

DEPOSIT DATE
D155 JUN 17 1999

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

**DIVISION OF COMMUNICATIONS
BUREAU OF SERVICE EVALUATION**

990778-TC

**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

MAIL ROOM
JUN 17 PM 9 33
99

 **AGUSTIN URRRA**
IRMA B. MORFFIZ
536 CORAL WAY
CORAL GABLES, FL 33134
63-8413/2670 1022
8314728425
Date 6-10-99

P FLORIDA PUBLIC SERVICE COMMISSION \$ 100.00
Pay to the Order of ONE HUNDRED ~~XX~~ Dollars 

Washington Mutual
Washington Mutual Bank, FA
Coral Way Financial Center 1723
2750 SW 22nd Street
FL 33145
1-800-788-7000
24 hour Customer Service
Asustin

DOCUMENT NUMBER-DATE
07343 JUN 17 99
FPOC-RECORDS/REPORTING

990778-TC

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

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

3. Official mailing address:
Street: 536 CORAL WAY
P.O. Box: _____
City: CORAL GABLES
State: FL Zip: 33134

4. Florida address:
Street: 536 CORAL WAY
P.O. Box: _____
City: CORAL GABLES
State: FL Zip: 33134

5. Structure of organization:
 Individual
 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: P99000046490

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): _____

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:** _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ **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: AGUSTIN R. URRÁ
Title: PRESIDENT
Address: 536 CORAL WAY
City/State/Zip: CORAL GABLES, FL 33134
Telephone No.: (305) 446-4931 **Fax No.:** _____
Internet E-Mail Address: _____
Internet Website Address: _____

b. Official Point of Contact for ongoing company operations including complaints and inquiries:
Name: AGUSTIN R. URRÁ
Title: PRESIDENT
Address: 536 CORAL WAY
City/State/Zip: CORAL GABLES, FL 33134
Telephone No.: (305) 446-4931 **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.

If so, provide explanation: NO

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.

NONE

c. Has been denied authority to operate as a pay telephone provider. Explain circumstances.

NONE

d. Has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders. Explain circumstances.

NONE

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: 7

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:

AGUSTIN R. UERRA
Print Name

Agustín Uerra
Signature

PRESIDENT
Title

6-5-99
Date

(305) 446-4931
Telephone No.

Fax No.

Address: 536 CORAL WAY
CORAL GABLES, FL 33134

****APPLICANT ACKNOWLEDGMENT****

Applicant: SUMTEL, INC.

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

AGUSTIN R. URRÁ
Print Name

Agustín R. Urrá
Signature

PRESIDENT
Title

6-5-99
Date

(305) 446-4931
Telephone No.

Fax No.

Address: 536 CORAL WAY
CORAL GABLES, FL 33134

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.

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