address: JUANACEVEDO@JUNO.COM  
Internet Website Address: N/A

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

Name : SAME AS ITEM 11(a)  
Title : \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Internet E-Mail Address: \_\_\_\_\_  
Internet Website Address: \_\_\_\_\_

(c) Complaints/Inquiries from customers:

Name : SAME AS ITEM 11(a)  
Title : \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Internet E-Mail Address: \_\_\_\_\_  
Internet Website Address: \_\_\_\_\_

12. Indicate if applicant or any subsidiary, partner, officers, director, 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, 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 the states in which the applicant:

a. is currently providing pay telephone service:

NONE

b. has applications pending to be certificated 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	<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"/>

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 6

18. How does the applicant intend to service and maintain each payphone (✓) (check all that apply)

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

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19. Will each of the pay telephones to be installed provide access to all locally available long distance carriers via 10XXX+0, 1010XXX, 950-XXXX, and 1-800? (See Rule 25-24.515(6), F.A.C.)  Yes ( ) No

Explain: ALL PHONES WILL HAVE THE ABOVE MENTIONED CAPABILITIES.

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20. Will each of the pay telephones to be installed 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 ( ) No

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

1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of .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 that 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:**

Juan R. Acensado  
Signature

16 OCTOBER 1998  
Date

PRESIDENT  
Title

(813) 840-9290  
Telephone No.

Address: JUAN R. ACENSADO  
2039 BRIDGES DR. C  
TAMPA FL 33621-1440

(813) 840-9290  
Fax No.

**ATTACHMENTS:**

- A - Affidavit
- B - Applicant Acknowledgment



**\*\* APPENDIX A \*\***

**AFFIDAVIT**

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, and pay gross receipts tax. Furthermore, I agree to keep the Commission advised of any changes in the names or 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:**

Signature: Juan R. Acevedo

Date: 16 OCTOBER 1990

Printed Name: JUAN R. ACEVEDO

Title: PRESIDENT

Address: JUAN R. ACEVEDO  
2039 BRIDGES DR. C  
TAMPA FL 33624-1440

(813) 844-9298  
Fax No.

**\*\* APPENDIX B \*\***

**APPLICANT ACKNOWLEDGMENT**

Applicant: JUAN R. ACEVEDO

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

Signature: Juan R. Acevedo

Date: 16 OCTOBER 1998

Printed Name: JUAN R. ACEVEDO

Title: PRESIDENT

Address: 2039 BRIDGES DR. C

Tel. No. (813) 840-9298

TAMPA FL 33621-1440

Fax No. (813) 840-9295

**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.**

DEPOSIT DATE  
D022# OCT 19 1998

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(850) 413-6770

For more information about completing the form, contact the Bureau of Service Evaluation at (850) 413-6770.

**MACBILI**  
REPRODUCING

601 Dale Mabry Hwy  
P.O. Box 9100  
Tampa, FL 33627-9100  
TEL: 813-237-3441

TO THE ORDER OF

500 6526921

Handwritten signature: *Camille Baker*

MADE IN THE U.S.A.