

9771400-7C

DEPOSIT

DATE

ATTACHMENT B

D689

OCT 21 1997

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT Inatha Eliodor

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS Inatha Eliodor / Sunshine Variete Services

3. ADDRESS OF THE APPLICANT(S)  
STREET 290 N.W. 98 ST  
CITY Miami  
STATE & ZIP CODE FL, 33150

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 NONE

STATE REPORT  
FEB 13 1980 10 2 44

# FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

ADDRESS N/A

---

D. DOING BUSINESS UNDER A FICTITIOUS NAME:

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

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

NAME: N/A

TITLE: \_\_\_\_\_

PHONE: \_\_\_\_\_

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 CANCELED PAY TELEPHONE CERTIFICATES.

NO

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

N/A

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8. LIST THE STATES IN WHICH THE APPLICANT:

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE.

# FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

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

N/A

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

N/A

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

N/A

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

N/A

10. PLEASE CHECK  THE SERVICES THAT WILL BE PROVIDED:

LOCAL   
LONG DISTANCE   
COIN

# FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

CALLING CARD  
CREDIT CARD  
OTHER, DESCRIBE

Long distance Service

11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 4

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 - 4.29.8 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

**APPLICANT ACKNOWLEDGMENT 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:** \_\_\_\_\_

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

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

***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.***

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.

*Iratha Eliodor*

(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: 10/20/97

**APPLICANT ACKNOWLEDGMENT 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:* \_\_\_\_\_

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

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

**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.**





City of Miami  
OFFICIAL RECEIPT

No. 143864

\$ (Includes Sales Tax \$ 303.00 )

Date: 10 | 3 | 97  
00 / 100 Dollars

Received from: Sunshine Variete Services

Address: 6308 NW 2nd Avenue, Miami, FL 33138

For: Cert. of Use & Fire Safety Reference No: Check # 266

This Receipt not VALID unless dated, filled in and signed by authorized employee of department or division designated hereon and until the City has collected the proceeds of any checks tendered as payment herein.

By: Julia Martin  
Department: Little Street Det  
Division: \_\_\_\_\_

C FN/TM 402 Rev. 10/88

Distribution: White - Customer, Canary - Finance, Pink - Issuing Department

DADE COUNTY TAX COLLECTOR—OCCUPATIONAL LICENSE SECTION  
140 W. FLAGLER ST. - 14th FLOOR  
MIAMI, FLORIDA 33130



OFFICIAL TEMPORARY RECEIPT  
1997-1998

398462-3  
License Number

ISSUED TO: Sunshine Variete Services  
TYPE OF BUS: 216 Breper Paging Service

CASH  
 CHECK

THIS RECEIPT IS ISSUED AS EVIDENCE OF PAYMENT FOR YOUR OCCUPATIONAL LICENSE OR PERMIT.

YOUR LICENSE/PERMIT WILL BE MAILED TO YOU WITHIN 10 DAYS FROM THE DATE VALIDATED BELOW.

06 9391 001 101097 000012000

510 01-83 397

PAYMENT RECEIVED AS CERTIFIED ABOVE - DADE COUNTY TAX COLLECTOR





City of Miami  
OFFICIAL RECEIPT

No 143865

Date: 10 | 9 | 97  
00 / 100 Dollars

\$ \_\_\_\_\_ (Includes Sales Tax \$ 157.00 )

One Hundred fifty seven and

Received from:

Sunshine White Services

Address:

6308 NW 2 Ave., Miami, FL 33138

For:

Occupational License

Reference No:

check # 267

This Receipt not VALID unless dated, filled in and signed by authorized employee of department or division designated hereon and until the City has collected the proceeds of any checks tendered as payment herein.

By:

Julien Martin

Department:

Little Haiti DET

Division:

FN/TM 402 Rev. 10/88

Distribution: White - Customer, Canary - Finance, Pink - Issuing Department

R/BUSS FCN:CM CUST303928 BUSS 138995

BUSINESS

A.R.P.S. SVC ADDR: 6308 NW 2 AV

-----BUSINESS NAME-----		-----OWNER INFORMATION-----	
NAME	SUNSHINE VARIETE SERVICES	NAME	
ADDR	6308 NW 2 AV	ADDR 1	
ADDR		ADDR 2	
CTY/ST	MIAMI FL	CTY/ST	
PHONE	3057583930 ZIP33150	PHONE	ZIP

-----BUSINESS INFORMATION-----	
FED. EMPL. ID	S.S.N.262852756
SALES TAX ID	OPEN DATE..100897
TYPE.....OL01	OLD C.U...
STATUS.....OACTIVE	STATUS DATE100897
HOLD.....	HOLD DATE
LAST MAINT BY.LDB	MAINT DATE100897
MEMO.....N	LOCATION...

