

961258-TC

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT SWIRE BRICKELL ONE INC
SWIRE BRICKELL ONE INC

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS
SAME

3. ADDRESS OF THE APPLICANT(S)
STREET 501 BRICKELL KEY DRIVE #102
CITY MIAMI
STATE & ZIP FL, 33131

4. TYPE OF ORGANIZATION (CHECK ONE)
A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER: []
OWN NAME.

DOCUMENTATION: No other documentation needed.

B. PARTNERSHIP: []

DOCUMENTATION: Attach a copy of the partnership agreement, and a list with the name and address of all partners.

C. CORPORATION: [X]

DOCUMENTATION: Attach proof that articles of incorporation have been filed with the Florida Secretary of State's Office. If incorporated outside of Florida, attach proof from the Florida Secretary of State that applicant has authority to operate in Florida and provide name and address of Florida Registered Agent.

X

NAME GREGG E. TOLAND
ADDRESS 501 BRICKELL KEY DRIVE
MIAMI, FL. 33131

D. DOING BUSINESS UNDER A FICTITIOUS NAME: [] N/A

DOCUMENTATION: Attach proof that fictitious name has been registered with the Florida Secretary of States Office.

5. PROVIDE NAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUAL WHO IS RESPONSIBLE FOR COMMISSION CONTACTS:

NAME: GREGG TOLANO

TITLE: V.P.

PHONE: 305 - 371-3877

6. HAS APPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ETC., OR IN THE CASE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE APPLICANT EVER BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE STATE OF FLORIDA? THIS INCLUDES ACTIVE AND CANCELLED PAY TELEPHONE CERTIFICATES.

~~NO~~ YES

7. IF THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST THE CERTIFICATE HOLDER AND CERTIFICATE NUMBER.

One Tequesta Point was erroneously issued certificate under certificate # 4575 (subsidiary)

8. LIST THE STATES IN WHICH THE APPLICANT:

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE

NO

B. HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPHONE PROVIDER.

NO

C. HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVIDER. EXPLAIN CIRCUMSTANCES.

NO

D. HAS HAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS OF TELECOMMUNICATIONS STATUTES. EXPLAIN CIRCUMSTANCES.

no

9. PLEASE INDICATE IF ANY OFFICERS OF THE CORPORATION, PARTNERSHIP OR INDIVIDUAL APPLICANT HAVE BEEN ADJUDGED BANKRUPT, MENTALLY INCOMPETANT, OR FOUND GUILTY OF ANY FELONY OR OF ANY CRIME, OR WHETHER SUCH ACTIONS MAY RESULT FROM PENDING PROCEEDINGS.

none

10. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

LOCAL
LONG DISTANCE
COIN
CALLING CARD
CREDIT CARD
OTHER, DESCRIBE

[]
[]
[]
[]
[]

11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: _____

12. HOW DOES THE APPLICANT INTEND TO SERVICE AND MAINTAIN EACH PAYPHONE?

PERSONALLY
FULL-TIME TECHNICIAN
PART-TIME TECHNICIAN
SERVICE/REPAIR/MAINTENANCE CONTRACT
OTHER, DESCRIBE

[]
[]
[]
[]
[]

13. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA IOXXX+0, 950-XXXX, AND 1-800? (See Rule 25-24.515(6), F.A.C.)

yes

14. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL CONFORM TO SUBSECTIONS 4.29.2 - 4.29.4 and 4.29.7 - 4.29.8 OF THE AMERICAN NATIONAL STANDARDS SPECIFICATIONS FOR MAKING BUILDINGS AND FACILITIES ACCESSIBLE AND USABLE BY PHYSICALLY HANDICAPPED PEOPLE (ATTACHMENT F)? (See Rule 25-24.515(14), F.A.C.)

yes

I, THE UNDERSIGNED OWNER OR OFFICER OF THE ABOVE NAMED ENTITY, HAVE READ THE FOREGOING AND DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION IS A TRUE AND CORRECT STATEMENT. I AM AWARE THAT PURSUANT TO s. 837.06, FLORIDA STATUTE, 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. I WILL COMPLY WITH ALL CURRENT AND FUTURE COMMISSION REQUIREMENTS REGARDING THE PAY TELEPHONE SERVICE. I UNDERSTAND THAT A NON-REFUNDABLE APPLICATION FEE OF \$100 MUST ACCOMPANY THE APPLICATION. ALSO, I UNDERSTAND THAT I AM REQUIRED TO PAY A REGULATORY ASSESSMENT FEE (MINIMUM \$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 ABOVE WITHIN TEN (10) DAYS OF THE CHANGE.

x AS. M. V.P.

(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE:

10/9/96

APPLICANT ACKNOWLEDGEMENT CARD

Applicant _____

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

X Signature AS. Jhy
Title V. Pres.
Date 10/9/96

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 TREAS. REC. DATE

D388 : * OCT 18 '96

DATE: 10/9/96

Ms. BRENDA H. HAWKINS
FLORIDA PUBLIC SERVICE COMMISSION
DIVISION OF COMMUNICATIONS, ROOM 280-D
2540 SHUMARD OAK BOULEVARD
TALLAHASSEE, FLORIDA 32399-0850

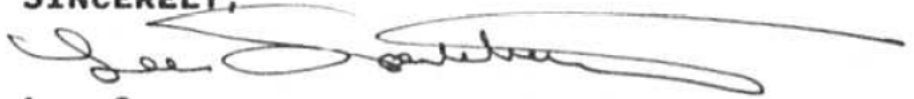
DEAR Ms. HAWKINS:

I WISH TO CANCEL MY PAY TELEPHONE CERTIFICATE
#4575 UNDER THE NAME ONE TEQUESTA POINT CONDOMINIUM
ASSOCIATION, INC.

I AM SUBMITTING A NEW APPLICATION UNDER THE NAME
~~SWIRE PACIFIC HOLDINGS, INC.~~, \$100 AND THE ARTICLES OF
INCORPORATION FOR THE NEW NAME.

SWIRE BRICKELL ONE INC

SINCERELY,



22145

SWIRE PROPERTIES INC
A DIVISION OF SWIRE PACIFIC HOLDINGS INC
OPERATING ACCOUNT

SUN BANK / MIAMI, N.A.
MIAMI, FL 33131
63-60/680

CHECK

PAY
TO THE
ORDER OF

ONE HUNDRED AND NO/100 DOLLARS

DATE

10/16/96

CONTROL NO

0022145

AMOUNT

*****100.00

FLORIDA PUBLIC SERVICE COMM
DIV. OF COMMUNICATIONS #280-D
2540 SHUMARD OAK BLVD
TALLAHASSEE FL 32399 0850


AUTHORIZED SIGNATURE

DEPOSIT TREAS. REC. DATE

D388 4. OCT 18 '96

DATE: 10/9/96

Ms. BRENDA H. HAWKINS
FLORIDA PUBLIC SERVICE COMMISSION
DIVISION OF COMMUNICATIONS, ROOM 280-D
2540 SHUMARD OAK BOULEVARD
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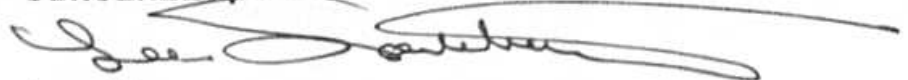
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SWIRE BRICKELL ONE INC

SINCERELY,



LEE SANTINANEZ,
SENIOR PROPERTY MANAGER

RECEIVED
FLORIDA PUBLIC SERVICE COMMISSION
DIVISION OF COMMUNICATIONS
OCT 18 AM 9 50
MAIL ROOM