ULYSSES. Pevez.         NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS         Same         ADDRESS OF THE APPLICANT(S)         STREET       14800 Sw.104 Sd. House #2         CITY       MIAMI         STATE & ZIP       FL_33196         TYPE OF ORGANIZATION (CHECK ONE)       A.         A.       INDIVIDUAL DOING BUSINESS UNDER HIS/HER:       [1]         DOCUMENTATION:       No other documentation needed.       9         B.       PARTNERSHIP:       [1]       9         DOCUMENTATION:       Attach a copy of the partnership agreement and a 1       9         With the name and address of all partners.       11       9         DOCUMENTATION:       Attach proof that articles of incorporation have b       11         DOCUMENTATION:       Attach proof from the Florida Secretary of State t       11         DOCUMENTATION:       Attach proof from the Florida and provide name and address       10         MAME       NDT       ApplicABLE       1         DOCUMENTATION:       Attach proof from the Florida Secretary of State t       1         DOCUMENTATION:       Attach proof from the Florida Secretary of State t       1         DOCUMENTATION:       Attach proof from the Florida Secretary of State t       1         DOCUMENTATIO	LEGA	L NAME OF	THE APPLICANT		0462		FEB 1 4
Same         ADDRESS OF THE APPLICANT(S)         STREET       14800 Sw.104 St. House #2         CITY       MiAMI         STATE & ZIP       FL, 33196         TYPE OF ORGANIZATION (CHECK ONE)       A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER:       [1]         A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER:       [1]       [2]         DOCUMENTATION:       No other documentation needed.       [3]         B. PARTNERSHIP:       [1]       [2]       [3]         DOCUMENTATION:       Attach a copy of the partnership agreement, and a lawith the name and address of all partners.       [3]         C. CORPORATION:       [1]       [3]       [3]         DOCUMENTATION:       Attach proof that articles of incorporation have been and address of filed with the Florida Secretary of State's Office.       [1]       [3]         DOCUMENTATION:       Attach proof from the Florida Secretary of State tapplican has authority to operate in Florida and provide name and address of Florida Registered Agent.       NAME       NOT       ApplicABLE         ADDRESS		영어에게 말하는 것을 받을					
STREET       14800 Sw.104 St. House #2         CITY       MIAMI         STATE & ZIP       FL, 33196         TYPE OF ORGANIZATION (CHECK ONE)       A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER:       [1]         A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER:       [1]       [1]         DOCUMENTATION:       No other documentation needed.       [1]         B. PARTNERSHIP:       [1]       [1]         DOCUMENTATION:       Attach a copy of the partnership agreement and a 1         with the name and address of all partners.       [1]       [2]         C. CORPORATION:       [1]       [3]         DOCUMENTATION:       Attach proof that articles of incorporation have b         filed with the Florida Secretary of State's Office.       If incorpora outside of Florida, attach proof from the Florida and provide name and address of Florida Registered Agent.         NAME       NOT       Applich BLC         ADDRESS			CH THE APPLIC	ANT WILL DO BU	SINESS	Barrister Barrister	
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C/CHU 32 (R3-93) PAGE 2 OF 5							
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FPSC-RECORDS/REPORTING

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

NAME:	ULYSSES	PEREZ
TITLE:	OWNER	
PHONE:	(305) 386	5-6204

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 CANCELLED PAY TELEPHONE CERTIFICATES. NDN€.

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

LIST THE STATES IN WHICH THE APPLICANT: 8.

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE

APPLICABLE

NONE

NOT

5.

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

NONE

C. HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVIDER. EXPLAIN CIRCUMSTANCES.

NONE

FORM PSC/CHU 32 (R3-93) PAGE 3 OF 5 REQUIRED BY CONDISSION RULE NO. 25-24.511 D. HAS HAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS OF TELECOMMUNICATIONS STATUTES. EXPLAIN CIRCUMSTANCES.

NONE PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED: 9. LOCAL LONG DISTANCE COIN CALLING CARD CREDIT CARD OTHER, DESCRIBE PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE 10. IN THE FIRST YEAR: 25 HOW DOES THE APPLICANT INTEND TO SERVICE AND MAINTAIN EACH PAYPHONE? 11. PERSONALLY FULL-TIME TECHNICIAN PART-TIME TECHNICIAN SERVICE/REPAIR/MAINTENANCE CONTRACT OTHER, DESCRIBE WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS 12. TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA IOXXX+0, 950-XXXX, AND 1-800? (See Rule 25-24.515(6), F.A.C. ALC TE WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL CONFORM TO 13. SUBSECTIONS 4.29.2 - 4.29.4 and 4.29.7 - 4.29.8 OF THE AMERICAN NATIONAL STANDARDS SPECIFICATIONS FOR MAKING BUILDINGS AND FACILITIES ACCESSIBLE AND USABLE BY PHYSICALLY HANDICAPPED PEOPLE (ATTACHMENT F)? (See Rule 25-24.515(14), F.A.C.) YES.

FORM PSC/CHU 32 (R3-93) PAGE 4 OF 5 REQUIRED BY CONNISSION RULE NO. 25-24.511 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 OFAICER OF APPLICANT)

DATE:

FORM PSC/CHU 32 (R3-93) PAGE 5 OF 5 REQUIRED BY CONVISSION RULE NO. 25-24.511

	FLORIDA PAY TELEPHONE CERTIFICATE APPEIENTIQUEAS. HEL. DATE
1.	LEGAL NAME OF THE APPLICANT D462 Mandel FEB 14'97, ULYSSES. Perez.
2.	NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS
3.	ADDRESS OF THE APPLICANT(S) STREET <u>14800</u> Sw. 104 St. House #2
	CITY <u>MIAMI</u> STATE & ZIP <u>FL, 33196</u>
· · 4.	TYPE OF ORGANIZATION (CHECK ONE)
	A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER:
	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:
	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.
	NAME NOT APPLICABLE
	ADDRESS
R. ULISES OR P. O. BOX 441242 MIAMI, FL 33144	LILLIAN PEREZ Date 2-11-99
Pay to the Flori	ONE HOUNDRED - BOLLANS BEET
GREAT WEST	DOCUMENT NUMBER-DATE
APPLICATIA	NLICENSED D. Pinc DIG42 FEB 145

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