# \*\* FLORIDA PUBLIC SERVICE COMMISSION \*\*

# DIVISION OF TELECOMMUNICATIONS BUREAU OF CERTIFICATION AND SERVICE EVALUATION

# Application Form for Authority to Provide Interexchange Telecommunications Service Between Points Within the State of Florida

001220-TI

### **Instructions**

- This form is used as an application for an original certificate and for approval of assignment or transfer of an existing certificate. In the case of an assignment or transfer, the information provided shall be for the assignee or transferee (See Appendix A).
- Print or Type all responses to each item requested in the application and appendices. If an item is not applicable, please explain why.
- Use a separate sheet for each answer which will not fit the allotted space.
- Once completed, submit the original and six (6) copies of this form along with a non-refundable application fee of <u>\$250.00</u> to:

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

Note: **No filing fee is required** for an assignment or transfer of an existing certificate to another certificated company.

If you have questions about completing the form, contact:

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

FORM PSC/CMU 31 (12/96) Required by Commission Rule Nos. 25.24-470, 25-24.471, and 25-24.473, 25-24.480(2). Page 1 of 16

DOCUMENT NUMBER-DATE

10452 AUG 248

FPSC-RECORDS/REPORTING

- 1. This is an application for  $\sqrt{}$  (check one):
  - **Original certificate** (new company).
  - () Approval of assignment/transfer of existing certificate: <u>Example</u>, a non-certificated company purchases an existing company and desires to retain the certificate of authority rather than apply for a new certificate.
  - () Approval of transfer of control: <u>Example</u>, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.
- 2. Name of company: <u>S.F.M.E.T.Twc.</u>
- 3. Name under which applicant will do business (fictitious name, etc.):

See above

4. Official mailing address (including street name & number, post office box, city, state, zip code):

15398 S.W. 153ª STREET MIAMI FI 33187

5. Florida address (including street name & number, post office box, city, state, zip code):

See Above

FORM PSC/CMU 31 (12/96) Required by Commission Rule Nos. 25.24-470, 25-24.471, and 25-24.473, 25-24.480(2). Page 2 of 16 6. Select type of business your company will be conducting  $\sqrt{(\text{check all that apply})}$ :

(V Facilities-based carrier - company owns and operates or plans to own and operate telecommunications switches and transmission facilities in Florida.

- () **Operator Service Provider** company provides or plans to provide alternative operator services for IXCs; or toll operator services to call aggregator locations; or clearinghouse services to bill such calls.
- () **Reseller** company has or plans to have one or more switches but primarily leases the transmission facilities of other carriers. Bills its own customer base for services used.
- () Switchless Rebiller company has no switch or transmission facilities but may have a billing computer. Aggregates traffic to obtain bulk discounts from underlying carrier. Rebills end users at a rate above its discount but generally below the rate end users would pay for unaggregated traffic.
- () Multi-Location Discount Aggregator company contracts with unaffiliated entities to obtain bulk/volume discounts under multi-location discount plans from certain underlying carriers, then offers resold service by enrolling unaffiliated customers.
- () **Prepaid Debit Card Provider** any person or entity that purchases 800 access from an underlying carrier or unaffiliated entity for use with prepaid debit card service and/or encodes the cards with personal identification numbers.

# 7. Structure of organization;

( •	) Individual	( ) Corporation
(	) Foreign Corporation	() Foreign Partnership
(	) General Partnership	() Limited Partnership
(	) Other	- ·

#### 8. **If individual,** provide:

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Title:
Address:
City/State/Zip:
Telephone No.: Fax No.:
Internet E-Mail Address:
Internet Website Address:
If incorporated in Florida, provide proof of authority to operate in Florida:
(a) The Florida Secretary of State Corporate Registration num
If foreign corporation, provide proof of authority to operate in Florida:
(a) The Florida Secretary of State Corporate Registration number 99 0 9 0 1 4 95 8
If using fictitious name-d/b/a, provide proof of compliance with fictitious nar statute (Chapter 865.09, FS) to operate in Florida:
(a) The Florida Secretary of State fictitious name registration number:
If a limited liability partnership, provide proof of registration to operate in Florida:
(a) The Florida Secretary of State registration number:
If a partnership, provide name, title and address of all partners and a copy of the partnership agreement.
Name:
Title:
Address:

``

-

Teleph	none No.:	Fax No.:
Intern	et E-Mail Address:	
intern	et Website Address:	
		<u>provide proof of compliance with the foreign</u> oter 620.169, FS), if applicable.
(a)	The Florida registration	n number:
Provide	e <u>F.E.I. Number (</u> if applic	cable): EIN# 65-0899235
Provide	e the following (if applicab	ie):
(a)	Will the name of your co	mpany appear on the bill for your services? <b>) No</b>
(b)	If not, who will bill for you	ur services?
Name:	· · · · · · · · · · · · · · · · · · ·	
Title:_		
Addres	ss:	
City/St	ate/Zip:	
Teleph	one No.:	Fax No.:
(c)	How is this information p	
	Electronically of	2 ON PAPER
		·
Who w	ill receive the bills for you	r service?
( ) PA	sidential Customers Ts providers tels & motels	<ul> <li>( 4) Business Customers</li> <li>( ) PATs station end-users</li> <li>( ) Hotel &amp; motel guests</li> </ul>

() Universities dormitory residents () Other: (specify) <u>Other</u> IKE's or Arece CLEC's

18.	Who will serve as liaison to the Commission with regard to the following?
	(a) <u>The application</u> :
	Name: ThomAS TERWilligER
	~
	Title: pres Address: 15398 S.W. 1535 Street
	City/State/Zip: M.Am. F1 33187
	Telephone No.: 305 375 0553 Fax No.: 305 375 9334
	Internet E-Mail Address: TOM TERWILL @ AOL, COM
	Internet Website Address:
	(b) Official point of contact for the ongoing operations of the company:
	Name: SAME AS AbovE
	Title:
	Address:
	City/State/Zip:
	Telephone No.: Fax No.:
	Internet E-Mail Address:
	Internet Website Address:
	(c) <u>Complaints/Inquiries from customers:</u>
	Name: SAME AS "A" Abinc
	Title:
	· · ·
Requir	PSC/CMU 31 (12/96) red by Commission Rule Nos. 25.24-470, 471 and 25-24 473 25-24 480(2) Page 6 of 16

Address: City/State/Zip:\_\_\_\_ Telephone No.:\_\_\_\_\_\_ Fax No.:\_\_\_\_\_ Internet E-Mail Address: Internet Website Address: List the states in which the applicant: (a) has operated as an interexchange telecommunications company. N/A (b) has applications pending to be certificated as an interexchange telecommunications company. N/A is certificated to operate as an interexchange telecommunications (c) company. NIA (d) has been denied authority to operate as an interexchange telecommunications company and the circumstances involved. Ň has had regulatory penalties imposed for violations of (e) telecommunications statutes and the circumstances involved. FORM PSC/CMU 31 (12/96) Required by Commission Rule Nos. 25.24-470, 25-24.471, and 25-24.473, 25-24.480(2). Page 7 of 16

19.

N/A (f) has been involved in civil court proceedings with an interexchange carrier, local exchange company or other telecommunications entity, and the circumstances involved. NIA \_\_\_\_\_ 20. Indicate if any of the officers, directors, or any of the ten largest stockholders have previously been: (a) adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. If so, please explain. NIA (b) an officer, director, partner or stockholder in any other Florida certificated telephone company. If yes, give name of company and relationship. If no longer associated with company, give reason why not. 21. The applicant will provide the following interexchange carrier services  $\sqrt{}$  (check all that apply): MTS with distance sensitive per minute rates a. FORM PSC/CMU 31 (12/96) Required by Commission Rule Nos. 25.24-470, 25-24.471, and 25-24.473, 25-24.480(2). Page 8 of 16



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Available to presubscribed customers Available to non presubscribed customers (for example, to patrons of hotels, students in universities, patients in hospitals).

\_\_\_\_\_ Available to inmates

I. Services included are:

\_\_\_\_\_ Station assistance

\_\_\_\_\_ Person-to-person assistance

\_\_\_\_\_ Directory assistance

\_\_\_\_\_ Operator verify and interrupt

\_\_\_\_\_ Conference calling

22. Submit the proposed tariff under which the company plans to begin operation. Use the format required by Commission Rule 25-24.485 (example enclosed).

23. Submit the following:

# A. Financial capability.

The application <u>should contain</u> the applicant's audited financial statements for the most recent 3 years. If the applicant does not have audited financial statements, it shall so be stated.

The unaudited financial statements should be signed by the applicant's chief executive officer and chief financial officer <u>affirming that the financial</u> <u>statements are true and correct</u> and should include:

1. the balance sheet;

2. income statement; and

3. statement of retained earnings.

**NOTE**: This documentation may include, but is not limited to, financial statements, a projected profit and loss statement, credit references, credit bureau reports, and descriptions of business relationships with financial institutions.

Further, the following (which includes supporting documentation) should be provided:

1. <u>A written explanation</u> that the applicant has sufficient financial capability to provide the requested service in the geographic area proposed to be served.

