

1. This is an application for (check one):

990643-T1

DEPOSIT

DATE

() Original certificate (new company).

D137W

MAY 17 1999

() Approval of transfer of existing certificate:

Example, a certificated company purchases an existing certificated company and desires to retain the authority of both certificates.

() Approval of assignment of existing certificate:

Example, a non-certificated company purchases an existing company and desires to retain the certificate of authority rather than apply for a new certificate.

() Approval of transfer of control:

Example, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

2. Name of company:

COM TEC COMMUNICATIONS OF POMPANO BEACH FL

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

SAME AS ABOVE

4. Official mailing address (including street name & number, post office box, city, state, zip code):

3000 NW 5th Terr #106
Pompano Beach FL 33064

5. Florida address (including street name & number, post office box, city, state, zip code):

AJAY JOSHI
4025 S.W. 15TH ST. APT. E-207
POMPANO BEACH, FL 33069

63-27/631
836

528

#106
33064

DATE 5/13/99

Pay to the Order of Florida Public Serv Comm \$ 250.00/100

Two hundred & fifty & 00/100 Dollars

Security features are included. Details on back.

NationsBank

NationsBank, N.A.
Florida

For Rajeev

AJoshi MP

DOCUMENT NUMBER-DATE

06259 MAY 18 99

FPSC-RECORDS/REPORTING

990643-TL

1. This is an application for (check one):

- | | | |
|--|---------|-------------|
| | DEPOSIT | DATE |
| <input type="checkbox"/> Original certificate (new company). | D137 | MAY 17 1999 |
- Approval of transfer of existing certificate:**
Example, a certificated company purchases an existing certificated company and desires to retain the authority of both certificates.
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Example, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

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3000 NW 5th Terr #106
Pompano Beach FL 33064

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3000 NW 5th Terrace #106
Pompano Beach FL 33064

6. Select type of business your company will be conducting \checkmark (check all that apply):

- Facilities-based carrier** - company owns and operates or plans to own and operate telecommunications switches and transmission facilities in Florida.
- Operator Service Provider** - company provides or plans to provide alternative operator services for IXCs; or toll operator services to call aggregator locations; or clearinghouse services to bill such calls.
- Reseller** - company has or plans to have one or more switches but primarily leases the transmission facilities of other carriers. Bills its own customer base for services used.
- Switchless Rebiller** - company has no switch or transmission facilities but may have a billing computer. Aggregates traffic to obtain bulk discounts from underlying carrier. Rebills end users at a rate above its discount but generally below the rate end users would pay for unaggregated traffic.
- Multi-Location Discount Aggregator** - company contracts with unaffiliated entities to obtain bulk/volume discounts under multi-location discount plans from certain underlying carriers, then offers resold service by enrolling unaffiliated customers.
- Prepaid Debit Card Provider** - any person or entity that purchases 800 access from an underlying carrier or unaffiliated entity for use with prepaid debit card service and/or encodes the cards with personal identification numbers.

7. Structure of organization;

- | | |
|--|---|
| <input type="checkbox"/> Individual | <input checked="" type="checkbox"/> Corporation |
| <input type="checkbox"/> Foreign Corporation | <input type="checkbox"/> Foreign Partnership |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> Other _____ | |

8. If individual, provide:

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

9. **If incorporated in Florida**, provide proof of authority to operate in Florida:

(a) **The Florida Secretary of State Corporate Registration number:**

 P9900042443

10. **If foreign corporation**, provide proof of authority to operate in Florida:

(a) **The Florida Secretary of State Corporate Registration number:**

 ~~P9900042443~~ NA

11. **If using fictitious name-d/b/a**, provide proof of compliance with fictitious name statute (Chapter 865.09, FS) to operate in Florida:

(a) **The Florida Secretary of State fictitious name registration number:** NA

12. **If a limited liability partnership**, provide proof of registration to operate in Florida:

(a) **The Florida Secretary of State registration number:** NA

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

Name: NA

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

14. **If a foreign limited partnership**, provide proof of compliance with the foreign limited partnership statute (Chapter 620.169, FS), if applicable.

(a) The Florida registration number: NA

15. Provide F.E.I. Number (if applicable): 65-0918360

16. Provide the following (if applicable):

(a) Will the name of your company appear on the bill for your services?
() Yes () No

(b) If not, who will bill for your services?

Name: NA

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

(c) How is this information provided?

The info will be on the card

17. Who will receive the bills for your service?

- | | |
|---------------------------|--------------------------------------|
| () Residential Customers | () Business Customers |
| () PATs providers | () PATs station end-users |
| () Hotels & motels | () Hotel & motel guests |
| () Universities | () Universities dormitory residents |
- () Other: (specify) no bills will be issued

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

(a) The application:

Name: Rakesh Ragooraman

Title: President

Address: 3000 NW 5th Terr #106

City/State/Zip: Peapack Beach FL 33064

Telephone No.: "954" 943-2836 Fax No.: 917-8977

Internet E-Mail Address: _____

Internet Website Address: _____

(b) Official point of contact for the ongoing operations of the company:

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

(c) Complaints/Inquiries from customers:

Name: Rakesh Ragooraman

Title: President

Address: 3000 NW 5th Terr #106

City/State/Zip: Peapack Beach FL 33064

Telephone No.: (954) 943-2836 Fax No.: (954) 917-8977

Internet E-Mail Address: _____

Internet Website Address: _____

19. List the states in which the applicant:

(a) has operated as an interexchange telecommunications company.

