

ORIGINAL

*Super-Tel.Com, Inc.*  
16500 N.W. 7<sup>th</sup> Avenue  
Suite 303  
Miami, Florida 33169  
(v) 305-628-9082 (f) 305-628-9332  
April 23, 2002

State of Florida  
Public Service Commission  
Records Division  
Capital Circle Office Center  
2540 Shumard Oak Blvd.  
Tallahassee, Fl., 32399-0850

Docket # 020261-TP

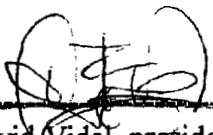
Dear Sir or Madam:

In pursuance to an IXE and CLEC transfer referenced in the above case, I am enclosing the following documents:

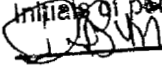
1. Revised pages 1 and 2 Alternative Local Exchange Telecommunications Services FL. P.S.C. Price List No. 1 of S.F.M.&T., Inc. changed to Super-Tel.Com, Inc.
2. Revised pages 1 and 2 Inter Exchange Services Tariff, FL. P.S.C. Tariff No. 1 of S.F.M.&T., Inc. changed to Super-Tel.Com, Inc.
3. Ninety preprinted labels — *forwarded to CMP*
4. One original and two copies of the Application Form for Authority to Provide Interexchange Telecommunications Services including attachments.
5. One original and two copies of the Application Form for Authority to Provide Alternative Local Exchange Service within the State of Florida, including attachments.
6. A check in the amount of \$250.00 for the requisite fees to transfer ALEC certificate No. 7696. It is our understanding that there is no fee required for the transfer of IXE Certificate No. 7695.

We appreciate this Commissions assistance and consideration in this transfer.

Sincerely,

  
 \_\_\_\_\_  
 David Vidal, president

AUS \_\_\_\_\_  
 CAF \_\_\_\_\_  
 CMP \_\_\_\_\_  
 COM \_\_\_\_\_  
 CTR \_\_\_\_\_  
 ECR \_\_\_\_\_  
 GCL \_\_\_\_\_  
 OPC \_\_\_\_\_  
 PPS \_\_\_\_\_  
 SEC \_\_\_\_\_  
 OTH \_\_\_\_\_

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:  


02 MAY 2 2002

RECEIVED PUBLIC SERVICE COMMISSION DOCUMENT NUMBER-DATE

04802 MAY-28

FPSC-COMMISSION CLERK

ALTERNATIVE LOCAL EXCHANGE TELECOMMUNICATION SERVICES

TITLE SHEET

FLORIDA TELECOMMUNICATIONS PRICE LIST

This price list contains the descriptions, regulations, and rates applicable to the furnishing of service and facilities for alternative local exchange telecommunications services provided by SUPER-TEL.COM, INC. with principal offices at 16500 N.W. 7<sup>th</sup> Avenue, Suite 303, Miami, FL 33169. This price list applies for services furnished within the state of Florida. This price list is on file with the Florida Public Service Commission, and copies may be inspected, during normal business hours, at the Company's principal place of business.

ORIGINALLY ISSUED: August 22, 2000

EFFECTIVE: \_\_\_\_\_

REVISED: \_\_\_\_\_

By

David Vidal, president,  
16500 N.W. 7<sup>th</sup> Avenue, Suite 300  
Miami, FL 33169

DOCUMENT NUMBER-DATE

04802 MAY-28

ALTERNATIVE LOCAL EXCHANGE TELECOMMUNICATION SERVICES

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CHECK SHEET

The sheets listed below, which are inclusive on this list, are effective as of the date shown at the bottom of the respective sheet(s). Original and revised sheets as named below comprise all changes from the original price list and are currently in effect as of the date at the bottom of this page.

