

EAS. REC. DATE

APR 0 3 '92'

FLORIDA PUBLIC SERVICE COMMISSION 920304-15

APPLICATION FOR AUTHORITY TO PROVIDE SHARED TENANT SERVICE

Name of Provider:	A.G. CAN CO., INC	DIBIA	and office	Contr
Address of Provider:*	13899 Biscayne	BLUD.	410 011/1	
	Miami	(Street)	FZ.	33179
	(City)		(State)	(Zip)

Address of Building being served:

3899 BISCAUR BLID., MIGMI, FL 33/79 (Street) (City) (State) (Zip) Type of Switching Equipment: <u>Telrad Symphony</u> Number of current local access lines installed: 6

How will you protect the security of the customer's deposits and advance payments? (Please check one)

- a. I will not collect deposits nor will I collect payments for service more than one month in advance.
- b. I will file with the Commission and maintain a surety bond in an amount equal to the current balance of deposits and advance payments in excess of one month.

NO RESALE — Provide proof from the Florida Secretary of State that the applicant has authority to operate in Florida and/or is in compliance with the fictitious name statute.

I. Ann Gordon, <u>General Manager</u> (Name), <u>General Manager</u>

attest to the fact that I will comply with the current Commission requirements regarding the provision of shared tenant telephone service and I will abide with all of the Commission requirements. I also understand that I must apply for a separate IXC (Interexchange Carrier) certificate if I resell long distance service to my clients. I further understand that a \$100.00 non-refundable application fee must accompany this application.

(Signature of Owner/Chief Office of Provider) 3.23.92

Telephone No. (30) 949 - 2333

 Certificate will be sent to this address unless otherwise requested in writing.
FORM PSC/CMU 37 (4/91)

DO NOT RESALE AND THY NOCE-DATE 03253 APR-3 1992

FPSC-RECORDS/REPORTING



Chii

DEPOSIT TREAS, REC.

APH 0 3 '92

910304-75

## FLORIDA PUBLIC SERVICE COMMISSION

APPLICATION FOR AUTHORITY TO PROVIDE SHARED TENANT SERVICE

Name of Provider:	A.G. CAN CO., INC Senator Buildin	OlBIA 3 and Law Office	GAPr
Address of Provider:*	13899 Biscayne		
	Miami (City)	, _/L (State)	<u></u> (Zip)

Address of Building being served:

BISCAYPE BLID., MIGMI, FL 33/79 (Street) (City) (State) (Zip) 3899 Type of Switching Equipment: <u>Telrad Symphony</u> Number of current local access lines installed: E

How will you protect the security of the customer's deposits and advance payments? (Please check one)

I will not collect deposits nor will I collect payments for service more than one month in advance.

I will file with the Commission and maintain a surety bond b. in an amount equal to the current balance of deposits and advance payments in excess of one month.

has authority to operate in Florida and/or is in compliance with the fictitious name statute.

Ann Gordon \_. General Manager (Name) (Title)

attest to the fact that I will comply with the current Commission requirements regarding the provision of shared tenant telephone service and I will abide with all of the Commission requirements. I .....

A 2012 BINE 21C MIN. AVC2004 21C 24: 4215 2008 212 ANNA 21C 2016 21
1733
Kh 27 1992
SSION \$ 10000
DOCUMENT NUMBER
Map 12-5