

DEPOSIT DATE  
**DOSS #** NOV 13 1998 APPLICATION

1. Name of company;

UNITED COMMUNICATION INC

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

UNITED COMMUNICATION INC

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

12747 SW 42nd Street Suite 424

Miami FL 33175

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

12747 SW 42nd Street Suite 424

Miami FL 33175

5. Structure of organization:

( ) Individual

(X) 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: P98000090537

## APPLICATION

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:** N/A

8. **F. E. I. Number** (if applicable): 65-0871014

9. **If individual**, provide;

**Name:** N/A

**Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Telephone No.:** \_\_\_\_\_ **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:** N/A

**Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Telephone No.:** \_\_\_\_\_ **Fax No.:** \_\_\_\_\_

# APPLICATION

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: \_\_\_\_\_

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

(a) The application:

Name: DYANELYS RODRIGUEZ

Title: PRESIDENT

Address: 12747 SW 42nd Street Suite 424

City/State/Zip: Miami FL 33175

Telephone No.: (305)228-2969 Fax No.: (305)559-4241

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

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

# APPLICATION

**Name:** DYANELYS RODRIGUEZ  
**Title:** PRESIDENT  
**Address:** 12747 SW 42nd Street Suite 424  
**City/State/Zip:** Miami FL 33175  
**Telephone No.:** (305)228-2969 **Fax No.:** (305)559-4241  
**Internet E-Mail Address:** \_\_\_\_\_  
**Internet Website Address:** \_\_\_\_\_

(c) Complaints/Inquiries from customers:

**Name:** DYANELYS RODRIGUEZ  
**Title:** PRESIDENT  
**Address:** 12747 SW 42nd Street Suite 424  
**City/State/Zip:** Miami FL 33175  
**Telephone No.:** (305)228-2969 **Fax No.:** (305)559-4241  
**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.

NO

If so, provide explanation.

---

---

---

---

## APPLICATION

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:

CURRENTLY NOT PROVIDING PAY TELEPHONE SERVICE IN ANY STATE

WILL PROVIDE IN FLORIDA

---

---

---

# APPLICATION

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

NONE

c. Has been denied authority to operate as a pay telephone provider. Explain circumstances.

NONE

d. Has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders. Explain circumstances:

NONE

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 type="checkbox"/>
OTHER (Describe)	<input type="checkbox"/>

# APPLICATION

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 50

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

PERSONALLY	<input checked="" type="checkbox"/>
FULL-TIME TECHNICIAN	<input type="checkbox"/>
PART-TIME TECHNICIAN	<input checked="" type="checkbox"/>
SERVICE/REPAIR/MAINTENANCE CONTRACT	<input checked="" type="checkbox"/>
OTHER (Describe)	<input type="checkbox"/>

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:**

Signature  \_\_\_\_\_ Date 11/08/98

\_\_\_\_\_ Title PRESIDENT Telephone No. (305)228 2969

Address: 12747 SW 42nd Street Suite 424  
Miami FL 33175  
\_\_\_\_\_  
\_\_\_\_\_

Fax No. (305)559 4241

**ATTACHMENTS:**  
A - Affidavit  
B - Applicant Acknowledgment



**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: \_\_\_\_\_

DYANELYS RODRIGUEZ

Printed Name: \_\_\_\_\_

PRESIDENT

Title: \_\_\_\_\_

11/08/98

Date

(305) 559 4241

Fax No.

Address: \_\_\_\_\_

12747 SW 42nd Street Suite 424

Miami FL 33175

**APPLICANT ACKNOWLEDGEMENT**

**Applicant:** UNITED COMMUNICATION INC

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

**Signature:**  **Date:** 11/08/98

**Printed Name:** DYANELYS RODRIGUEZ

**Title:** \_\_\_\_\_

**Address:** 12747 SW 42nd Street Suite 424

Miami FL 33175

**Telephone No.** (305)228 2969

**Fax No.** (305)559 4241

**THIS ACKNOWLEDGEMENT FORM 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.**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

October 23, 1998

The Articles of Incorporation for UNITED COMMUNICATION, INC. were filed on October 23, 1998 and assigned document number P98000090537. Please refer to this number whenever corresponding with this office regarding the above corporation. The certification you requested is enclosed.