-----BILLING INFORMATION-----	
NO. OF LICENSES...	2
NO. OF BILLS.....	G.U. 1 O.L. 1 OTHER
TOTAL BALANCE DUE.	

@

795-2337

758-3930  
City of Miami

3039 28

27599

138995



### CERTIFICATE OF USE

- Do not operate the business until a Certificate of Use, an Occupational License and, if applicable, a Certificate of Occupancy are issued.
- For inspection service: Call from 9 am - 4 pm, the day before the inspection is needed.

#### NET Office

Building Inspection	416-1166
Electrical Inspection	416-1123
Mechanical Inspection	416-1135
Plumbing Inspection	416-1154
✓ Fire Inspection	416-1600
Health Department	470-5680
Zoning Inspection	(SEE NET)

Upper Eastside	795-2330
Little Haiti	795-2337
Model City	795-2303
Wynwood/Edgewater	579-6931
Allapattah	575-5128
Overtown	372-4550
Downtown	579-6007
West Little Havana	643-7164
East Little Havana	859-2713
Flagami	461-7051
Coral Way	859-2701
N.E. Coconut Grove	579-6018
S.W. Coconut Grove	461-7063

INSTRUCTIONS

- This inspection fee is not refundable.
- Building must be open to all inspectors.
- When all the required inspections have been approved, the applicant must bring this Certificate of Use form to the Certificate of Use Coordinator.
- A reinspection fee will be assessed if the inspector is unable to gain access.
- A sign permit is required for all signs.
- Inspectors will note any major items inspected, but not listed, on the record of inspections, and also rejections.
- To avoid unnecessary delay in processing applications and reinspections, please call when work is completed. Also make sure inspectors gain access to your particular place of business.
- Inspection fee receipt and record of inspection must always be available to the inspectors.

\$253.00

TO BE COMPLETED BY APPLICANT

1. Business Name: <b>SUNSHINE VARIETE SERVICES</b>	2. Date: <b>10/3/97</b>
3. Address of Business, including suite or space number and zip code: <b>6308 N.W. 2 AVE miami fla 33150</b>	
4. Mailing Address: (If Different)	

5. Business Telephone No: <b>758-3930</b>	6. Emergency Telephone No: <b>695-4181/2789326</b>	7. Business Owner or Agent: <b>NATHA ELIODOR</b>
--	---	---

8. Zone: <b>P-1</b>	Date: <b>10/3/97</b>	Color Zoning Inspector: <b>[Signature]</b>	Inspector's Initials: <b>PH</b>
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Fire Zone:	Type of Const:	Occ. Classification:	# of Stories:
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Dist. Code: [ ][ ][ ][ ]	Night Insp. Yes/No	Shed Yes/No	Occ. Load	Bldg. Protection 1 2 3 4	Corridor I/E	C.U. Exempt Yes/No
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Approved Use: <b>TELECOMMUNICATIONS FIXING &amp; REPAIR / MERCHANTS RETAIL</b>	Sq. Ft./ Units or Seat: <b>727.36 FT</b>	Restrictions:
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Usage Codes:	Property Class:	<b>OCT 10</b>
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C.O. Number:	Certificate No: <b>974018</b>	Date Receipt No: <b>10/3/97 - #97119725</b>
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I have read the application and I do freely and voluntarily state that the statements and information contained here is true and correct.

Signature of Owner/Agent: **Natha Eliodor** Date: **10/3/97**

of Miami - 775-2331  
*[Signature]*



## City of Miami CERTIFICATE OF USE

1. Do not operate the business until a Certificate of Use, an Occupational License and, if applicable, a Certificate of Occupancy are issued.
2. For inspection service. Call from 9 am - 4 pm, the day before the inspection is needed.

