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): A/N DEPOSIT DATE
9.	If individual, provide: D181 M AUG 03 1999
	Name: Anas H Khalij
	Title: Owner
	Address: _ 9100 gth St No # 1004
	City/State/Zip: St, Petorsburg, FL 33702
	Telephone No.: 727-424-2225 Fax No.: \$ 727-821-0197
	Internet E-Mail Address:N
	Internet Website Address:

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

a.	Name:	
	Title:	
	Address:	
ANAS KHALIL OR 03/97	0776	
SUHAD KHALIL PH 727-579-0303 9100 9TH ST N. NO 1004	Julo 7-30-99	
ST PETERSBURG, FL 33702-	\$ 100.00	
Ove Hund	102 Pollors No 100 - Dollars B Security resurses	
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### \*\*FLORIDA PUBLIC SERVICES COMMISSION\*\*

# DIVISION OF COMMUNICATIONS BUREAU OF SERVICE EVALUATION

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

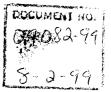
#### INSTRUCTIONS D180 M AUG 03 1999

- 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 <u>application fee of \$100.00</u> 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



1. Name of company or name of individual (not fictitious name or d/b/a):

2.	Name under which applicant will do business (fictitious name, etc.):	
3.	Official mailing address:	
	Street: Config States 3274 Central 1	A
	P.O. Box:	
TO NOTICE	City: <u>St. Petersburs</u>	
Total Total	State:	
4.	Florida address:	
	Street:	
	P.O. Box:	
	City:	
	State:Zip:	
5.	Structure of organization:	
	(X) Individual	
	() Corporation	
	() General Partnership	
	( ) Limited Partnership	

Florida Secretary of State Corporate Registration Number: \_\_\_\_\_ r

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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:

	Florida Fictitious Name Registration Number:NA
8.	F.E.I. Number (if applicable):
9.	If individual, provide:
	Name: Anas H Khaii)
	Title: Owner
	Address: 9100 gth St No # 1004
	City/State/Zip: St, Petorsburg, FL 33702 .
	Telephone No.: 727-424-2225 Fax No.: 2 727-821-0197
	Internet E-Mail Address: N A
	Internet Website Address:

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

Address:	
City/State/Zip:	
Telephone No.:	Fax No.:

	Internet Website Address:			
Pa	Inthership (continued)			
b.	Name:			
	Title:			
	Address:			
	City/State/Zip:			
	Telephone No.:Fax No.:			
	Internet E-Mail Address:			
	Internet Website Address:			
W	ho will serve as liaison to the Commission with regard to the following?			
a.	The application:			
	Name: Anas Knali			
	Title: Owner			
	Address: 9100 ath St No #1004			
	City/State/Zip: St. Pete FL 33702			
	Telephone No.: 727424 2225 Fax No.: 7278210197			
	Internet E-Mail Address:			
	Internet Website Address:			
b.	Official Point of Contact for ongoing company operations including complaints and inquiries:			
	Name: Anas Khalil			
	Title: OWNCY			
	Address: 9100 4th St NO # 1004			
	City/State/Zip: St Peters 5.14 FZ 3570			
	Telephone No.: 727 424 222 5 Fax No.: 727 8210197			
	Internet E-Mail Address:			

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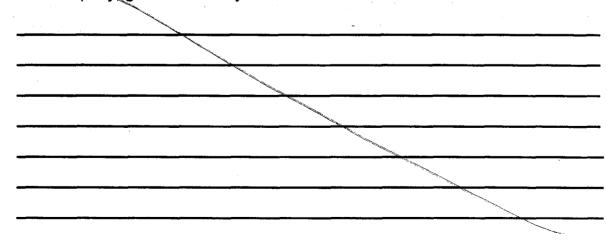
12. Indicate if applicant or any subsidiary, partner, officers, directors, or any stockholder has been previously adjudged bankrupt, mentally incompetent, or found guilty of any fellowy or of any crime, or whether such actions may result from pending proceedings.

If so, provide explanation:

**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.

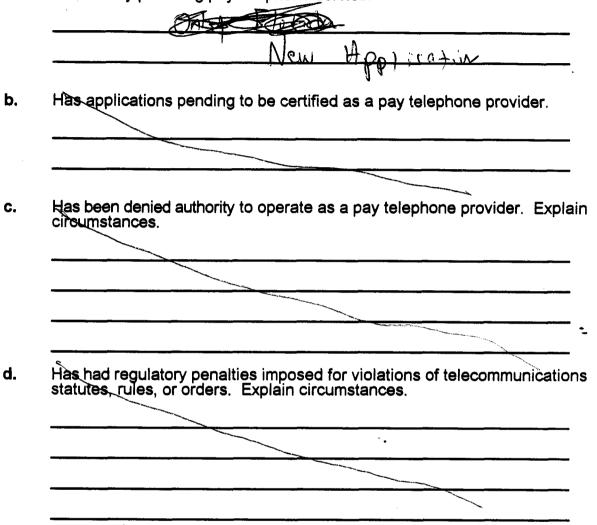
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14. Is the applicant or any subsidiary, partner, officer, director, or any stockholder a subsidiary, partner, or officer in any other Florida certificated pay telephone company? If yes, give name of company and relationship. If no longer associated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



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

- 15. List other states in which the applicant:
  - a. Is currently providing pay telephone service.



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

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

- 17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: <u><u>5+0</u>24</u>
- **18.** How does the applicant intend to service and maintain each payphone? Check (✓) all that apply.

**19.** Will each of the installed pay telephones provide access to all locally available long distance carriers via 10XXX+0, 10XXX+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: \_\_\_\_\_ 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 20. Code. Yes No Explain: \_\_\_\_\_

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

# **\*\*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 <u>two and one-half percent</u> 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 OFFICIAL:	
Anas H Khalil	As Khali)
Print Name	Signature
Quner	7-30-94
Title	Date
727 - 424 - 2225	\$ 727-821-0197
Telephone No.	Fax No.
Address:9100 9th	St No # 1004
St. Petels	15019 FL 33702
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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:**

Khani **Print Name** 

NNP

Address:

Signature

Date

Fax No

70,X

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

Xhan Applicant:

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

Anas	H Khab!		A. Khalij
Print Name			Signature
			7-30-99
Title			Date
727-8	424-222	5	727-821-0197
Telephone No	D.		Fax No.
Address:	9100	gth s	St No # 1004
	St. let	ersburg	- FL: 33702
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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.