NAME_UNDER WHICH THE APPLICANT WILL DO BUSINESS 970675-TC ADDRESS OF THE APPLICANT(S) 970675-TC STREET 17827 NW 66 court circle. CITY Diami (akes, STATE & ZIP FL 33015. TYPE OF ORGANIZATION (CHECK ONE) If A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER: If OWN NAME. If DOCUMENTATION: No other documentation needed. B. PARTNERSHIP: If DOCUMENTATION: Attach a copy of the partnership agreement, and a lis with the name and address of all partners. If DOCUMENTATION: Attach proof that articles of incorporation have been filed with the Florida Secretary of State's Office. DOCUMENTATION: Attach proof from the Florida and provide name and address of file orida assocretary of State in Florida and provide name and address of file orida secretary of State in Florida and provide name and address of file orida Begistered Agent. NAME	0 5 199	JUN	D539m	APELLA	LEGAL NAME OF TH
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ADDRESS D. DOING BUSINESS UNDER A FICTITIOUS NAME: [] DOCUMENTATION: Attach proof that fictitious name has been registered wit	hat	of State th	Secretary of	attach proof from the Florida ity to operate in Florida and	filed with the outside of Flori
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IN PSC/CHU 32 (R3-93) PAGE 2 OF 6 Muired by convision Rule No. 25-24.511					

05598 JUN-55

FPSC-RECORDS/REPORTING

PROVIDE NAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUAL WHO IS RESPONSIBLE FOR COMMISSION CONTACTS: 5. DATE ADEUA TOP DE 3 9 MINANE: M Q E A OL AUL owner TITLE: 305-556-299 PHONE: HAS APPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ETC., OR IN THE CASE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE APPLICANT 6. EVER BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE STATE OF FLORIDA? THIS INCLUDES ACTIVE AND CANCELLED PAY TELEPHONE CERTIFICATES. NO IF THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST THE 7. CERTIFICATE HOLDER AND CERTIFICATE NUMBER. LIST THE STATES IN WHICH THE APPLICANT: 8. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE A. NO HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPHONE Β. PROVIDER. NO HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVIDER. C. EXPLAIN CIRCUMSTANCES. NO

FORM PSC/CHU 32 (R3-93) PAGE 3 OF 6 REQUIRED BY CONMISSION RULE NO. 25-24.511 D. HAS HAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS OF TELECOMMUNICATIONS STATUTES. EXPLAIN CIRCUMSTANCES.

	CERS OF THE CORPORATION, PARTNERSH ADJUDGED BANKRUPT, MENTALLY INCOMPETAL OF ANY CRIME, OR WHETHER SUCH ACTION
<u>NO</u>	
PLEASE CHECK THE SERVICES THAT	WILL BE PROVIDED:
LOCAL LONG DISTANCE COIN CALLING CARD CREDIT CARD OTHER, DESCRIBE	III
PROPOSED NUMBER OF PAY TELEPHO IN THE FIRST YEAR: 5	ONE INSTRUMENTS THE APPLICANT PLANS TO
HOW DOES THE APPLICANT INTEND	TO SERVICE AND MAINTAIN EACH PAYPHON
PERSONALLY FULL-TIME TECHNICIAN PART-TIME TECHNICIAN	NTRACT

FORM PSC/CHU 32 (R3-93) PAGE 4 OF 6 REQUIRED BY COMMISSION RULE NO. 25-24.511

WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA TOXXY+0, 250-XXXX, AND 13. 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.)

res

FORM PSC/CHU 32 (R3-93) PAGE 5 OF 6 REQUIRED BY COMMISSION 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 10 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 YILL 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 OFFICER OF APPLICANT)

-22

DATE: _

FORM PSC/CHU 32 (R3-93) PAGE 6 OF 6 REQUIRED BY COMMISSION RULE ND. 25-24.511

APPLICANT ACKNOWLEDGEMENT CARD

Parl apelle 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	Paul apella
Title	owner
Date	5-22-97

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.