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

FLORIDA
PUBLIC SERVICE COMMISSION

DIVISION OF TELECOMMUNICATIONS
BUREAU OF CERTIFICATION AND SERVICE EVALUATION

**Application Form for Authority to Provide
Interexchange Telecommunications Service
Between Points Within the State of Florida**

Instructions

- ◆ This form is used as an application for an original certificate and for approval of assignment or transfer of an existing certificate. In the case of an assignment or transfer, the information provided shall be for the assignee or transferee (See Appendix A).
- ◆ Print or Type all responses to each item requested in the application and appendices. If an item is not applicable, please explain why.
- ◆ Use a separate sheet for each answer which will not fit the allotted space.
- ◆ Once completed, submit the original and six (6) copies of this form along with a non-refundable application fee of **\$250.00** to:

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

Note: No filing fee is required for an assignment or transfer of an existing certificate to another certificated company.

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

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

1. This is an application for \checkmark (check one):

Original certificate (new company).

Approval of transfer of existing certificate:

Example, a certificated company purchases an existing certificated company and desires to retain the authority of both certificates.

Approval of assignment of existing certificate:

Example, a non-certificated company purchases an existing company and desires to retain the certificate of authority rather than apply for a new certificate.

Approval of transfer of control:

Example, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

2. Name of company:

EL Rincon Dorado

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

Leonel Macedo

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

P.O. Box ~~1588~~ 15808 ~~Warfield Blvd.~~

1588 Indiantown Fl. 34956

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

Same as above

6. Select type of business your company will be conducting (check all that apply):

~~NO~~ **Facilities-based carrier** - company owns and operates or plans to own and operate telecommunications switches and transmission facilities in Florida.

Operator Service Provider - company provides or plans to provide alternative operator services for IXCs; or toll operator services to call aggregator locations; or clearinghouse services to bill such calls.

~~NO~~ **Reseller** - company has or plans to have one or more switches but primarily leases the transmission facilities of other carriers. Bills its own customer base for services used.

Switchless Rebiller - company has no switch or transmission facilities but may have a billing computer. Aggregates traffic to obtain bulk discounts from underlying carrier. Rebills end users at a rate above its discount but generally below the rate end users would pay for unaggregated traffic.

Multi-Location Discount Aggregator - company contracts with unaffiliated entities to obtain bulk/volume discounts under multi-location discount plans from certain underlying carriers, then offers resold service by enrolling unaffiliated customers.

Prepaid Debit Card Provider - any person or entity that purchases 800 access from an underlying carrier or unaffiliated entity for use with prepaid debit card service and/or encodes the cards with personal identification numbers.

7. Structure of organization;

- | | |
|--|--|
| <input checked="" type="checkbox"/> Individual | <input type="checkbox"/> Corporation |
| <input type="checkbox"/> Foreign Corporation | <input type="checkbox"/> Foreign Partnership |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> Other _____ | |

8. If individual, provide:

Name: Leonel Macedo

Title: EL Rincon Dorado

Address: 15808 Warfield Blvd.

City/State/Zip: Indiantown FL 34956

Telephone No.: (561) 597-1495 Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

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

(a) **The Florida Secretary of State Corporate Registration number:**
N/A

10. **If foreign corporation**, provide proof of authority to operate in Florida:

(a) **The Florida Secretary of State Corporate Registration number:**
N/A

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

(a) **The Florida Secretary of State fictitious name registration number:**
N/A

12. **If a limited liability partnership**, provide proof of registration to operate in Florida:

(a) **The Florida Secretary of State registration number:** N/A

13. **If a partnership**, provide name, title and address of all partners and a copy of the partnership agreement.

Name: NONE

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

14. **If a foreign limited partnership**, provide proof of compliance with the foreign limited partnership statute (Chapter 620.169, FS), if applicable.

(a) The Florida registration number: NONE

15. Provide **F.E.I. Number** (if applicable): _____

16. Provide the following (if applicable):

(a) Will the name of your company appear on the bill for your services?
 Yes () No

(b) If not, who will bill for your services?

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

(c) How is this information provided?

17. Who will receive the bills for your service?

<input checked="" type="checkbox"/> Residential Customers	() Business Customers
() PATs providers	() PATs station end-users
() Hotels & motels	() Hotel & motel guests

() Universities () Universities dormitory residents
() Other: (specify) _____

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

(a) The application:

Name: Leonel Macedo

Title: EL Rincon Dorado

Address: 15808 Warfield Blvd

City/State/Zip: Indiantown Fl. 34956

Telephone No.: (561) 597-1495 Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

(b) Official point of contact for the ongoing operations of the company:

Name: EL Rincon Dorado

Title: _____

Address: 15808 Warfield Blvd

City/State/Zip: Indiantown Fl. 34956

Telephone No.: (561) 597-1495 Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

(c) Complaints/Inquiries from customers:

Name: None

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ **Fax No.:** _____

Internet E-Mail Address: _____

Internet Website Address: _____

19. List the states in which the applicant:

(a) has operated as an interexchange telecommunications company.