INSTRUCTIONS

<p>Building Inspection ..... 416-1166</p> <p>Electrical Inspection ..... 416-1123</p> <p>Mechanical Inspection ..... 416-1135</p> <p>Plumbing Inspection ..... 416-1154</p> <p>✓ Fire Inspection ..... 416-1600</p> <p>Health Department ..... 470-5680</p> <p>Zoning Inspection ..... (SEE NET)</p>	<p><b>NET Office</b></p> <p>Upper Eastside ..... 795-2330</p> <p>Little Haiti <b>FINAL</b> ..... 795-2337</p> <p>Model City ..... 795-2303</p> <p>Wynwood/Edgewater ..... 579-6931</p> <p>Allapattah ..... 575-5128</p> <p>Overtown ..... 372-4550</p> <p>Downtown ..... 579-6007</p> <p>West Little Havana ..... 643-7164</p> <p>East Little Havana ..... 859-2713</p> <p>Flagami ..... 461-7051</p> <p>Coral Way ..... 859-2701</p> <p>N.E. Coconut Grove ..... 579-6018</p> <p>S.W. Coconut Grove ..... 461-7063</p>
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3. This inspection fee is not refundable.
4. Building must be open to all inspectors.
5. When all the required inspections have been approved, the applicant must bring this Certificate of Use form to the Certificate of Use Coordinator.
6. A reinspection fee will be assessed if the inspector is unable to gain access.
7. A sign permit is required for all signs.
8. Inspectors will note any major items inspected, but not listed, on the record of inspections, and also rejections.
9. To avoid unnecessary delay in processing applications and reinspections, please call when work is completed. Also make sure inspectors gain access to your particular place of business.
10. Inspection fee receipt and record of inspection must always be available to the inspectors. \$253.<sup>00</sup>

TO BE COMPLETED BY APPLICANT	1. Business Name: <b>SUNSHINE VARIETE SERVICES</b>		2. Date: <b>10/3/97</b>				
	3. Address of Business, including suite or space number and zip code: <b>6308 N.W. 2 AVE MIAMI FLA 33150</b>						
	4. Mailing Address: (if Different)						
	5. Business Telephone No: <b>758-3930</b>		6. Emergency Telephone No: <b>685-4181/2759323</b>		7. Business Owner or Agent: <b>INATHA ELIADOR</b>		
ZNG	8. Zone: <b>C-1</b> Date: <b>10/3/97</b>		Chief Zoning Inspector: <b>[Signature]</b> Inspector Initials: <b>[Signature]</b>				
BLDG	Fire Zone:		Type of Const:	Occ. Classification:	# of Stories: <b>1</b>		
FFB	Dist. Code: <b>1 11 2 11 11 / 0</b>	Night Insp. Yes/No: <b>No</b>	Shell Yes/No: <b>No</b>	Occ. Load:	Bldg Protection: <b>1 2 3 4</b>	Corridor I/E:	C.U. Exempt Yes/No: <b>No</b>
ZNG	Approved Use: <b>TELECOMMUNICATIONS, FIXING &amp; REPAIR, MERCHANTS RETAIL</b>				Sq. Ft./Units or Seat: <b>727 SQ. FT.</b>	Restrictions:	
FFB	Usage Codes: <b>03/22</b>		Property Class: <b>582 / 634</b>				
OFFICE USE ONLY	C.O. Number:		Certificate No.:		Date Receipt No.: <b>10/3/97 - #97119725</b>		
	I have read the application and I do freely and voluntarily state that the statements and information contained here is true and correct.						
Signature of Owner/Agent: <b>Inatha Eliador</b>		Date: <b>10/3/97</b>					

Receipt # 47119725  
Fee: \$ 50.<sup>00</sup>

CITY OF MIAMI



FIRE SAFETY PERMIT  
APPLICATION

Date: 10/3/97

Business Name: Sunshine Variete Services

Business Address: 6308 NW 2 AVENUE 33138

Proposed Use: TELECOMMUNICATIONS TAPPING/BIEPER SVC & MERCHANTS RETAIL

Mailing Address (if different): \_\_\_\_\_

Business Telephone Number: 758-3930

Building/Business (Owner or Agent): Real Property Care

Address: 419 West 49 Street #106  
Hialeah FL 33012

Phone: 957-1930

Emergency Telephone Number: 275-9323-685-4181

RECEIPT NO: 97119725 PAID 10/03/1997  
DATE: 10/03/1997 ENTERED BY: JM4

PERMIT NO: 000000000

WAIVED: NO

NAME: SUNSHINE VARIETE SERVIC

ADDRESS: 6308 NW 2 AVE., MIAMI, FL 33150

PHONE: (305) 758-3930

COMMENTS: CU&amp;FIRE SAFETY

TOTAL DUE:		303.00	CASHIER: JM4
CHK NO: 266	AMOUNT:	303.00	
CHK NO:	AMOUNT:	0.00	
CHK NO:	AMOUNT:	0.00	
CASH	AMOUNT:	0.00	
CREDIT CARD	AMOUNT:	0.00	
TOTAL	AMOUNT:	303.00	

