

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

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

3. Official mailing address:

Street: 740 OCEAN DRIVE
P.O. Box: _____
City: MIAMI BEACH
State: FLORIDA Zip: 33139

01 MAY -2 PM 1:36
MAIL ROOM
STATE OF FLORIDA
SECRETARY OF STATE

4. Florida address:

Street: 740 Ocean Drive
P.O. Box: _____
City: MIAMI BEACH
State: FL Zip: 33139

5. Structure of organization:

- Individual
- Corporation
- General Partnership
- Limited Partnership
- Other: _____

Check received with filing and forwarded to Fiscal for deposit. Fiscal to forward a copy of check to RAR with proof of deposit.

Initials of person who forwarded check:
[Signature]

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

Florida Secretary of State
Corporate Registration Number: DOCUMENT 50744 / 65-0184050

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): 65-0184050

9. If individual, provide:

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: WWW.BOULEVARD740@AOL.COM

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

1. Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

10. Partnership (continued)

2. 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?

1. The application:

Name: MARYANN BASABE
Title: GM
Address: 740 Ocean Drive
City/State/Zip: Miami Beach FL 33139
Telephone No.: 305 532 0376 Fax No.: 305 674 8179
Internet E-Mail Address: WWW.BOULEVARD740@AOL.COM
Internet Website Address: _____

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

Name: MARYANN BASABE
Title: _____
Address: same as above
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.

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:

1. Is currently providing pay telephone service.

na

2. Has applications pending to be certified as a pay telephone provider.

no

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

no

4. 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: 000

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.

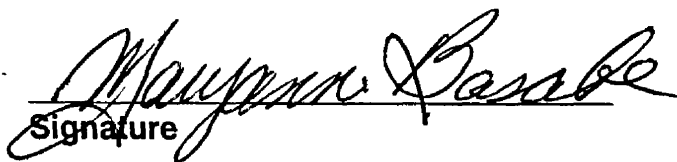
- Yes
- No Explain: _____

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:

MARYANN BASABE
Print Name


Signature

GM
Title

April 17-01
Date

305 532 0376
Telephone No.

305 674 8179
Fax No.

Address:

740 Ocean Drive

Miami Beach FL 33139

****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:

MARYANN BASABE
Print Name

Maryann Basabe
Signature

GM
Title

April 17-01
Date

305 532 0376
Telephone No.

305 - 532 9491
Fax No.

Address: 740 Ocean Dr
Miami Beach FL 33139

****APPLICANT ACKNOWLEDGMENT****

Applicant: MARYANN BASABE

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

MARYANN BASABE
Print Name

Maryann Basabe
Signature

GM
Title

April 17-01
Date

305 532 0376
Telephone No.

305 532 9491
Fax No.

Address: 740 Ocean DR
Miami Beach FL 33139

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.



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

April 19, 2001

MARYANN BASABE
740 OCEAN DRIVE
MIAMI BEACH, FL 33139

Pursuant to your recent letter, we are enclosing photocopies as requested.

Should you have any questions regarding this matter you may contact our office at (850) 487-6952.

Justin Shivers
Certification Section

Letter No. 201A00023162

ARTICLES OF INCORPORATION
OF
BOULEVARD HOTEL, INC.

The undersigned subscriber to these Articles of Incorporation, a natural person competent to contract, hereby forms a corporation under the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

BOULEVARD HOTEL, INC.

The principal place of business of this corporation shall be 740 Ocean Drive, Miami Beach, Florida 33138.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 100 shares of common stock having \$1 par value per share.

ARTICLE IV. ADDRESS

The street address of the initial registered office of the corporation shall be 502 East Park Avenue, Tallahassee, Florida 32301. The name of the initial registered agent of the corporation at that address is Corporation Information Services, Inc.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. DIRECTORS

This corporation shall have no Directors, initially. The affairs of the Corporation will be managed by the shareholders until such time Directors are designated as provided by the Bylaws.

ARTICLE VII. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

Corporation Information Services, Inc.
502 East Park Avenue
Tallahassee, Florida 32301

IN WITNESS WHEREOF, the undersigned authorized agent of Corporation Information Services, Inc. has hereunto set her hand and seal of Corporation Information Services, Inc. on this 16th day of February, 1990.

Corporation Information Services, Inc.

By: Gail Shelby
Gail Shelby

STATE OF FLORIDA

COUNTY OF LEON

The foregoing instrument was acknowledged before me this 16th day of February, 1990, by Gail Shelby.

Notary Public, State of Florida at Large

My Commission Expires: _____