_____ *none* _____

(b) has applications pending to be certificated as an interexchange telecommunications company.

_____ *none* _____

(c) is certificated to operate as an interexchange telecommunications company.

_____ *none* _____

(d) has been denied authority to operate as an interexchange telecommunications company and the circumstances involved.

_____ *none* _____

(e) has had regulatory penalties imposed for violations of telecommunications statutes and the circumstances involved.

None

(f) has been involved in civil court proceedings with an interexchange carrier, local exchange company or other telecommunications entity, and the circumstances involved.

None

20. Indicate if any of the officers, directors, or any of the ten largest stockholders have previously been:

(a) 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.

None

(b) an officer, director, partner or stockholder in any other Florida certificated telephone company. If yes, give name of company and relationship. If no longer associated with company, give reason why not.

None

21. The applicant will provide the following interexchange carrier services (check all that apply):

a. _____ **MTS with distance sensitive per minute rates**

- _____ Method of access is FGA
- _____ Method of access is FGB
- _____ Method of access is FGD
- _____ Method of access is 800

b. _____ **MTS with route specific rates per minute**

- _____ Method of access is FGA
- _____ Method of access is FGB
- _____ Method of access is FGD
- _____ Method of access is 800

c. X _____ **MTS with statewide flat rates per minute (i.e. not distance sensitive)**

- _____ Method of access is FGA
- _____ Method of access is FGB
- _____ Method of access is FGD
- _____ Method of access is 800

d. _____ **MTS for pay telephone service providers**

e. _____ **Block-of-time calling plan (Reach Out Florida, Ring America, etc.).**

f. _____ **800 service (toll free)**

g. _____ **WATS type service (bulk or volume discount)**

- _____ Method of access is via dedicated facilities
- _____ Method of access is via switched facilities

h. _____ **Private line services (Channel Services)
(For ex. 1.544 mbs., DS-3, etc.)**

i. _____ **Travel service**

- _____ Method of access is 950
- _____ Method of access is 800

j. _____ **900 service**

k. _____ **Operator services**

- Available to presubscribed customers
- Available to non presubscribed customers (for example, to patrons of hotels, students in universities, patients in hospitals).
- Available to inmates

I. **Services included are:**

- Station assistance
- Person-to-person assistance
- Directory assistance
- Operator verify and interrupt
- Conference calling

22. Submit the proposed tariff under which the company plans to begin operation. Use the format required by Commission Rule 25-24.485 (example enclosed).

23. Submit the following:

A. **Financial capability.** *NEW COMPANY - NO FINANCIAL STATEMENTS YET.*

The application should contain the applicant's audited financial statements for the most recent 3 years. If the applicant does not have audited financial statements, it shall so be stated.

The unaudited financial statements should be signed by the applicant's chief executive officer and chief financial officer affirming that the financial statements are true and correct and should include:

1. the balance sheet;
2. income statement; and
3. statement of retained earnings.

NOTE: *This documentation may include, but is not limited to, financial statements, a projected profit and loss statement, credit references, credit bureau reports, and descriptions of business relationships with financial institutions.*

Further, the following (which includes supporting documentation) should be provided:

1. **A written explanation** that the applicant has sufficient financial capability to provide the requested service in the geographic area proposed to be served.
2. **A written explanation** that the applicant has sufficient financial capability to maintain the requested service.
3. **A written explanation** that the applicant has sufficient financial capability to meet its lease or ownership obligations.

B. Managerial capability; give resumes of employees/officers of the company that would indicate sufficient managerial experiences of each.

C. Technical capability; give resumes of employees/officers of the company that would indicate sufficient technical experiences or indicate what company has been contracted to conduct technical maintenance.

**** 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 its 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 \$250.00 must be submitted with the application.

UTILITY OFFICIAL:

Signature

Date

Title

Telephone No.

Address: _____

Fax No.

ATTACHMENTS:

- A - CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT
- B - CUSTOMER DEPOSITS AND ADVANCE PAYMENTS
- C - CURRENT FLORIDA INTRASTATE NETWORK
- D - AFFIDAVIT

**** APPENDIX A ****

CERTIFICATE TRANSFER, OR ASSIGNMENT STATEMENT

I, (Name) _____

(Title) _____ of

(Name of Company)

and current holder of Florida Public Service Commission Certificate Number

_____, have reviewed this application and join in the
petitioner's request for a:

() transfer

() assignment

of the above-mentioned certificate.

UTILITY OFFICIAL:

Signature

Date

Title

Telephone No.

Address: _____

Fax No.

CUSTOMER DEPOSITS AND ADVANCE PAYMENTS

A statement of how the Commission can be assured of the security of the customer's deposits and advance payments may be provided in one of the following ways (applicant, please check one):

- () The applicant will **not** collect deposits nor will it collect payments for service more than one month in advance.

- () The applicant intends to collect deposits and/or advance payments for more than one month's service and will file and maintain a surety bond with the Commission in an amount equal to the current balance of deposits and advance payments in excess of one month.
 (The bond must accompany the application.)

