

DEPOSIT

DATE

981445-7C

D026

OCT 29 1998

1. Name of company;

 NAEEM AHMED ~~INC~~
2. Name under which applicant will do business (fictitious name, etc.):

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

 3026 ALBIN LANE

 ORLANDO, FL 32817

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

 3026 ALBIN LANE

 ORLANDO, FL 3026

5. Structure of organization;
 () Individual () Corporation
 () General Partnership () Limited Partnership
 () Other, _____
6. If incorporated in Florida, provide proof of authority to operate in Florida:
 (a) Florida Secretary of State Corporate registration number: _____
7. If using fictitious name-d/b/a, provide proof of compliance with the fictitious name statute (Chapter 865.09 FS) to operate in Florida:
 (a) Florida Fictitious Name registration number: _____
8. FEID Number(if applicable): _____

9. If individual, provide;

Name : NAFEM AHMED
Title : OWNER
Address: 3026 ALBIA LANE
City/State/Zip: ORLANDO, FL 32817
Telephone No.: 407-973-6978 Fax No.: -
Internet E-Mail Address: -
Internet Website Address: -

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

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

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

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

(a) The application:

Name : NAEEM AHMED
Title : OWNER
Address: 3026 ALBIN LANE
City/State/Zip: ORLANDO, FL 32817
Telephone No.: 407-973-6978 Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

(b) Official Point of Contact for the ongoing operations of the company:

Name : NAEEM AHMED
Title : ~~3026 ALBIN LANE~~ OWNER
Address: ~~ORLANDO~~ 3026 ALBIN LANE
City/State/Zip: ORLANDO, FL 32817
Telephone No.: 407-973-6978 Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

(c) Complaints/Inquiries from customers:

Name : NAEEM AHMED
Title : ~~3026 ALBIN LANE~~ OWNER
Address: 3026 ALBIN LANE
City/State/Zip: ORLANDO, FL 32817
Telephone No.: 407-973-6978 Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

12. Indicate if applicant or any subsidiary, partner, officers, director, 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. If so, provide explanation.

N/A

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, 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.

No

15. List the states in which the applicant:

a. is currently providing pay telephone service:

b. has applications pending to be certificated as a pay telephone provider:

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:

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

LOCAL	<input checked="" type="checkbox"/>
LONG DISTANCE	<input checked="" type="checkbox"/>
COIN	<input checked="" type="checkbox"/>
CALLING CARD	<input checked="" type="checkbox"/>
CREDIT CARD	<input checked="" type="checkbox"/>
OTHER (Describe)	<input type="checkbox"/> _____

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a. is currently providing pay telephone service:

b. has applications pending to be certificated as a pay telephone provider:

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:

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LOCAL	<input checked="" type="checkbox"/>
LONG DISTANCE	<input checked="" type="checkbox"/>
COIN	<input checked="" type="checkbox"/>
CALLING CARD	<input checked="" type="checkbox"/>
CREDIT CARD	<input type="checkbox"/>
OTHER (Describe)	<input type="checkbox"/> _____

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 10

18. How does the applicant intend to service and maintain each payphone (✓) (check all that apply)

- PERSONALLY
 - FULL-TIME TECHNICIAN
 - PART-TIME TECHNICIAN
 - SERVICE/REPAIR/MAINTENANCE CONTRACT
 - OTHER (Describe)
-
-
-
-

19. Will each of the pay telephones to be installed provide access to all locally available long distance carriers via 10XXX+0, 1010XXX, 950-XXXX, and 1-800? (See Rule 25-24.515(6), F.A.C.) Yes () No

Explain: _____


20. Will each of the pay telephones to be installed conform to subsections 4.29.2 - 4.29.4 and 4.29.8 of the American National Standard Specifications for Making Buildings and Facilities Accessible and Usable by Physically Handicapped People (Attachment F, ANSI STANDARDS) (See Rule 25-24.515(14), F.A.C.).

Yes () No

**** APPLICANT ACKNOWLEDGEMENT STATEMENT ****

1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of .15 of one percent 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 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 \$100.00 must be submitted with the application.

UTILITY OFFICIAL:

	 <i>Nareem Ahmed</i>	
	_____ Signature	_____ Date
	OWNER	407-973-6978
	_____ Title	_____ Telephone No.
Address:	3026 ALBIN LANE	
	_____ ORLANDO, FL 32817	_____ Fax No.

ATTACHMENTS:

- A - Affidavit
- B - Applicant Acknowledgment

**** APPENDIX A ****

AFFIDAVIT

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, and pay gross receipts tax. Furthermore, I agree to keep the Commission advised of any changes in the names or 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:

Signature: Naeem Ahmed Date: 10/12/98
Printed Name: NAEEM AHMED
Title: OWNER
Address: 3026 ALBIA LANE
ORLANDO, FL 32817 Fax No. _____

**** APPENDIX B ****

APPLICANT ACKNOWLEDGMENT

Applicant: MAEEM AHMED

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

Signature: Maem Ahmed Date: 10/15/98
Printed Name: MAEEM AHMED
Title: OWNER

Address: 3026 ALBIN LANE Tel. No. 407-973-8978
ORLANDO, FL 32817 Fax No. _____

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.

DEPOSIT

DATE

D026

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981445-TC

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NAEEM AHMED
2. Name under which applicant will do business (fictitious name, etc.):

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ORLANDO, FL 32817
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3026 ALBIN LANE
ORLANDO, FL 3026
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 General Partnership () Limited Partnership
 Other, _____
6. If incorporated in Florida, provide proof of authority to operate in Florida:

(a) Florida Secretary of State Corporate registration number: _____



POSTAL MONEY ORDER

SERIAL NUMBER: 01012841504 YEAR, MONTH, DAY: 98-10-27 POST OFFICE: 328191 U.S. DOLLARS AND CENTS: ~~100.00~~ 100.00

Be proof of statute (Chapter _____) registration

AMOUNT: ONE HUNDRED DOLLARS & 00c *****

AT TO: FLORIDA PUBLIC SERVICE Commission (NOT VALID ONLY IN THE U.S. AND POSSESSIONS)

ADDRESS: 2540 SHUMARK OAK BLVD FROM: NAEEM AHMED CLEAR: 0007

TALAHASSEE, FL 32399 ADDRESS: 3026 ALBIN LANE
ORLANDO, FL 32817

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES