#### \* \* FLORIDA PUBLIC SERVICE COMMISSION \*\*

### DIVISION OF COMMUNICATIONS BUREAU OF SERVICE EVALUATION

### 010764-TC

#### APPLICATION FORM for AUTHORITY 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 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 two (2) copies of this form, the signed Applicant Acknowledgement Card, and a non-refundable <u>application fee of \$100.00 to</u>:

Florida Public Service Commission Division of <u>Records and Reporting</u> 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 Certification and Evaluation 2540 Shumard Oak Blvd. Tallahassee, Florida 32399-0850 (850) 413-6600

FORM PSC/CMU 32 (8/98) Required by Commission Rule Nos. 25-24-510 and 25-24.511

DOCUMENT NUMPER-DATE

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FPSC-RECORDS/REPORTING

1. Name of company;

COINUCOPIA, INC

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

SAME

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

9858 GLADES ROAD SUITE 103 BOCA RATON, FL 334 33434

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

SAME 

- 5. Structure of organization:
  - () Individual

(V) Corporation

() General Partnership

() Limited Partnership

- () Other, \_\_\_\_\_
- 6. If incorporated in Florida, provide proof of authority to operate in Florida:
  - (a) Florida Secretary of State Corporate registration number: F9800006416

- 7. If using fictitious name-d/b/a, provide proof of compliance with the fictitious name statute (Chapter 865.09 FS) to operate in Florida:
  - Florida Fictitious Name registration number: (a)
- F. E. I. Number (if applicable): 95-4644134 8.
- If individual, provide; 9

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

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

а.	Name:		
	Title:		
	Address:		
	City/State/Zip:	······	
	Telephone No.:	Fax No.:	

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

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

(a)	i) The application:		
	Name: LAMILLE GERULLO		
	Title: CEO		
	Address: <u>9858 GLADES RD #103</u>		
	City/State/Zip: BOCA RATON FL 33		
	Telephone No.: <u>561-602-9119</u> Fax No.: <u>561-471-2837</u>		
	Internet E-Mail Address:		
	Internet Website Address:		

(b) Official Point of Contact for the ongoing operations of the company:

Name: CAMILLE GERULLO			
Title: CCO			
Address: 9858 GLADES ROAD 4103			
City/State/Zip: BOCA RATON, FL 33434			
Telephone No.: <u>561 - 602 - 9119</u> Fax No.: <u>561 - 411</u> 2837			
Internet E-Mail Address:			
Internet Website Address:			

(c) <u>Complaints/Inquiries from customers</u>:

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and Carl			
Name: CAMILLE GRULLO			
Title: CEO			
Address: 9868 GLADES ROAD #103			
City/State/Zip: BOCA RATON, FL 33434			
Telephone No.: <u>561-602-9119</u> Fax No.: <u>561-477-283</u> 7			
Internet E-Mail Address:			
Internet Website Address:			

**12**. Indicate if applicant or any subsidiary, partner, officers, director, 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		
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**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, <u>provide explanation</u> and list the certificate holder and certificate number.

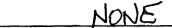
NO

14. Is the applicant or any subsidiary, partner, officer, director, or any stockholder a subsidiary, partner, 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 the states in which the applicant:

a. Is currently providing pay telephone service:



b. Has applications pending to be certificated as a pay telephone provider:

NONE

Has been denied authority to operate as a pay telephone provider. Explain C. circumstances. NONE 

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

**16**. Please check ( $\checkmark$ ) the services that will be provided:

LOCAL	Ŷ
LONG DISTANCE	Û
COIN	Û
CALLING CARD	ŵ
CREDIT CARD	Û
OTHER (Describe)	Δ

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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 ( $\checkmark$ ) (check all that apply)

PERSONALLY	Δ
FULL-TIME TECHNICIAN	0
PART-TIME TECHNICIAN	$\triangle$
SERVICE/REPAIR/MAINTENANCE CONTRACT	Δ
OTHER (Describe)	$\triangle$

**19**. Will each of the pay telephones to be installed provide access to all locally available long distance carriers via 10XXX+0, 1010XXX, 950-XXXX, and 1-800? (See Rule 25-24.515(6), F.A.C.)

(VYes ()No Explain:\_\_\_\_\_

**20**. Will each of the pay telephones to be installed 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, <u>ANŞI</u> <u>STANDARDS</u>)(See Rule 25-24.515(14), F.A.C.).

(UYYes ()No

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### \*\* APPLICANT ACKNOWLEDGEMENT STATEMENT \*\*

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- REGULATORY ASSESSMENT FEE: I understand that all telephone companies must pay a regulatory assessment fee in the amount of <u>.15 of one percent</u> 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 that 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 C	DEFICIAL:	
Can	ille Crubo	5/7/07
Signature		Date
CEO		561-602-9119
Title		Telephone No.
Address:	9858 GLADES RD #103 BOCA RATON FL 33434	
Fax No.	561 - 477 - 2837	
ATTACHMEN A - Affidavit B - Applicant	TS: Acknowledgment	

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#### **AFFIDAVIT**

:

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, and pay gross receipts tax. Furthermore, I agree to keep the Commission advised of any changes in the names or 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."

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Printed Name:

Signature:

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Title<sup>.</sup>

Address:

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#### \*\*APPENDIX B\*\*

### APPLICANT ACKNOWLEDGEMENT

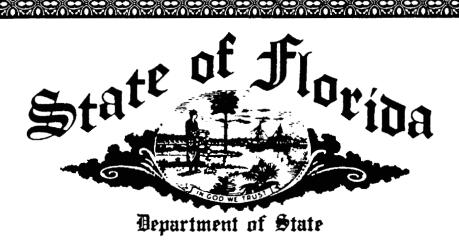
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COINUCOPIA, INC. Applicant:

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

Signature: Can ( Date: Printed Name: CAMILLE CERULLO Title: CEO 9858 64ppes Rd #103 Address: 33434 RATON Telephone. No. <u>561-602-9119</u> Fax No. <u>561-477 - 2837</u>

THIS ACKNOWLEDGEMENT FORM 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 certify from the records of this office that COINUCOPIA, INC. is a Delaware corporation authorized to transact business in the State of Florida, qualified on November 23, 1998.

The document number of this corporation is F98000006416.

I further certify that said corporation has paid all fees due this office through December 31, 2001, that its most recent annual report/uniform business report was filed on January 22, 2001, and its status is active.

I further certify that said corporation has not filed a Certificate of Withdrawal.



CR2EO22 (1-99)

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capitol, this the Twenty-fourth day of January, 2001

Katherine Harris

Katherine Harris Secretary of State