SHEET	REVISION
1	Revised Sheet No. 1
2	Revised Sheet No. 1
3	Original
4	Original
5	Original
6	Original
7	Original
8	Original
9	Original
10	Original
11	Original
12	Original
13	Original
14	Original
15	Original
16	Original
17	Original
18	Original
19	Original
20	Original
21	Original

ORIGINALLY ISSUED: August 22, 2000

EFFECTIVE: \_\_\_\_\_

REVISED: \_\_\_\_\_

By: \_\_\_\_\_

David Vidal, president  
16500 N.W. 7<sup>th</sup> Avenue, Suite 300  
Miami, FL 33169

INTER EXCHANGE SERVICES TARIFF

TITLE SHEET

FLORIDA TELECOMMUNICATIONS TARIFF

This Tariff contains the descriptions, regulations, and rates applicable to the furnishing of service and facilities for alternative local exchange telecommunications services provided by SUPER-TEL.COM, INC. with principal offices at 16500 N.W. 7<sup>th</sup> Avenue, Suite 303, Miami, FL 33169. This Tariff applies for services furnished within the state of Florida. This Tariff is on file with the Florida Public Service Commission, and copies may be inspected, during normal business hours, at the Company's principal place of business.

ORIGINALLY ISSUED: August 22, 2000

EFFECTIVE: \_\_\_\_\_

REVISED: \_\_\_\_\_

By:

David Vidal, president:  
16500 N.W. 7<sup>th</sup> Avenue, Suite 303  
Miami, FL 33169

DOCUMENT NUMBER DATE

04802 MAY-28

FPSC-COMMISSION CLERK

INTER EXCHANGE SERVICES TARIFF

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**CHECK SHEET**

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**SHEET**

**REVISION**

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24	Original

ORIGINALLY ISSUED: August 22, 2000

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REVISED: \_\_\_\_\_

By.

David Vidal, president  
16500 N.W. 7<sup>th</sup> Avenue, Suite 303  
Miami, FL 33169

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

**DIVISION OF REGULATORY OVERSIGHT**  
**CERTIFICATION SECTION**

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

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**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 Page 16).
- ◆ 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 company.

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

**Florida Public Service Commission  
Division of Regulatory Oversight  
Certification Section  
2540 Shumard Oak Blvd.  
Tallahassee, Florida 32399-0850  
(850) 413-6480**

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

( ) **Original certificate** (new company).

**Approval of transfer of existing certificate:** Example, a non-certificated company purchases an existing company and desires to retain the original certificate of authority.

( ) **Approval of assignment of existing certificate:** Example, a certificated company purchases an existing company and desires to retain the certificate of authority of that company.

( ) **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:

SUPER Tel. Com, Inc

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

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

16500 N.W. 7<sup>th</sup> AVENUE

Suite 303

MIAMI FLORIDA 33169

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

SAME AS ABOVE

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;

- |                         |   |
|-------------------------|---|
| ( ) Individual          | ( <input checked="" type="checkbox"/> ) Corporation |
| ( ) Foreign Corporation | ( ) Foreign Partnership                             |
| ( ) General Partnership | ( ) Limited Partnership                             |
| ( ) 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:

*SEE ATTACHED CERTIFICATE*

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

\_\_\_\_\_ *P02000028560*

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

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

\_\_\_\_\_

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:**

\_\_\_\_\_

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

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

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

Name: \_\_\_\_\_

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:** \_\_\_\_\_

15. Provide **F.E.I. Number** (if applicable): 03-04 11646

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: \_\_\_\_\_

Title: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

(c) How is this information provided?

\_\_\_\_\_  
\_\_\_\_\_

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) \_\_\_\_\_

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

(a) The application:

Name: MR. DAVID VIDAL

Title: PRESIDENT

Address: 16500 N.W. 7<sup>th</sup> Avenue Suite 303  
City/State/Zip: MIAMI FLORIDA 33169

Telephone No.: 305-678-9082 Fax No.: 305-678-9332

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

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

Name: SAME AS ABOVE

Title: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

(c) Complaints/Inquiries from customers:

Name: SAME AS ABOVE

Title: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

19. List the states in which the applicant:

(a) has operated as an interexchange telecommunications company.

NONE  
\_\_\_\_\_  
\_\_\_\_\_

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

NONE  
\_\_\_\_\_  
\_\_\_\_\_

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

NONE

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

NONE

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

NONE

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

NONE

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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.

