

990635-78
SCANNED

DEPOSIT

DATE

D137

MAY 17 1999

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

CARIBBEAN Communications Corporation

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

3. Official mailing address:

Street: 507 N. FEDERAL Hwy.

P.O. Box: —

City: Boynton Beach

State: Fl. Zip: 33435

4. Florida address:

Street: 507 North Federal Hwy.

P.O. Box: —

City: Boynton Beach

State: Fl. Zip: 33435

5. Structure of organization:

- () Individual
- (X) Corporation
- () General Partnership
- () Limited Partnership

JORGE HERNANDEZ
SILVIA HERNANDEZ
662 MARINERS WAY
BOYNTON BEACH, FL 33435

63-8413/2670
8311180735

333

DATE 5-10-99

operate in Florida:

PAY TO THE ORDER OF

Florida Public Service Commission

\$ 100.00

24506

One hundred 00/100

DOLLARS

Washington Mutual

Washington Mutual Bank, FA
Boynton Beach Federal Financial Center 1657
Federal Highway
Boynton Beach, FL 33435
1-800-788-7000
24 hour Customer Service

NOTES

cont. pay phone service

Boyd L. Smith

DOCUMENT NUMBER-DATE

06202 MAY 17 99

EPSC-RECORDS/REPORTING

DEPOSIT

DATE

D137

MAY 17 1999

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

CARIBBEAN Communications Corporation

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

3. Official mailing address:

Street: 507 N. Federal Hwy.

P.O. Box: -

City: Daytona Beach

State: FL Zip: 33435

4. Florida address:

Street: 507 North Federal Hwy.

P.O. Box: -

City: Daytona Beach

State: FL Zip: 33435

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:

Florida Secretary of State
Corporate Registration Number: 199A00024506

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): Applied

9. If individual, provide:

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

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

a. Name: Jorge A. Hernandez

Title: President

Address: 507 North Federal Highway

City/State/Zip: Boynton Beach, Fl. 33435

Telephone No.: 561-601-6335 Fax No.: —

Internet E-Mail Address: _____

Internet Website Address: _____

10. Partnership (continued)

- b. Name: _____
Title: _____
Address: _____
City/State/Zip: _____
Telephone No.: _____ Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

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

- a. The application:

Name: _____
Title: _____
Address: _____
City/State/Zip: _____
Telephone No.: _____ Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

- b. Official Point of Contact for ongoing company operations including complaints and inquiries:

Name: _____
Title: _____
Address: _____
City/State/Zip: _____
Telephone No.: _____ Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

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 felony or of any crime, or whether such actions may result from pending proceedings.

no

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.

no

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.

no

15. List other states in which the applicant:

a. Is currently providing pay telephone service.

None

b. Has applications pending to be certified 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, rules, or orders. Explain circumstances.

No

16. Please check (✓) the services that will be provided:

- LOCAL
- LONG DISTANCE
- COIN
- CALLING CARD
- CREDIT CARD
- OTHER (Describe) _____

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 5

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

PERSONALLY

FULL-TIME TECHNICIAN

PART-TIME TECHNICIAN

SERVICE/REPAIR/MAINTENANCE CONTRACT

OTHER (Describe) _____

19. Will each of the installed pay telephones provide access to all locally available long distance carriers via 10XXX+0, 10XXXX+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: _____

20. 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 Code.

Yes

No Explain: _____

****APPLICANT FEE/TAX STATEMENT****

- 1. REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of 0.15 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 the 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:

Jorge L. Hernandez
Print Name

President
Title

561-601-6335
Telephone No.

Address: 507 north Federal Hwy.
Boynton Beach Fl. 33435

[Signature]
Signature

5-10-99
Date

-
Fax No.

****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:

Jorge H. Hernandez

 Print Name

President

 Title

561-601-6335

 Telephone No.

Address: 507 North Federal Hwy.

 Bynona Beach, FL 33435

Jorge H. Hernandez

 Signature

5-10-99

 Date

 Fax No.

****APPLICANT ACKNOWLEDGMENT****

Applicant: Caribbean Communication Corporation

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

Caribbean Communication Corporation
Jorge A. Hernandez
Print Name.

President
Title

561-601-6335
Telephone No.

507 North Federal Hwy
Boynton Beach, FL 33435
Address:

Roger J. Hernandez
Signature

5-10-99
Date

—
Fax No.

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.

RECEIVED
FLORIDA PUBLIC
SERVICE COMMISSION

99 MAY AM 11:43
MAIL ROOM

****FLORIDA PUBLIC SERVICE COMMISSION****

**DIVISION OF COMMUNICATIONS
BUREAU OF SERVICE EVALUATION**

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

INSTRUCTIONS

- ◆ 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 non-refundable **application fee of \$100.00** 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**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 5, 1999

CARIBBEAN COMMUNICATIONS CORPORATION
507 NORTH FEDERAL HIGHWAY
BOYNTON BEACH, FL 33438

The Articles of Incorporation for CARIBBEAN COMMUNICATIONS CORPORATION were filed on May 5, 1999, and assigned document number 88000040830. Please refer to this number whenever corresponding with this office.

Enclosed is the certification requested. To be official, the certification for a certified copy must be attached to the original document that was electronically submitted and filed under FAX audit number 88000018784.

A corporation annual report will be due this office between January 1 and May 1 of the year following the calendar year of the file date year. A Federal Employer Identification (FEI) number will be required before this report can be filed. Please apply NOW with the Internal Revenue Service by calling 1-800-829-3676 and requesting form SS-4.

Please be aware if the corporate address changes, it is the responsibility of the corporation to notify this office.

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

Deacy McKnight
Document Specialist
New Filings Section
Division of Corporations

Letter Number: 199A00024506

199A00024506