

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

976612-TC

1. LEGAL NAME OF THE APPLICANT

Alberto Miralles / Elena P. Alvarez

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

Alberleni Enterprises, Inc

3. ADDRESS OF THE APPLICANT(S)

STREET 9460 Fountain Bleau Blvd. Ste. 121  
 CITY Miami, Fl. 33172  
 STATE & ZIP Fl. 33172

4. TYPE OF ORGANIZATION (CHECK ONE)

A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER:   
 OWN NAME.

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 Alberleni Enterprises, Inc  
 ADDRESS 9460 Fountain Bleau Blvd. Ste 121  
Miami, Fl. 33172

D. DOING BUSINESS UNDER A FICTITIOUS NAME:

DOCUMENTATION: Attach proof that fictitious name has been registered with the Florida Secretary of States Office.

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

NAME: Alberleni Enterprises Inc  
TITLE: 9460 Fountain Isleau Blvd Ste 121 (owner)  
PHONE: 305-226-0892

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.

No

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. LIST THE STATES IN WHICH THE APPLICANT:

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE

Florida

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. EXPLAIN CIRCUMSTANCES.

No

9. PLEASE INDICATE IF ANY OFFICERS OF THE CORPORATION, PARTNERSHIP OR INDIVIDUAL APPLICANT HAVE BEEN ADJUDGED BANKRUPT, MENTALLY INCOMPETANT, OR FOUND GUILTY OF ANY FELONY OR OF ANY CRIME, OR WHETHER SUCH ACTIONS MAY RESULT FROM PENDING PROCEEDINGS.

No

10. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

LOCAL  
LONG DISTANCE  
COIN  
CALLING CARD  
CREDIT CARD  
OTHER, DESCRIBE

[  
✓  
✓  
✓  
✓  
✓  
]

11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 10

12. HOW DOES THE APPLICANT INTEND TO SERVICE AND MAINTAIN EACH PAYPHONE?

PERSONALLY  
FULL-TIME TECHNICIAN  
PART-TIME TECHNICIAN  
SERVICE/REPAIR/MAINTENANCE CONTRACT  
OTHER, DESCRIBE

[  
✓  
]  
[  
]  
[  
]

13. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA IOXXX+0, 950-XXXX, AND 1-800? (See Rule 25-24.515(6), F.A.C.)

yes

14. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL CONFORM TO 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

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.

Elmer P. Abner      Albert J. Mills  
(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: \_\_\_\_\_

**APPLICANT ACKNOWLEDGEMENT CARD**

**Applicant** \_\_\_\_\_

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

**Signature** \_\_\_\_\_

**Title** \_\_\_\_\_

**Date** \_\_\_\_\_

**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.**

Form **SS-4****Application for Employer Identification Number**Rev. December 1990  
Department of the Treasury  
Internal Revenue Service(For use by employers, corporations, partnerships, trusts, estates, churches,  
government agencies, certain individuals, and others. See instructions.)

OMB

OMB No. 1545-0043

Keep a copy for your records.

Please type or print clearly.	1 Name of applicant (Legal name) (See instructions.) <b>ALBERLEN ENTERPRISES, INC.</b>	
	2 Trade name of business (if different from name on line 1)	3 Firm, firm, trustee, care of name
	4a Mailing address (street address) (room, apt., or suite no.) <b>9460 FONTAINE CLAU BAY</b>	5a Business address (if different from address on line 4a and 4b)
	4b City, state, and ZIP code <b>MIAMI FL 33173</b>	5b City, state, and ZIP code
	6 County and state where principal business is located <b>DADE</b>	
7 Name of principal officer, general partner, grantor, trustee, or trustee-in-trust—SSN required (See instructions.) ▶ <b>ALBERTO MIRALLES</b>		8 ▶ <b>266-91-2219</b>

8a Type of entity (Check only one box.) (See instructions.)		<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator—SSN
<input type="checkbox"/> REMIC	<input type="checkbox"/> Personal service corp.	<input checked="" type="checkbox"/> Other corporation (specify) ▶ <b>REGULAR C.</b>
<input type="checkbox"/> State/local government	<input type="checkbox"/> Limited liability co.	<input type="checkbox"/> Trust
<input type="checkbox"/> Other nonprofit organization (specify) ▶	<input type="checkbox"/> National Guard	<input type="checkbox"/> Farmers' cooperative
<input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Federal Government/military	<input type="checkbox"/> Church or church-controlled organization

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State <b>FLORIDA</b>	Foreign country
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9 Reason for applying (Check only one box.)		<input type="checkbox"/> Banking purpose (specify) ▶
<input checked="" type="checkbox"/> Started new business (specify) ▶	<input type="checkbox"/> Changed type of organization (specify) ▶	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Hired employees	<input type="checkbox"/> Created a pension plan (specify type) ▶	<input type="checkbox"/> Create a trust (specify) ▶
<input type="checkbox"/> Created a pension plan (specify type) ▶	<input type="checkbox"/> Other (specify) ▶	

10 Date business started or acquired (Mo., day, year) (See instructions.) <b>5-2-97</b>	11 Closing month of accounting year (See instructions.) <b>APRIL</b>
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12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (Mo., day, year).	<b>UNEMPLOYED</b>
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13 If you expect to have any employees during the period, enter -0- (See instructions.)	14 Principal activity (See instructions.) ▶ <b>INVESTMENTS</b>	15 Agricultural	16 Horticulture
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15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used ▶	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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16 To whom are most of the products or services sold? Please check the appropriate box.	<input type="checkbox"/> Business (wholesale)	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ▶	

17a Has the applicant ever applied for an identification number for one or more other business? Note: If "Yes," please complete lines 17b and 17c.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.	Legal name ▶	Trade name ▶
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17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.	Approximate date when filed (Mo., day, year)	City and state where filed	Previous EIN
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Business telephone number (212) (SEE INSTRUCTIONS)	<b>(305) 226-0892</b>
For telephone number (include area code)	

Name and title (Please type or print clearly.) ▶ <b>ALBERTO MIRALLES, PRESIDENT</b>
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Signature ▶ <i>Alberto Miralles</i>	Date ▶
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Please Do not write below this line. For official use only.				
PLEASE MARK	Gen.	Ind.	Trust	Other
FOR USE BY:				

PLEASE MARK FOR USE BY:	Gen.	Ind.	Trust	Other
FOR USE BY:				

PLEASE MARK FOR USE BY:	Gen.	Ind.	Trust	Other
FOR USE BY:				

PLEASE MARK FOR USE BY:	Gen.	Ind.	Trust	Other
FOR USE BY:				