Window BZWIN/1 at PRODUCTION

21 1 Pg=1 FORM RCV LTAI

## RECORD OF INSPECTIONS

**INSTRUCTIONS:**

1. This card must be prominently displayed on the site.
2. When all categories of inspection have been approved for use; the owner, agent or tenant should send this form to the Building and Zoning Department located at Miami Riverside Center, 4th Floor, 444 S.W. 2 Ave, Miami, FL 33128

795-2337

	INSPECTION(S)	DATE	COMMENT(S)	INSPECTOR
ZONING				
	FINAL	10/9/97	OK	AS
BUILDING				
	FINAL			
PLUMBING				
	FINAL			
MECHANICAL				
	FINAL			
DADE COUNTY HEALTH DEPT.				
	FINAL			
FIRE PREVENTION			SERVICE FIRE ✓ 2. EXIT SIGNS EMERGENCY EXIT - ✓ Heat Dept. ✓	
	FINAL	10-8-97	OK	[Signature]
ELECTRICAL				
	FINAL			

416-1600

416-1600  
 FIRE PREVENTION  
 416-1600





City of Miami  
**APPLICATION FOR OCCUPATIONAL LICENSE**

1. Add New Business: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	2. Multiple License: <input type="checkbox"/> yes <input type="checkbox"/> no	3. Add License: <input type="checkbox"/> yes <input type="checkbox"/> no	4. Name Change: <input type="checkbox"/> yes <input type="checkbox"/> no
5. Void: <input type="checkbox"/> yes <input type="checkbox"/> no	6. Address Change: <input type="checkbox"/> yes <input type="checkbox"/> no	7. Unit Change: <input type="checkbox"/> yes <input type="checkbox"/> no	8. Certificate of use number:
9. Type of solid waste service	10. Customer Number	11. Bill Number	12. Detail Number
13. Business Record:	14. Business Location: <b>6308 N.W. 2 Ave</b>	Unit/Suite <b>E</b>	

15. Business Name: <b>Sunshine Variete services</b>	16. Phone: <b>758-3930</b>
17. Address 1: <b>6308 N.W. 2 Ave</b>	18. Tax Payer ID: FEI # _____
19. Address 2:	20. S.S. Nk
City <b>Miami</b> State <b>Fla</b> Zip + 4 <b>33150</b>	21. Fl. State Sales Tax No.:

22. Discount Claimed (Please Attach Proof) (check one) (1) Disabled Veteran <input type="checkbox"/> (2) Full (over 65, Physical Handicap, or widow with minor dependents) <input type="checkbox"/>			
23. License Holder Name: <b>Sunshine Variete services</b>	24a. License Code No. <b>25000; 35600</b>	25. Hold <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <b>CU</b> SP CS	
26. Address 1: <b>6308 N.W. 2 Ave</b>	24b. License Title <b>MERCHANTS REMSA SPECIAL COMM INDICATORS FACING/DEEPER SWAC</b>		
29. Address 2:	27. IND: <input type="checkbox"/> yes <input type="checkbox"/> no	28. Discount:	30. Amount:
31. City: <b>Miami</b> State <b>Fla</b> Zip + 4 <b>33150</b>	32. If State License Florida Registration No.		