2. <u>A written explanation</u> that the applicant has sufficient financial capability to maintain the requested service.

3. <u>A written explanation</u> that the applicant has sufficient financial capability to meet its lease or ownership obligations.

**B.** Managerial capability; give resumes of employees/officers of the company that would indicate sufficient managerial experiences of each.

**C. Technical capability;** give resumes of employees/officers of the company that would indicate sufficient technical experiences or indicate what company has been contracted to conduct technical maintenance.

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# \*\* APPLICANT ACKNOWLEDGMENT STATEMENT \*\*

- 1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of <u>.15 of one percent</u> of its 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 that a seven percent sales tax must be paid on intra and interstate revenues.
- 4. **APPLICATION FEE:** I understand that a non-refundable application fee of \$250.00 must be submitted with the application.

08/22/00
Date
305-375-0553
Telephone No.
207 305-375-9334
Fax No.
······································

# ATTACHMENTS:

A - CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT B - CUSTOMER DEPOSITS AND ADVANCE PAYMENTS C - CURRENT FLORIDA INTRASTATE NETWORK D - AFFIDAVIT

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# \*\* APPENDIX A \*\*

# CERTIFICATE TRANSFER, OR ASSIGNMENT STATEMENT

(Title)	
(Name of Company)	
and current holder of F	Florida Public Service Commission Certificate Number
# petitioner's request for	, have reviewed this application and join in the a:
( ) transfer	
() assignment	
of the above-mentione	d certificate.
UTILITY OFFICIAL	
Signature	Date
	Date Telephone No.

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# \*\* APPENDIX B \*\*

# **CUSTOMER DEPOSITS AND ADVANCE PAYMENTS**

A statement of how the Commission can be assured of the security of the customer's deposits and advance payments may be provided in one of the following ways (applicant, please  $\checkmark$  check one):

(V)

(

The applicant will **not** collect deposits nor will it collect payments for service more than one month in advance.

) The applicant intends to collect deposits and/or advance payments for more than one month's service and will file and maintain a surety bond with the Commission in an amount equal to the current balance of deposits and advance payments in excess of one month. (The bond must accompany the application.)

UTILITY	OFFICIAL:	3.1				
	tea Phil	leza		08,	22/00	
Signature		0		Date		
 Title	edart			305.	375-0553	
Title			· · · · · · · · · · · · · · · · · · ·		hone No.	
Address:	15398	5W	15305	treat	32537593	34
_			33187	Fax N	lo.	
	<i></i>					
			- <u> </u>			

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\*\* APPENDIX C \*\*

# **CURRENT FLORIDA INTRASTATE SERVICES**

Applicant has ( ) or has not ( $\smile$ ) previously provided intrastate telecommunications in Florida.

If the answer is has, fully describe the following:

a) What services have been provided and when did these services begin?

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# \*\* APPENDIX D \*\*

### AFFIDAVIT

By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application and attached documents and that the applicant has the technical expertise, managerial ability, and financial capability to provide alternative local exchange company service in the State of Florida. I 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.

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:	
Sallie	08/22/00
Signature	Date
presedent	305 375 0553
Title	Telephone No.
Address: 15398 50 153 # Stu	et 305 375 9334
Mirine F1, 33187	Fax No.
- <u> </u>	

FORM PSC/CMU 31 (12/96) Required by Commission Rule Nos. 25.24-470; 25-24.471, and 25-24.473, 25-24.480(2). Page 16 of 16

#### BALANCE SHEET S.F.M.&T. INC. AUG.1ST 2000

Assets:		
Current Assets:		
Subscriptions Un-collected:	\$300,000.00	
Long Term Assets:		
Class 4 Switch Billing System HVAC/Power Systems: Racks, DAX's & Misc Eq. Test Eq. Goodwill & Start Up Charges:	\$346,055.00 \$49,851.00 \$22,006.00 \$43,187.00 \$27,687.00 \$14,353.00	
TotalAssets:		\$803,139.00
Liabilities & Equity:		
Current Liabilities:		
1 year Unexpired Advance Office Rent:	\$24,000.00	
Long Term Liabilities:		
None:	\$0.00	
Total Liabilities:	\$24,000.	00
Stockholders Equity:	\$779,139.	00
Total Liabilities & Equity:		\$803,139.00

I Thoma E. Terwilliger, president and C.E.O. of S.F.M.& T., Inc. affirm that the above financial statement is true and correct to the best of my knowledge.

cu

Thomas E. Terwilliger president / C.E.O.