N/A

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(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.

Mr David Vidal, president of Super Tel. com Inc. is also president of SFMT, Inc, The company being acquired. SFMT, Inc after this transfer will be devoted to non-PSC regulated activities.

21. The applicant will provide the following interexchange carrier services (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  
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.)

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

1. **Services included are:**

- \_\_\_\_\_ Station assistance
- \_\_\_\_\_ Person-to-person assistance
- \_\_\_\_\_ Directory assistance
- \_\_\_\_\_ Operator verify and interrupt
- \_\_\_\_\_ Conference callin

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).

PLEASE USE SFMET TARIFF.

23. Submit the following:

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

**B. 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.

**C. 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.

**THIS PAGE MUST BE COMPLETED AND SIGNED**

**APPLICANT ACKNOWLEDGMENT STATEMENT**

1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of .15 of one percent of its 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 \$250.00 must be submitted with the application.

**x UTILITY OFFICIAL:**

Mr David Vidal  
**Print Name**

  
**Signature**

president  
**Title**

4-23-2002  
**Date**

305-628 9082  
**Telephone No.**

**Fax No.**

305-628-9332

**Address:** 16500 NW 7<sup>th</sup> Avenue Suite 303  
Miami, Florida 33169

**THIS PAGE MUST BE COMPLETED AND SIGNED**

**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  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:**

MR DAVID VIDAL  
Print Name

  
Signature

president  
Title

04-23-2002  
Date

305-628-9082  
Telephone No.

305-628-9332  
Fax No.

Address: 16500 N. W. 7<sup>th</sup> Avenue  
Suite 303  
Miami, Florida 33169


**THIS PAGE MUST BE COMPLETED AND SIGNED**

**AFFIDAVIT**

By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application and attached documents and that the applicant has the technical expertise, managerial ability, and financial capability to provide interexchange telecommunications service in the State of Florida. I 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.

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:**

<u>MR DAVID VIDAL</u> Print Name	<u></u> Signature
<u>president</u> Title	<u>04-23-00</u> Date
<u>305-628 9082</u> Telephone No.	<u>305-628-9332</u> Fax No.
Address: <u>16500 NW 7<sup>th</sup> Avenue</u>	
<u>Suite 303</u>	
<u>Miami, Florida 33169</u>	
<u> </u>	

**CURRENT FLORIDA INTRASTATE SERVICES**

Applicant has ( ) or has not (  ) 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?


\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

**UTILITY OFFICIAL:**

MR DAVID VIDAL  
Print Name

  
Signature

PRESIDENT  
Title

04-23-2002  
Date

305-628-9082  
Telephone No.

305-928-9332  
Fax No.

Address: 16500 NW 7<sup>th</sup> Avenue.  
Suite 303  
Miami, Florida 33169

**CERTIFICATE TRANSFER, OR ASSIGNMENT STATEMENT**

I, (Name) Mr David Vidal,

(Title) president of  
S. F. M. T. Inc (Name of Company)

and current holder of Florida Public Service Commission Certificate Number

# T-00-1448 IXE, have reviewed this application and join in the petitioner's request for a:

transfer

assignment

of the above-mentioned certificate.

**UTILITY OFFICIAL:**

Mr David Vidal  
Print Name

  
Signature

president  
Title

04-23-2002  
Date

305-628-9082  
Telephone No.

305-628-9332  
Fax No.

Address: 16500 NW 7<sup>th</sup> Avenue  
Suite 303  
Miami, Florida 33169

# State of Florida



## Department of State

I certify from the records of this office that SUPER-TEL.COM, INC. is a corporation organized under the laws of the State of Florida, filed on March 15, 2002.

The document number of this corporation is P02000028560.

