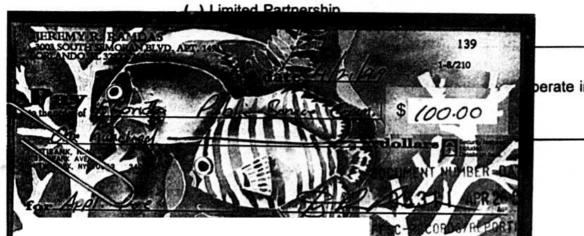
	DEPOSIT DATE	DEPC	s	DATE
	D130 APR 27 1993	D1	0	APR 2 7 1993
1.	Name of company or name of individual (no Jereny R Randas		ous nam	e or d/b/a):
2.	Name under which applicant will do busines			
3.	Official mailing address: Street: <u>3003 S. Serno</u>	nan	610	d. Apt 149
	P.O. Box: City: Orlando State: _F L			822
4.	Florida address: Street: <u>3003 S. Semo</u> P.O. Box: City: Orlando		blv	J. Apt 149
	State: FL	Zip	: 32	822
5.	Structure of organization:	са.		

- () Corporation
- () General Partnership



perate in Florida:

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	DEPOSIT DATE D	EPOSIT	DATE	
	D130 M APR 271993 D	1 0 🛤	APR 2 7 1993	
1.	Name of company or name of individual (not fi Jereny R Randas	ctitious nar	ne or d/b/a):	
2.	Name under which applicant will do business (Jereny R Ramdas		ame, etc.):	
3.	Official mailing address:			
	Street: 3003 S. Semon	m bl	vd. Apt 149	
	P.O. Box:			
	city: Orlando			
	State: FL	Zip: 3	2822	
4.	Florida address:			
	Street: 3003 S. Semon	n bl	1d. Apt 149	
	P.O. Box:			
	city: Orlando			
	State: FL	Zip: 32	-872	
5.	Structure of organization:			
	(MIndividual			
	() Corporation			
	() General Partnership			
	() Limited Partnership			
	() Other:			
6.	If incorporated in Florida, provide proof of authority to operate in Florida:			
	Florida Secretary of State Corporate Registration Number:			
Form Requir	DOCUME ired by Commission Rule Nos. 25-24.510 6 25-24.511	NT NUMBER	-DATE Page 2 of 10 26 8	

FPSC-RECORDS/REPORTING

7. If using fictitious name d/b/a (doing business as), provide proof of compliance with the fictitious name statute (Chapter 865.09, Florida Statutes) to operate in Florida:

Florida Fictitious Name Registration Number:

- 8. F.E.I. Number (if applicable): 071-66-7800
- 9. If individual, provide:

Name:	Jeremy R. Ramdas
Title: <u>Ou</u>	oner
Address:	3003 S. Semonan blud. Apt 149
City/State/Z	ip: Orlando Ft FL. 32822
Telephone	No.: 407 -281-0124 Fax No.: 407 -281-0124
Internet E-N	lail Address: Jereny 339 @ Aol. com
Internet We	bsite Address:

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

Title:			
Address:			
City/State/Zip:			
Telephone No.:	Fax No.:		
Internet E-Mail Address:			
Internet Website Address:			

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10. Partnership (continued)

11.

.

b.	Name:				
	Title:				
	Address:				
	City/State/Zip:				
	Telephone No.:Fax No.:				
	Internet E-Mail Address:				
	Internet Website Address:				
Who a.	Name: Jeremy R Ramdas				
	Title: Owner				
	Address: 3003 S. Semonan blud. Apt 149				

Internet Website Address: _____

b. Official Point of Contact for ongoing company operations including complaints and inquiries:

Name: Jeremy R. Ramdas	
Title: Owner	
Address: 3003 S. Semonan blue	Apt 149
City/State/Zip: Orlando, F.L. 32822	
Telephone No.: 407-281-0124 Fax No.: 1	
Internet E-Mail Address: Jeremy 339 (9)	Aol. Com
Internet Website Address:	

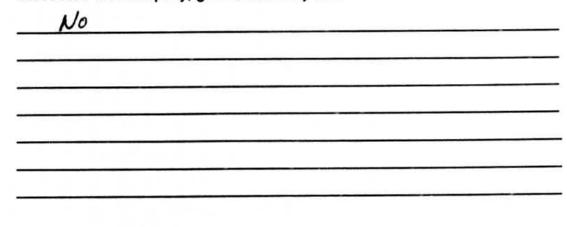
12. Indicate if applicant or any subsidiary, partner, officers, directors, or any stockholder has been previously adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings.

so, provide explanation:	None

13. Has the applicant or any subsidiary, partner, officer, director, or any stockholder ever been granted or denied a pay telephone certificate in the State of Florida? (This includes active and canceled pay telephone certificates.) If yes, provide explanation and list the certificate holder and certificate number.

