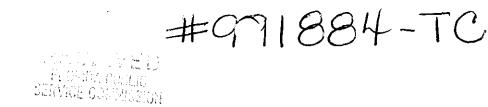
January 27, 2000

Hello!

TPSC-RECORDS/REPORTING

DOCUMENT NUMBER-DATE



FLORIDA PUBLIC SERVICE COMMISSION

MAIL ROOM DIVISION OF COMMUNICATIONS BUREAU OF SERVICE EVALUATION

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

INSTRUCTIONS

- 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:

Fiorida 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: Affention: Ms. Brenda H. Hawkins

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

RECEIVED

JAN 27 2000,

CMU.

- 1. Name of company or name of individual (not fictitious name or d/b/a): SAINTEL, INC
- 2. Name under which applicant will do business (fictitious name, etc.):
- 3. Official mailing address: Street: <u>160 80 NE 19 PL</u> P.O. Box: ______ City: <u>North Minmi Bch</u>, FL State: <u>Flovidg</u> zip: <u>33162</u>
- 5. Structure of organization:

. .

() Individual

(A Corporation

- () General Partnership
- () Limited Partnership
- () Other:

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If incorporated in Florida, provide proof of authority to operate in Florida:

Florida Secretary of State Corporate Registration Number: <u>65-0959437</u>

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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:

SAINTEL, INC **Florida Fictitious Name** 65-09 5957 Registration Number:

na k F.E.I. Number (if applicable): 8.

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

a. Name: <u>BELONY SAJNT-VJL</u> Title: <u>President</u> Address: <u>16080 NE 19 PL</u> City/State/Zip: <u>North Miamí Beach</u>, F-L Telephone No. <u>300919-X146</u> Fax No.: <u>949-6118</u> Internet E-Mail Address: <u>Saintel phone</u>

10.	Parti	Internet Website Address:
	b.	Name: SAJNTEL, INC
		Title: <u>President</u>
		Address: 16080NE19PL
		City/State/Zip: North Miami Blach, SC 32162
		Telephone No.: 305 919 -8/46 Fax No.: 305 949-6/18
		Internet E-Mail Address: SAINTELPhone OAd
		Internet Website Address:

11. Who will serve as liaison to the Commission with regard to the following?

a.	The application:
	Name: BELONV SQINT-VIL
	Title: President
	Address: 16080NE 19PL
	City/State/Zip: NMiami Beach, FC 33162
	Telephone No(:301)919-8146 Fax No. (305) 9149-6118
	Internet E-Mail Address: Saintelfhoren and
	Internet Website Address:
b.	Official Point of Contact for ongoing company operations including complaints and inquiries:
	Name: Belony Saint Vil
	Title: President
	Address: 16080 NE 1971
	City/State/Zip: NMiami Beach, FL 33/6?
	Telephone No: 305)919-8146 Fax No: 305)949-6/18
	Internet E-Mail Address: Saintel shore

Internet Website Address: ____

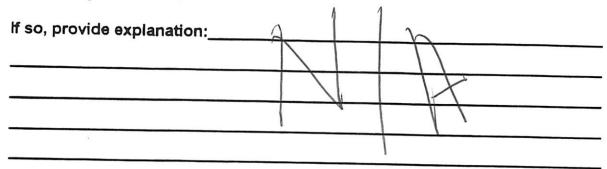
Form PSC/CMU-32 (02/99) Required by Commission Rule Nos. 25-24.510 £ 25-24.511

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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.

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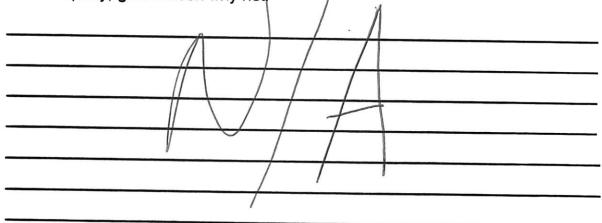
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13. Has the applicant or any subsidiary, partner, officer, director, or any stockholder ever been granted or denied a pay telephone certificate in the State of Florida? (This includes active and canceled pay telephone certificates.) If yes, provide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



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.



Form PSC/CMJ-32 (02/99) Required by Commission Rule Nos. 25-24.510 6 25-24.511 15. List other states in which the applicant:

. .

. .

Is currently providing pay telephone service. a. Has applications pending to be certified as a pay telephone provider. b. Has been denied authority to operate as a pay telephone provider. Explain C. circumstances. Has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders. Explain circumstances. d.

16. Please check (\checkmark) the services that will be provided:

HILOCAL HEONG DISTANCE HCOIN CTCALLING CARD CTCREDIT CARD () OTHER (Describe)

Form PSC/CMJ-32 (02/99) Required by Commission Rule Nos. 25-24.510 6 25-24.511

- 17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: <u>20 payphone</u>
- 18. How does the applicant intend to service and maintain each payphone? Check (</

() 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. A Yes No Explain: () 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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19.

20.

APPLICANT FEE/TAX STATEMENT

- 1. 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.
- 2. GROSS RECEIPTS TAX: I understand that all telephone companies must pay a gross receipts tax of two and one-half percent on all intra- and interstate business.
- 3. SALES TAX: I understand the a <u>seven percent</u> sales tax must be paid on intraand interstate revenues.
- 4. APPLICATION FEE: I understand that a non-refundable application fee of \$100.00 must be submitted with the application.

UTILITY BELON	<u>VOFFICIAL:</u> JY SAFNT-VOC belong faith
Print Name	Jent Signature
Title (30)91	9-8146 (30)949-611R
Telephone	No. Fax Nó.
Address:	SAFANTEL, FNC
	LORONE 19PL
	North Migmi Bch, PL
	33162,

Form PSC/CMU-32 (02/99) Required by Commission Rule Nos. 25-24.510 6 25-24.511

Page 8 of 10

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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."

OFFICIA Print Name anatur Jos Date Fax No. elephone No. Address:

Page 9 of 10

**APPLICANT ACKNOWLEDGMEN1 Applicant:

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

Signatur Title Date 30 40 Fax No. Telephone No. Address:

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.