NA

(b) has applications pending to be certificated as an interexchange telecommunications company.

NA

(c) is certificated to operate as an interexchange telecommunications company.

NA

(d) has been denied authority to operate as an interexchange telecommunications company and the circumstances involved.

NA

(e) has had regulatory penalties imposed for violations of telecommunications statutes and the circumstances involved.

NA

(f) has been involved in civil court proceedings with an interexchange carrier, local exchange company or other telecommunications entity, and the circumstances involved.

NA

20. Indicate if any of the officers, directors, or any of the ten largest stockholders have previously been:

(a) adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. If so, please explain.

NO

(b) an officer, director, partner or stockholder in any other Florida certificated telephone company. If yes, give name of company and relationship. If no longer associated with company, give reason why not.

NO

21. The applicant will provide the following interexchange carrier services \checkmark (check all that apply):

a. _____ **MTS with distance sensitive per minute rates**

- _____ Method of access is FGA
- _____ Method of access is FGB
- _____ Method of access is FGD
- X Method of access is 800

b. _____ **MTS with route specific rates per minute**

- _____ Method of access is FGA
- _____ Method of access is FGB
- _____ Method of access is FGD
- _____ Method of access is 800

c. _____ **MTS with statewide flat rates per minute (i.e. not distance sensitive)**

_____ Method of access is FGA

_____ Method of access is FGB

_____ Method of access is FGD

_____ Method of access is 800

d. _____ **MTS for pay telephone service providers**

e. _____ **Block-of-time calling plan (Reach Out Florida, Ring America, etc.).**

f. _____ **800 service (toll free)**

g. _____ **WATS type service (bulk or volume discount)**

_____ Method of access is via dedicated facilities

_____ Method of access is via switched facilities

h. _____ **Private line services (Channel Services)**

(For ex. 1.544 mbs., DS-3, etc.)

NA
i. _____ **Travel service**

_____ Method of access is 950

_____ Method of access is 800

j. _____ **900 service**

k. _____ **Operator services**

_____ Available to presubscribed customers

_____ Available to non presubscribed customers (for example, to patrons of hotels, students in universities, patients in hospitals).

_____ Available to inmates

l. **Services included are:**

_____ Station assistance

_____ Person-to-person assistance

_____ Directory assistance

_____ Operator verify and interrupt

_____ Conference calling

22. Submit the proposed tariff under which the company plans to begin operation. Use the format required by Commission Rule 25-24.485 (example enclosed).

23. Submit the following:

A. Financial capability.

The application **should contain** the applicant's audited financial statements for the most recent 3 years. If the applicant does not have audited financial statements, it shall so be stated.

The unaudited financial statements should be signed by the applicant's chief executive officer and chief financial officer **affirming that the financial statements are true and correct** and should include:

1. the balance sheet;
2. income statement; and
3. statement of retained earnings.

NOTE: *This documentation may include, but is not limited to, financial statements, a projected profit and loss statement, credit references, credit bureau reports, and descriptions of business relationships with financial institutions.*

Further, the following (which includes supporting documentation) should be provided:

1. **A written explanation** that the applicant has sufficient financial capability to provide the requested service in the geographic area proposed to be served.
2. **A written explanation** that the applicant has sufficient financial capability to maintain the requested service.
3. **A written explanation** that the applicant has sufficient financial capability to meet its lease or ownership obligations.

B. Managerial capability; give resumes of employees/officers of the company that would indicate sufficient managerial experiences of each.

C. Technical capability; give resumes of employees/officers of the company that would indicate sufficient technical experiences or indicate what company has been contracted to conduct technical maintenance.

CERTIFICATE TRANSFER, OR ASSIGNMENT STATEMENT

I, (Name) _____,

(Title) NA _____ of

(Name of Company)

and current holder of Florida Public Service Commission Certificate Number

_____, have reviewed this application and join in the petitioner's request for a:

() transfer

() assignment

of the above-mentioned certificate.

UTILITY OFFICIAL:

Signature

Date

NA

Title

Telephone No.

Address: _____

Fax No.

CUSTOMER DEPOSITS AND ADVANCE PAYMENTS

A statement of how the Commission can be assured of the security of the customer's deposits and advance payments may be provided in one of the following ways (applicant, please \checkmark check one):

- () The applicant will **not** collect deposits nor will it collect payments for service more than one month in advance.

- () The applicant intends to collect deposits and/or advance payments for more than one month's service and will file and maintain a surety bond with the Commission in an amount equal to the current balance of deposits and advance payments in excess of one month.
(The bond must accompany the application.)

UTILITY OFFICIAL:

_____ Signature	_____ Date
_____ Title	_____ Telephone No.
Address: _____	_____ Fax No.

CURRENT FLORIDA INTRASTATE SERVICES

Applicant **has** () or **has not** (X) previously provided intrastate telecommunications in Florida.

If the answer is has, fully describe the following:

a) What services have been provided and when did these services begin?

NA

b) If the services are not currently offered, when were they discontinued?

NA

UTILITY OFFICIAL:

Signature

Date

Title

Telephone No.

Address:

Fax No.

Copy for EMPLOYEE'S RECORD

OMB No. 1545-0047

a Control number B430		b Employer's identification number 59-1217903	
c Employer's name, address, and ZIP code R. L. SCHREIBER, INC. 1741 N.W. 33rd Street Pompano Beach, FL 33064		d Employee's social security number	
e Employee's name, address, and ZIP code RAAKESH RAGOONANAN 100 NW 34TH ST POMPANO BCH, FL 33064		f Employee's social security number	
16 State Employer's state I.D. No. L 0161580	17 State wages, tips, etc. 0.00	18 State income tax 0.00	19 Locality name FL
20 Total wages, tips, etc. 0.00	21 Federal income tax 0.00	22 Social Security tax 0.00	23 Medicare tax 0.00

REDACTED

Form W-2 Wage and Tax Statement 1995

Department of the Treasury - Internal Revenue Service

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

a Control number A430		OMB No. 1545-0045			
b Employer's identification number 59-1217903		Federal income tax withheld 2,421.17			
c Employer's name, address, and ZIP code R. L. SCHREIBER, INC. 1741 N.W. 39rd Street Pompano Beach, FL 33064		Social Security wages in month 21,555.37		Social Security tax withheld 320.26	
		Medical wages and employer's contribution 21,555.37		Medicare tax withheld 12.12	
		Social security tips 0.00		Social Security tax on tips 0.00	
		Advance payment of federal income tax 0.00		Dependent care benefits 0.00	
d Employee's social security number		11 Nonqualified plans 0.00		12 IRA, 401(k), 408(a), 457, or box 1 0.00	
e Employee's name, address, and ZIP code RAAKESH RAGDONANAN 3000 NW 5TH TERR #106 POMPANO BCH, FL 33064		13 See instr. for box 13 0.00		14 Other benefits 0.00	
		15 Other information 0.00		16 Other information 0.00	
16 State FL	Employer's state I.D. No. 0161580	17 State wages, tips, etc. 0.00	18 State income tax 0.00	19 Local income tax 0.00	20 Other wages, tips, etc. 0.00
				21 Other income tax 0.00	

REDACTED

Form **W-2** Wage and Tax Statement **1996**

Department of the Treasury—Internal Revenue Service
 This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

a Control number 3430		OMB No. 1545-0047		Copy C For EMPLOYEE'S RECORDS (See Note on back of Copy B.)	
b Employer's identification number 00-137763		1 Wages, tips, other compensation 20,675.69		2 Federal income tax withheld 2,276.50	
c Employer's name, address, and ZIP code R.L. SCHREIBER, INC. 1741 N.W. 53rd Street Pompano Beach, FL 33064		3 Social security wages 20,675.69		4 Social security tax withheld 1,281.89	
		5 Medicare wages and tips 20,675.69		6 Medicare tax withheld 299.81	
		7 Social security tips 0.00		8 Allocated tips 0.00	
d Employee's social security number		9 Advance EIC payment 0.00		10 Dependent care benefits 0.00	
e Employee's name, address, and ZIP code RAAKESH RAGOONANAN P.O. BOX 50606 LIGHTHOUSE PT., FL 33074		11 Nonqualified plans 0.00		12 Benefits included in box 1 0.00	
		13 See Instrs. for box 13 0.00		14 Other 0.00	
		15 Statutory employee		Deceased employee	
16 State Employer's state I.D. No. FL 0161580		17 State wages, tips, etc. 0.00		18 State income tax 0.00	
				19 Locality name	
				20 Local wages, tips, etc. 0.00	
				21 Local income tax 0.00	

Department of the Treasury—Internal Revenue Service

Form **W-2** Wage and Tax Statement **1997**

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

REDACTED

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

DIVISION OF TELECOMMUNICATIONS
BUREAU OF CERTIFICATION AND SERVICE EVALUATION

Application Form
for Authority to Provide
Interexchange Telecommunications Service
Between Points Within the State of Florida

Instructions

- ◆ This form is used as an application for an original certificate and for approval of assignment or transfer of an existing certificate. In the case of an assignment or transfer, the information provided shall be for the assignee or transferee (See Appendix A).
- ◆ Print or Type all responses to each item requested in the application and appendices. If an item is not applicable, please explain why.
- ◆ Use a separate sheet for each answer which will not fit the allotted space.
- ◆ Once completed, submit the original and six (6) copies of this form along with a non-refundable application fee of **\$250.00** to:

**Florida Public Service Commission
Division of Records and Reporting
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6770**

Note: **No filing fee is required** for an assignment or transfer of an existing certificate to another certificated company.

- ◆ If you have questions about completing the form, contact:

**Florida Public Service Commission
Division of Telecommunications
Bureau of Certification and Evaluation
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6600**