No

14. Is the applicant or any subsidiary, partner, officer, director, or any stockholder a subsidiary, partner, or officer in any other Florida certificated pay telephone company? If yes, give name of company and relationship. If no longer associated with company, give reason why not.



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List other states in which the applicant: 15.

.

a. Is currently providing pay telephone service.

		None
	b.	Has applications penaing to be certified as a pay telephone provider. Non€
	c.	Has been denied authority to operate as a pay telephone provider. Explain circumstances.
	d.	Has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders. Explain circumstances.
6.	Pleas	se check (1) the services that will be provided:
		(1) LONG DISTANCE (1) COIN (1) CALLING CARD (1) CREDIT CARD (1) OTHER (Describe) <u>Collect</u>

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- How does the applicant intend to service and maintain each payphone? Check
 (✓) all that apply.

(V) PERSONALLY

- () FULL-TIME TECHNICIAN
- () PART-TIME TECHNICIAN
- () SERVICE/REPAIR/MAINTENANCE CONTRACT
- () OTHER (Describe)
- Will each of the installed pay telephones provide access to all locally available long distance carriers via 10XXX+0, 10XXXX+0, 101XXXX+0, 950, and toll free (e.g. 800, 877, and 888)? See Rule 25-24.515(10), Florida Administrative Code.

Yes () No Explain:

20. Will each of the installed pay telephones conform to subsections 4.28.8.4 and 4.29 of the American National Standard (CABO/ANSI A117.1-1992), Accessible and Usable Buildings and Facilities, approved December 15, 1992 by the American National Standards Institute, Inc.? See Rule 25-24.515(18), Florida Administrative Code.

Yes No Explain:

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APPLICANT FEE/TAX STATEMENT

- REGULATORY ASSESSMENT FEE: I understand that all telephone companies must pay a regulatory assessment fee in the amount of <u>0.15 of one percent</u> of the 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.
- GROSS RECEIPTS TAX: I understand that all telephone companies must pay a gross receipts tax of <u>two and one-half percent</u> on all intra- and interstate business.
- SALES TAX: I understand the a <u>seven percent</u> sales tax must be paid on intraand interstate revenues.
- APPLICATION FEE: I understand that a non-refundable application fee of \$100.00 must be submitted with the application.

UTILITY OFFICIAL:

Ramdas Jeremy

Print Name

Owner

<u>407-281-0124</u> Telephone No.

Address:

3003 South Semoran blunk Apt. 149

rlando, FL 32822

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ACKNOWLEDGMENT

By my signature below, I, the undersigned owner/officer, 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.

I will comply with all current and future Commission requirements regarding pay telephone service. I understand that I am required to pay a regulatory assessment fee (minimum of \$50.00 per calendar year), file an annual pay telephone service report, pay applicable sales tax, and pay gross receipts tax. Furthermore, I agree to keep the Commission advised of any changes in the names and addresses listed in the application within 10 days of the change.

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:

landas

int Name

ner

407-281-0124 **Telephone No.**

Address:

South Somoran (3003 FL 32822

APPLICANT ACKNOWLEDGMENT

Jereny R Ramdas Applicant:

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

A Ramdas

Wher

Da

S. Semoran blud

407-281-0174

81-0174

Telephone No

ax No.

Address:

Apt 149

3003

Orlando , F.L . 32872

THIS ACKNOWLEDGMENT FORM MUST BE COMPLETED AND RETURNED AS PART OF THE APPLICATION BEFORE THE CERTIFICATION PROCESS BEGINS. FAILURE TO DO SO WILL RESULT IN A DELAY OF THE CERTIFICATE BEING ISSUED.

Form PSC/CMU-32 (02/99) Required by Commission Rule Nos. 25-24.510 & 25-24.511

FLORIDA PUBLIC SERVICE COMMISSION

DIVISION OF COMMUNICATIONS BUREAU OF SERVICE EVALUATION

APPLICATION FORM FOR CERTIFICATE TO PROVIDE PAY TELEPHONE SERVICE WITHIN THE STATE OF FLORIDA

INSTRUCTIONS

S

- This form is used as an application for an original certificate to provide pay telephone service within the State of Florida.
- Print or type all responses to each item requested in the application. If an item is not applicable, please explain.
- Use a separate sheet for each answer which will not fit within the allotted space.
- Once completed, submit the original and two (2) copies of this form and a nonrefundable application fee of \$100.00 to:

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

If you have questions about completing the form, contact:

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