33. Name 1: <b>Sunshine Variete services</b>	34. Phone: <b>758-3930</b>	35. Property Owner <input checked="" type="checkbox"/> yes <input type="checkbox"/> no
36. Name 2:		
37. Address 1: <b>6308 N.W. 2 Ave Miami, Fl 33150</b>		
38. Address 2: <b>miami Fla 3350</b>		
39. Resp. Party: <b>INATHA ELIADOR</b>	40. Date Charge Thru: (only for temporary licenses or proration)	41. Document Number: <b>OLA</b>

42. Rate Code Change/Add: <b>2500; 3560</b>	43. Inventory, units, rooms, chairs, Etc: <b>\$1,100.00</b>	44. Status Change: From _____ To _____	45. Start Date: (Only for Temporary licenses or proration)
--	--	---	--

City Code 31-28(9) & 31-42 Requires that the next sections of the application be completed before the license can be issued.  
SECTION III Please list three to five individuals who are able to arrive at the business location within 15 minutes of notification of fire, burglary, or other emergency. Ideally these individuals should have keys to door locks and alarm systems. Type or print only.

46. Name: <b>1 Pierre A Beland</b>	47. Address: <b>12775 N.E. 7 Ave</b>	48. City/State: <b>miami Fla</b>	49. Phone/Beeper/Mobile <b>275-9323</b>
<b>2. Lola APPL</b>	<b>12720 miamicote</b>	<b>miami Fla</b>	<b>685-4181</b>
<b>3. Pauline Eliador</b>	<b>290 N.W. 98st</b>	<b>miami Fla</b>	<b>759-9791</b>

To ensure accurate posting and avoid penalty include a copy of this document and mail payment by the end of the month: City of Miami Finance Department Payment Processing, P.O. Box 330708, Miami, FL 33233-0708 or in person at 275 N.W. 2 Street (1st floor or 300 Biscayne Blvd. Way Suite 210. This information is given freely and voluntarily and all the facts, figures, statements contained in this application are true and correct.

<b>Inatha Eliador</b>	<b>10103197</b>	Year Oct. 1, 19 <b>97</b> TO Sept 30, 19 <b>98</b>
-----------------------	-----------------	--

02564  
 43. Inventory, uniforms, tools, tools, chairs, Etc: \$ 1,100.  
 44. Status Change: From \_\_\_\_\_ To \_\_\_\_\_  
 45. Start Date: (Only for Temporary licenses or proration)

City Code 31-28(9) & 31-... that the next sections of the application be completed before the license can be issued.  
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46. Name:	47. Address:	48. City/State:	49. Phone/Beeper/Mobile
1. Pierre A Beland	12775 N.E. 7 Ave	miami fla	275-9323
2. Lola Applv	12720 miamicote	miami fla	685-4181
3. Pauline Eliodor	290 N.W. 98st	miami fla	759-9791

To ensure accurate posting and avoid penalty include a copy of this document and mail payment by the end of the month: City of Miami Finance Department Payment Processing, P.O. Box 330708, Miami, FL 33233-0708 or in person at 275 N.W. 2 Street (1st floor or 300 Biscayne Blvd. Way Suite 210. This information is given freely and voluntarily and all the facts, figures, statements contained in this application are true and correct.

<u>Inatha Eliodor</u> Applicant Signature	<u>10/03/97</u> Date	Year Oct. 1, 19 <u>97</u> TO Sept 30, 19 <u>98</u>
<u>Julia Lantia</u> Reviewed By	<u>10/03/97</u> Date	Prev. Accum. Fees: (Including Penalty) \$ _____
_____	_____	Last Year Fee: (Including Penalty) \$ _____
Data Input by	Date	Current Fee: \$ <u>157.00</u>
Remarks:  <u>check # 267</u>		<del>Discount Allowed</del> <u>SEV. CHARGE</u> \$ <u>3.00</u>
		Penalty: \$ _____
		Oper w/o Lic. Charge: \$ _____
		Payment Received By: <u>Inatha</u> Payment Received: \$ <u>157.00</u>
		<b>TOTAL AMOUNT DUE &amp; PAYABLE:</b> \$ <u>157.00</u>

971400-TC

DEPOSIT

DATE

ATTACHMENT B

D689

OCT 21 1997

# FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT Inatha Eliodor

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS Inatha Eliodor / Sunshine Variete Services

3. ADDRESS OF THE APPLICANT(S)  
STREET 290 N.W. 98 ST  
CITY Miami  
STATE & ZIP CODE FL, 33150

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 authority to operate in Florida and Agent.

INATHA ELIODOR 07-96

236

10/20/97 10 97

Pay to the order of Florida Public Service Commission \$ 100

One Hundred dollars Dollars



DOCUMENT NUMBER-DATE

10827 OCT 22 97

Inatha Eliodor

FPSC-REGULUS/REPORTING