**PLEASE NOTE: COMPLIANCE WITH THE FOLLOWING PROCEDURES IS ESSENTIAL TO MAINTAINING YOUR CORPORATE STATUS. FAILURE TO DO SO MAY RESULT IN DISSOLUTION OF YOUR CORPORATION.**

**A CORPORATION ANNUAL REPORT MUST BE FILED WITH THIS OFFICE BETWEEN JANUARY 1 AND MAY 1 OF EACH YEAR BEGINNING WITH THE CALENDAR YEAR FOLLOWING THE YEAR OF THE FILING DATE NOTED ABOVE AND EACH YEAR THEREAFTER. FAILURE TO FILE THE ANNUAL REPORT ON TIME MAY RESULT IN ADMINISTRATIVE DISSOLUTION OF YOUR CORPORATION.**

**A FEDERAL EMPLOYER IDENTIFICATION (FEI) NUMBER MUST BE SHOWN ON THE ANNUAL REPORT FORM PRIOR TO ITS FILING WITH THIS OFFICE. CONTACT THE INTERNAL REVENUE SERVICE TO RECEIVE THE FEI NUMBER IN TIME TO FILE THE ANNUAL REPORT AT 1-800-829-3676 AND REQUEST FORM SS-4.**

**SHOULD YOUR CORPORATE MAILING ADDRESS CHANGE, YOU MUST NOTIFY THIS OFFICE IN WRITING, TO INSURE IMPORTANT MAILINGS SUCH AS THE ANNUAL REPORT NOTICES REACH YOU.**

Should you have any questions regarding corporations, please contact this office at the address given below.

Loria Poole, Corporate Specialist  
New Filings Section

Letter Number: 598A00052324

# State of Florida



## Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation of UNITED COMMUNICATION, INC., a Florida corporation, filed on October 23, 1998, as shown by the records of this office.

The document number of this corporation is P98000090537.

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capitol, this the  
Twenty-third day of October, 1998



CR2EO22 (2-95)

*Sandra B. Northam*

Sandra B. Northam  
Secretary of State

DEPOSIT DATE  
D033 NOV 12 1998 APPLICATION

1. Name of company;

UNITED COMMUNICATION INC

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

UNITED COMMUNICATION INC

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

12747 SW 42nd Street Suite 424

Miami FL 33175

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

12747 SW 42nd Street Suite 424

Miami FL 33175

5. Structure of organization:

RECEIVED  
SERVICES DIVISION  
93 NOV -3 AM 7:54  
MAIL ROOM

91859590800

TRAVELERS EXPRESS 11/09/98 76-53  
INTERNATIONAL MONEY ORDER 019

9195959080  
MONEY ORDER

IMPORTANT - SEE BACK BEFORE CASHING

\*\*\* \$100.00 \*\*\*

ONE HUNDRED  
DOLLARS 00 CENTS

PAY ONLY

THIS AMOUNT

40782764860001  
0613804313093080

PAY TO THE ORDER OF FLORIDA PUBLIC SERV COMM  
PURCHASER, BY SIGNING YOU AGREE TO THE SERVICE CHARGE AND OTHER TERMS ON THE REVERSE SIDE

UNITED COMMUNICATION INC.  
PURCHASER, SIGNER FOR DRAWER

12747 SW 42nd St #424-MIAMI FL 33175

Circle City Northwest Bank  
N.A. Portland, ME

ISSUER/DRAWER  
TRAVELERS EXPRESS COMPANY, INC.

Partnership

te in Florida:

Number: P98000090537

DOCUMENT NO. DATE  
12738 NOV 13 98  
FPSC-RECORDS/REPORTING