

DEPOSIT
D051

DATE
DEC 28 1998

APPLICATION

1. Name of company:

JESUS SOLE

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

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

12901 S.W. 9th STREET, MIAMI, FLORIDA 33184

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

SAME AS ABOVE

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: _____

98 DEC 28 11 59 AM '98
MAIL ROOM

RECEIVED
SECRETARY OF STATE

APPLICATION

7. If using fictitious name-s/b/a, provide proof of compliance with the fictitious name statute (Chapter 885.09 FS) to operate in Florida:

(a) Florida Fictitious Name registration number: _____

8. F. E. L. Number (if applicable): _____

9. If individual, provide:

Name: JESUS SOLE

Title: OWNER

Address: 12901 S.W. 9th STREET

City/State/Zip: MIAMI, FLORIDA 33184

Telephone No.: (305) 225-8897 Fax No.: (305) 207-8780

Internet E-Mail Address: NONE

Internet Website Address: NONE

10. If 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.: _____

APPLICATION

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: _____

1. Who will serve as liaison to the Commission with regard to the following?

(a) The application:

Name: JESUS SOLE

Title: OWNER

Address: 12901 S.W. 9th STREET

City/State/Zip: MIAMI, FLORIDA 33184

Telephone No.: (305) 225-8897 Fax No.: (305) 207-8780

Internet E-Mail Address: NONE

Internet Website Address: NONE

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

Name: JESUS SOLE

APPLICATION

Title: OWNER

Address: 12901 S.W. 9TH STREET

City/State/Zip: MIAMI, FL IDA 33184

Telephone No.: (305)225-8617 No.: (305)207-8780

Internet E-Mail Address: NONE

Internet Website Address: NONE

(c) Complaints/Inquiries from customers.

Name: JESUS SOLE

Title: OWNER

Address: 12901 S.W. 9th STREET

City/State/Zip: MIAMI, FLORIDA 33184

Telephone No.: (305)225-8897 Fax No.: (305)207-8780

Internet E-Mail Address: NONE

Internet Website Address: NONE

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.

NONE

APPLICATION

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

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

15. List other 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.

NONE

APPLICATION

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 checked="" type="checkbox"/> <u>NONE</u>

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: (12)

APPLICATION

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 type="checkbox"/>
SERVICE/REPAIR/MAINTENANCE CONTRACT	<input type="checkbox"/>
OTHER (Describe)	<input checked="" type="checkbox"/>

I AM A QUALIFIED FULL TIME PAY TELEPHONE TECHNICIAN, AND
HAVE BEEN EMPLOYED IN THIS CAPACITY FOR SEVERAL YEARS.

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: _____

20. Will each of the pay telephones to be installed conform to subsections 4.29.2 - 4.29.4 and 4.29.6 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(13), F.A.C.).

Yes No

**** APPLICANT FEE/TAX 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:

X AD 12-24-98
Signature Date
OWNER (305)225-8897
Title Telephone No

Address: 12901 S.W 9th STREET
MIAMI, FLORIDA 33184

Fax No. (305)207-8780

ATTACHMENTS:
A - Affidavit
B - Applicant Acknowledgment

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. 775.093."

UTILITY OFFICIAL:

X [Signature] Signature: 12-24-98 Date

JESUS SOLE Printed Name:

OWNER Title: (305)207-8780 Fax No.

Address: 12901 S.W. 9th STREET, MIAMI, FLORIDA 33184

APPENDIX B

APPLICANT ACKNOWLEDGMENT

Applicant: JESUS SOLE

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

Signature X 

Date: 12-24-98

Printed Name: JESUS SOLE

Title: OWNER

Address: 12901 S.W. 9th STREET, MIAMI, FLORIDA 33184

Telephone No. (305)225-8897

Fax No. (305)207-8780

THIS ACKNOWLEDGMENT FORM 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

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APPLICATION

981976-TC

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JESUS SOLE

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12901 S.W. 9th STREET, MIAMI, FLORIDA 33184

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

SAME AS ABOVE



PRO-TELE SYSTEMS, INC.
"A PAYPHONE MANAGEMENT AND INSTALLATION CO."
P.O. BOX 840180
MIAMI, FL 33184-0180

UNION PLANTERS BANK
GOLDEN GLADES OFFICE
N. MIAMI BEACH, FL 33180

2523

24 Dec 98

PAY TO THE ORDER OF

FL. PUBLIC SERVICE COMMISSION

\$ *****100.00

One Hundred and 00/100***** DOLLARS

FL. PUBLIC SERVICE COMMISSION
DIV. OF RECORDS & REPORTING
2540 SHUMARD OAK BLVD.
TALLAHASSEE, FL 32399-0850

DOCUMENT NUMBER-DATE

14593 DEC 28 98

Adato Jhi

MEMO FOR: JESUS SOLE CCN APPLICATION

Security Features Protected. Deposit on back.