

State of Florida



Public Service Commission

-M-E-M-O-R-A-N-D-U-M-

DATE: August 24, 2001

TO: Blanco Bayo, Director, Division of Commission Clerk and Administrative Services

FROM: Toni J. McCoy, Regulatory Analyst, Division of Regulatory Oversight

SUBJECT: Open Docket No. 011022-TC; Advanced Communication Services USA Inc.

Please add the attached letter and revised PATS application pages 4, 5, 6 & 10 to the docket file.

Call me if you have any questions, I can be reached at 850/413-6532.

Thank you.

- APP \_\_\_\_\_
- CAF \_\_\_\_\_
- CMP \_\_\_\_\_
- COM \_\_\_\_\_
- CTR \_\_\_\_\_
- ECR \_\_\_\_\_
- LEG \_\_\_\_\_
- OPC \_\_\_\_\_
- PAI \_\_\_\_\_
- RGO \_\_\_\_\_
- SEC   1
- SER \_\_\_\_\_
- OTH \_\_\_\_\_

DOCUMENT NUMBER-DATE

10630 AUG 27 01

FPSC-COMMISSION CLERK

COMMISSIONERS:  
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STATE OF FLORIDA



DIVISION OF REGULATORY OVERSIGHT  
DANIEL M. HOPPE, DIRECTOR  
(850) 413-6480

Public Service Commission

August 15, 2001

**RECEIVED**

AUG 24 2001

Florida Public Service Commission  
Division of Regulatory Oversight

Mr. Luis Painchault, President  
Advanced Communication Services USA Inc.  
2905 West Okeechobee Road  
Hialeah, Florida 33012

CERTIFIED

RE: Pay Telephone Application/Docket No. 011022-TC

Dear Mr. Painchault:

The Commission has received your application for a Pay Telephone Certificate of Public Convenience and Necessity. In order for your certification request to be processed, please comply with the following:

1) The application you submitted was incomplete. Please complete the highlighted areas on the marked pages and return them to my attention. You may fax a copy to me at 850/413-6533 to expedite your certification, but I will still need the originals mailed in for your Docket File.

If you have any questions, please call me at 850/413-6532 or email me at [TMCCOY@PSC.STATE.FL.US](mailto:TMCCOY@PSC.STATE.FL.US). Please respond to this correspondence by August 30, 2001.

Sincerely,

A handwritten signature in black ink that reads "Toni J. McCoy".

Toni J. McCoy  
Regulatory Analyst  
Telecommunications Certification  
Division of Regulatory Oversight

Enclosure - Incomplete PATS Application Pages

CAPITAL CIRCLE OFFICE CENTER • 2540 SHUMARD OAK BOULEVARD • TALLAHASSEE, FL 32399-0850

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PSC Website: <http://www.floridapsc.com>

Internet E-mail: [contact@psc.state.fl.us](mailto:contact@psc.state.fl.us)

10. Partnership (continued)

b. Name: Luis Painchault (ADVANCE COMMUNICATION SERVICE USA, INC.)  
Title: OWNER  
Address: 2905 WEST OKEECHOBEE Rd.  
City/State/Zip: HiALEAH, Florida 33012  
Telephone No.: 305 542 4578 Fax No.: 305 883-4545  
Internet E-Mail Address: NONE  
Internet Website Address: NONE

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

a. The application:

Name: Luis Painchault (ADVANCE COMMUNICATION SERVICE USA, INC.)  
Title: OWNER  
Address: 2905 WEST OKEECHOBEE Rd.  
City/State/Zip: HiALEAH, Florida 33012  
Telephone No.: 305 542 4578 Fax No.: 305 883-4545  
Internet E-Mail Address: NONE  
Internet Website Address: NONE

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

Name: Luis Painchault (ADVANCE COMMUNICATION SERVICE USA, INC.)  
Title: OWNER  
Address: 2905 WEST OKEECHOBEE Rd.  
City/State/Zip: HiALEAH, Florida 33012  
Telephone No.: 305 542 4578 Fax No.: 305 883-4545  
Internet E-Mail Address: NONE  
Internet Website Address: NONE

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: ND  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

ND  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

ND  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. List other states in which the applicant:

a. Is currently providing pay telephone service.

NO

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) \_\_\_\_\_

**\*\*APPLICANT ACKNOWLEDGMENT\*\***

Applicant: Advanced Communication Services USA, Inc.

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

Lois Painohault  
Print Name

Lois Painohault  
Signature

OWNER  
Title

Date

305 887 5697  
Telephone No.

305 883 4545  
Fax No.

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.**