8/22/00

#### **S.F.M.& T., INC** 15398 S.W. 153rd Street

Miami, Florida 33187 305-375-0553 fax 305-375-9334

e-mail Tomterwill@aol.com

To Whom It May Concern:

S.F.M.&T. Inc. was formed in 1999. The business does not have audited statements. In 1999 S.F.M.&T. Inc. was a start-up company with no income.

Attached is a current balance sheet, which shows the company's current financial position.

Thomas E. Terwilliger President 08/22/00

# **DECLARATION THAT APPLICANT HAS:**

SUFFICIENT FINANCIAL CAPABILITY to provide the requested service in the geographical area proposed to be served: Applicant currently has a Class 4 switch and all ancillary equipment in their possession with no debt. Applicant currently has a DS3 worth of access to MFS and access to multiple Bell South circuits. Applicant will face minimal access installation charges to activate this network. Applicant has pledges of \$300,000.00 to cover any such costs.

SUFFICIENT FINANCIAL CAPABILITY to maintain the requested service: Applicant's operation is a very small operation. A shareholder without immediate cash payment will provide initial labor. The major indirect expense of the company will be rent. Rent is \$2,000 per month. Other incidental costs are expected to be minimal. The above referenced infusion of capital will more than cover day-to-day indirect costs. Direct costs will be paid from gross income.

SUFFICIENT FINANCIAL CAPABILITY to meet its lease or ownership obligations: The company has no lease obligations except rent. The above referenced cash infusion will more than cover any rent obligations.

#### MANAGERIAL CAPABLITY:

The company's president has almost two decades of telecommunications experience. He has been president of several telephone companies in the past. He has been president for over 15 years of a state Association of Long Distance Telephone Companies. He is well known in the industry nationally and internationally.

#### TECHNICAL CAPABILITY:

The company's technical staff person will be Thomas E. Terwilliger. Mr. Terwilliger has for almost 20 years operated IXE facilities. He has experience on Northern Telecom, DSC, Harris, NACT, Lucent and many others manufacturers equipment. The company utilizes a NACT STX switch. Mr. Terwilliger has six-year experience with NACT equipment. Mr. Terwilliger has designed and implemented many copper, fiber, microwave and digital networks.

MANAGERIAL AND TECHNICAL CAPACITY Thomas E. Terwilliger 15398 S.W. 153<sup>rd</sup> Street Miami, Florida 33187 (305) 375-0553 fax (305) 375-9334 e-mail: tomterwill @ aol.com

Experience: president C.E.O.	1999-2000	S.F.M.&T., Inc.	VoIP and Telephone switching center, Miami, Florida / DomRep
president C,E.O.	1998-1999	StarNet Industries, Inc.	International VoIP Gateway Miami, Florida /Mexico City
vice-president		TransAmerican	International VoIP Gateway
Engineering (p		Technologies, Inc.	Atlanta, Georgia / Detroit, Mi.
president	19 <b>82-1</b> 996	Kentucky Telephone	Domestic Long Distance.
C.E.O.		Corporation	Telephone Co., Louisville, Ky.
President	1976-1982	Atlas Pallet, Inc.	Manufacturing company .
C.E.O.	(joint venture	Ashland Oil Co.)	Irvington, Ky.

Member of the following for-profit Boards:

1998 to present	StarNet Industries, Inc. (an international technology Co.)
1997 to present	C.E.O. Nova Net Services, Inc.(a research & development Co.)
1996 - 1997	Trans American Technologies, Inc.
1988 – 1994	Mid American Cable, Inc. (sold to ICG, Denver, Co.)
1974 – 1992	Warren Cable T.V. and successor T-Tom CATV, Inc.
	(sold to Times Mirror Publishing Company, LA, Ca.)
Member Non-profit Boards:	
1997 - 1999	Temple Adat B'nai Israel (president)
1992 - 1996	Temple Shalom (v.p. and treasurer)
1988 - 1998	E.P.S. (Ecumenical Patient Services) (president)
1982 - 1998	Association of Kentucky Long Distance Companies (president)
Advisory Boards:	
1982 – 1985	president's oversight committee of Bell South
1982 – 1985	Oversight committee U.S. Small Business Administration
Education:	-
1963 - 1970	B.A.A. Western Michigan University, Kalamazoo, Mi.
1970 - 1971	M.B.A. Western Michigan University Kalamazoo, Mi.
1971 - 1972	Post Graduate Work – Radio & TV Wayne State Univ.
	Detroit, Mi.
Other Accomplishments:	
1972 – 1982	Licensed General Contractor – State of Michigan
1994 – 1995	Lecturer – Principals of Telecom to National Sales Teams
2000	Lucent Technologies Certification - VoIP
2000	Satellite Transmission Certification –VSAT / Teleport