UTILITY OFFICIAL:

_____ Signature	_____ Date
_____ Title	_____ Telephone No.
Address: _____	_____ Fax No.

CURRENT FLORIDA INTRASTATE SERVICES

Applicant **has** () or **has not** () previously provided intrastate telecommunications in Florida.

If the answer is has, fully describe the following:

a) What services have been provided and when did these services begin?

b) If the services are not currently offered, when were they discontinued?

UTILITY OFFICIAL:

Signature _____ Date _____

Title _____ Telephone No. _____

Address: _____ Fax No. _____

AFFIDAVIT

By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application and attached documents and that the applicant has the technical expertise, managerial ability, and financial capability to provide alternative local exchange company service in the State of Florida. I 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.

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	Date
Title	Telephone No.
Address:	Fax No.

MARTIN COUNTY FIRE PREVENTION
OCCUPATIONAL LICENSE - INSPECTION REQUEST

XXXXXX 10-5-99
TUES. ~~9-28-99~~

99-388

NAME OF BUSINESS: EL RINCON DORADOBY LEONEL MACEDO PHONE NO: 597-3838

LOCATION / ADDRESS: 15808 S.W. WARFIELD BLVD., INFIANTOBYWN Shop Center: 597-3324

TYPE OF OCCUPANCY: BUSINESS BUILDING: NEW EXISTING:

APPLICANT / PROPRIETOR: Leonel Macedo PHONE NO: 597-3324

ADDRESS: _____

COMMENTS: (Special condition(s) of approval)

Communications FIRE EXTINGUISHER MUST BE MOUNTED NEAR
EXIT. DISCONTINUE USE OF EXTENSION CORD IN CEILING VOID SPACE. FIX EXIT LIGHT AT
FRONT DOOR.

APPROVED: YES NO

BALANCE DUE: \$ -0-

X Moona 10-5-99
Applicant Date

[Signature] 10-5-99
Inspector Date

Distribution: White / Proprietor Yellow / Inspector Buff / File

MARTIN COUNTY, FL
P E R M I T RECEIPT

Sec: 05 Twp: 40 Rng: 39 Sub: 005 Blk: 007 Lot: 0027.0-60000

DATE ISSUED.....: 27-SEP-1999
 RECEIPT #.....: 99-48148
 BUILDING PERMIT...: ZBOC 9802684 OCCUPATIONAL LIC-BUSINESS LOC
 PROP. DEVELOPMENT.: BUSINESS OCCUPATIONAL LICENSE
 communications
 SITE ADDRESS.....: 15808 SW WARFIELD BLVD
 SUBDIVISION.....: INDIANTOWN PLAT A
 CITY.....:

APPLICANT.....: EL RINCON DORADOBY LEONEL MACEDO
 APPLICANT ADDRESS.: 15808 SW WARFIELD BLVD

CONTRACTOR.....: LIC#:
 COMPANY.....:
 ADDRESS.....:
 CITY/STATE/ZIP....: ,
 TELEPHONE.....:

FEE CODE	DESCRIPTION	PAID TO DATE	THIS RECEIPT
BFPINSPECT	FIRE PREVENTION OCC LIC INSPECTION FEE	\$.00	\$70.00
BZOCCLIC	OCCUPATIONAL LICENSE	\$.00	\$10.00
TOTALS:		\$.00	\$80.00

PMT CODE	DESCRIPTION	AMOUNT
C	CHK#1175	\$80.00

CASHIER: LEUL

CHANGE:

MARTIN COUNTY, FL
Occupational License Approval Form

Date Entered	Permit Number	Permit Type
27-SEP-1999	ZBOC 9802684	OCCUPATIONAL LIC-BUSINESS LOC

PARCEL : 05-40-39-005-007-0027.0-60000
PARCEL ADDRESS:

APPLICATION BY:
EL RINCON DORADOBY LEONEL MACEDO Phone: 597-3324
15808 SW WARFIELD BLVD
INDIANTOWN , FL 34956

CONTACT:
LEONEL MACEDO Phone: 597-3324
15808 SW WARFIELD BLVD
INDIANTOWN , FL 34956

PERMIT TYPE AND RESTRICTIONS:
ZBOC - BUSINESS OCCUPATIONAL LICENSE
communications

I UNDERSTAND AND AGREE TO ABIDE BY LISTED RESTRICTIONS OF THE ZONING DISTRICT IN WHICH I AM OPERATING. I ALSO UNDERSTAND THAT FALSIFICATION OF INFORMATION OR CHANGE OR EXPANSION OF ABOVE DESCRIBED OPERATION MAY BE CAUSE FOR REVOCATION OF LICENSE.

Applicant Signature: Leonel Macedo by Steven Acena Date: 27-Sep-1999

Inspector Signature: Lynn M. Eula Date: 27-Sep-1999

Health Department Approval Required	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Fire Safety Approval Required	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Dept of Business Regulation Required	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Dept of Agriculture Regulation Required	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

This zoning approval is granted based on the information provided by the applic and is accurate to the best of staff's knowledge.