

Please complete this updated application. We no longer use the one you submitted. Also, I need your corporation registration or your fictitious name registration for the name "Riptide Patio-Motel Apartments." Use N/A where it applies.

READ all of the info. in this packet before applying

960592-TC

- A. This form is used for an original application for a certificate to provide pay telephone service within the State of Florida.
- B. A \$100 non-refundable application fee along with the enclosed Applicant Acknowledgement Card must be completed and accompany the application before processing will begin.
- C. If the answer to question #2 is a Fictitious Name or Corporate Name, documentation from the Secretary of States office must accompany your application.
- D. Once a certificate has been granted, regulatory assessment fees will be due for that calendar year regardless of whether or not pay telephones have been installed.
- E. When completing the application, respond to each item. If an item is not applicable, explain why. Failure to respond to any item will result in the application being returned and a delay in the application process.
- F. Use a separate sheet for each answer which will not fit the allotted space.
- G. If you have any questions about completing the form, contact the Certificate Section at (904) 413-6556.
- H. Once completed, the original plus five (5) copies of this form, along with \$100 application fee, are to be submitted to:

Florida Public Service Commission
 Gunter Building, 2540 Shumard Oak Boulevard
 Capital Circle Office Center
 Tallahassee, FL 32399-0850

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

960572-70

1. LEGAL NAME OF THE APPLICANT

Riptide patio - motel Apartments

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

Riptide patio - motel Apartments

3. ADDRESS OF THE APPLICANT(S)

STREET

2300 N. SunF Rd.

CITY

W. Hollywood

STATE & ZIP

FL. 33019

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:

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.

NAME _____

ADDRESS _____

D. DOING BUSINESS UNDER A FICTITIOUS NAME:

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: x DONNA BROADY

TITLE: x OWNER

PHONE: x 954-921-7667

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.

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

8. LIST THE STATES IN WHICH THE APPLICANT:

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE

Florida

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

9. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

LOCAL
LONG DISTANCE
COIN
CALLING CARD
CREDIT CARD
OTHER, DESCRIBE



10. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 1

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

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



12. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA 10XXX+0, 950-XXXX, AND 1-800? (See Rule 25-24.515(6), F.A.C.)

yes

13. 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 Donna Brady
(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: x June 15, 1996

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.

Signature *R. P. [unclear]*

Title *Owner*

Date *June 15/96*

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.

SUN SENTINEL
PUBLISHED DAILY
FORT LAUDERDALE, BROWARD COUNTY, FLORIDA
BOCA RATON, PALM BEACH COUNTY, FLORIDA
MIAMI, DADE COUNTY, FLORIDA

STATE OF FLORIDA
COUNTY OF BROWARD/PALM BEACH/DADE
BEFORE THE UNDERSIGNED AUTHORITY PERSONALLY APPEARED

J. Johnson
..... WHO ON OATH SAYS THAT
HE/SHE IS A DULY AUTHORIZED REPRESENTATIVE OF THE
CLASSIFIED DEPARTMENT OF THE SUN-SENTINEL, DAILY
NEWSPAPER PUBLISHED IN BROWARD/PALM BEACH/DADE COUNTY,
FLORIDA THAT THE ATTACHED COPY OF ADVERTISEMENT, BEING A

NOTICE

IN THE MATTER OF

RIPTIDE PATIO-MOTEL, APARTMENTS

IN THE CIRCUIT COURT, WAS PUBLISHED IN SAID NEWSPAPER IN
THE ISSUES OF

C / 01/16, 1 X

1B150250

AFFIANT FURTHER SAYS THAT THE SAID SUN-SENTINEL IS A
NEWSPAPER PUBLISHED IN SAID BROWARD/PALM BEACH/DADE
COUNTY, FLORIDA, AND THAT THE SAID NEWSPAPER HAS HERETOFORE
BEEN CONTINUOUSLY PUBLISHED IN SAID BROWARD/PALM BEACH/DADE
COUNTY, FLORIDA, EACH DAY, AND HAS BEEN ENTERED AS SECOND
CLASS MATTER AT THE POST OFFICE IN FORT LAUDERDALE, IN SAID
BROWARD COUNTY, FLORIDA, FOR A PERIOD OF ONE YEAR NEXT
PRECEDING THE FIRST PUBLICATION OF THE ATTACHED COPY OF
ADVERTISEMENT; AND AFFIANT FURTHER SAYS THAT HE/SHE HAS
NEITHER PAID NOR PROMISED ANY PERSON, FIRM OR CORPORATION
ANY DISCOUNT, REBATE, COMMISSION OR REFUND FOR THE PURPOSE
OF SECURING THIS ADVERTISEMENT FOR PUBLICATION IN SAID
NEWSPAPER.

J. Johnson
.....
(SIGNATURE OF AFFIANT)

SWORN TO AND SUBSCRIBED BEFORE ME
THIS 16 DAY OF JANUARY
A.D. 1996

Barbara Strickland
.....
(SIGNATURE OF NOTARY PUBLIC)



BARBARA STRICKLAND
MY COMMISSION # CC 207617 EXPIRES
July 24, 1998
BONDED THRU TRICOR FARM INSURANCE, INC.

.....
(NAME OF NOTARY TYPED, PRINTED OR STAMPED)

PERSONALLY KNOWN OR

PRODUCED IDENTIFICATION

NOTICE IS HEREBY
GIVEN that the under-
signed, desiring to engage
in business under the ficti-
tious name of RIPTIDE
PATIO - MOTEL
APARTMENTS intend (s) to
register the said name with
the Florida Department of
State Division of Corpora-
tions, Tallahassee, Fl and
also Clerk of the Circuit
Court of Broward County,
Florida
Donna Broady
2300 N. Surf Rd
Hollywood, FL 33019
January 16, 1996

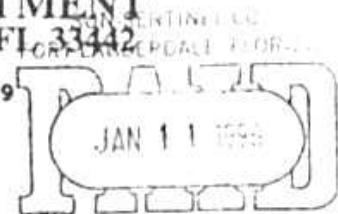
Mail To:

PREPAY \$29.00

SUN-SENTINEL LEGAL ADVERTISING DEPARTMENT

333 S.W. 12TH Avenue, Deerfield Beach FL 33442

(305) 425-1038 • (305) 425-1039
FAX NUMBER: (305) 425-1006



FICTITIOUS NAME FORM
Please Type or Print

BY TS - VISA

NOTICE IS HEREBY GIVEN that the undersigned, desiring to engage in business under the fictitious name(s) of RIP TIDE PATIO - HOTEL APARTMENTS (name to be registered) intend(s) to register the said name(s) with the Florida Department of State, Division of Corporations, Tallahassee, FL and/or Clerk of the Circuit Court of Broward County, FL.

Joana Broadway
Owner(s)

[Signature]
Signature

Business Address

Name of Person Placing Adv.

Mailing Address
2300 N. SURF BLVD

City, State, Zip

4. DEERFIELD BEACH, FL 33442

Resident Phone(535) 921-7613

Business Phone(323) 921-7613

Credit Card # 3366 1900 5125 2517

Exp. Date 1/98

Name on Credit Card JOANA BROADWAY

This ad will appear in the Sun-Sentinel for one (1) day.

Mrs. O. Pal-Ripti Patil

4/30/96

This is to certify
that Permit was
issued previously but
was returned back
to Public Commission
for reason that
telephone was constantly
vandalized
Permit was issued for
the name - UGA PATIL