I further certify that said corporation has paid all fees due this office through December 31, 2002, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capitol, this the  
Fifteenth day of March, 2002



CR2EO22 (1-99)

*Katherine Harris*

Katherine Harris  
Secretary of State

SUPER-TEL.COM, INC.  
BALANCE SHEET AS OF  
"APRIL 1ST 2002"

**Assets:**

**Current Assets:**

Cash in Bank: \$5,000

Subscriptions Un-Collected: \$250,000

Goodwill: \$14,353

Total Assets: \$269,353

**Liabilities & Equity:**

**Current Liabilities:**

1 year unexpired Switching Contract: \$24,000

Total Liabilities: \$24,000

**Equity:**

Stockholder Equity: \$1,000

Value in Excess of Par: \$244,353

Total Equity: \$245,353

Total Liabilities & Equity: \$269,353

I, David Vidal, president of Super-Tel.Com, Inc. affirm that the above financial statement is true and correct to the best of my knowledge.

  
\_\_\_\_\_  
David Vidal, president




**Super-Tel.Com, Inc.**  
**16500 N.W. 7<sup>th</sup> Avenue**  
**Suite 303**  
**Miami, Florida 33169**  
**(v) 305-628-9082 (f) 305-628-9332**  
**April 22, 2002**

To Whom It May Concern:

Super-Tel.Com, Inc. was formed during the current calendar year. The company does not have audited statements. To date the company has no income to report.

Attached is a current balance sheet.

Sincerely,

  
-----  
David Vidal, president

## **DECLARATION THAT APPLICANT HAS:**

**SUFFICIENT FINANCIAL CAPABILITY** to provide the requested service in the geographical area proposed to be served. Applicant has access to over ¼ million dollars. Applicant has sold common stock and subscriptions. The company has no debt other than its obligations to pay the future un-expired one-year portion of a switching contract (services are to be performed post PSC approval).

**SUFFICIENT FINANCIAL CAPABILITY** to maintain the requested service. Applicant's operation is very small. The company expenses are minimal while its access to subscribed funds many times exceeds day-to-day expenses. Operating expenses are minimal for the company has no debt, no permanent employees (all labor is provided under contract as needed) and only a small rented office.

**SUFFICIENT FINANCIAL CAPABILITY** to meet its lease or ownership obligations. The company has no long-term leases in excess of 12 months. All obligations are considered rental obligations only. The company has more than sufficient capital to pay its office and switch rental charges which are projected to be paid from income rather than capital.

## **MANAGEMENT CAPABILITY:**

The company's president holds university degrees in engineering and computer sciences. He has hands on as well as management experience with such vendors as Lucent, Cisco and others. Mr. Vidal has supervised personnel in several Latin and South American countries.

## **TECHNICAL CAPABILITY:**

The company's president holds university degrees in engineering and computer sciences. He has hands on as well as management experience with such vendors as Lucent, Cisco and others. Mr. Vidal has supervised personnel in several Latin and South American countries.

## **MANAGERIAL AND TECHNICAL CAPACITY**

### **David Vidal**

Mr. Vidal graduated from Intec University in Santo Domingo, Dominican Republic with specialties in Electrical Engineering, Industrial Engineering with a minor in Computer Sciences. For a period of two years after graduation Mr. Vidal acted as a software developer instructor at the largest Telephone company in the Dominican Republic. While at that position he trained over one thousand five hundred engineers. Mr. Vidal was later instrumental in the software development for the publishing of Tricom's Yellow Pages (Tricom is the second largest telephone company in Dominican Republic). Mr. Vidal has operated his own company for approximately the past ten years. His clients include the twelve largest manufacturing factories in Dominican Republic. He has worked concurrently for several US firms including S.F.M.&T., Inc. and Telpan USA

Mr. Vidal's expertise is in the fields of software development and implementation with a secondary emphasis on transmission facilities (including the Internet).

ORIGINAL

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

**DIVISION OF REGULATORY OVERSIGHT**  
**CERTIFICATION SECTION**

**APPLICATION FORM**  
**for**  
**AUTHORITY TO PROVIDE**  
**ALTERNATIVE LOCAL EXCHANGE SERVICE**  
**WITHIN THE STATE OF FLORIDA**

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Instructions

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**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 Regulatory Oversight**  
**Certification Section**  
**2540 Shumard Oak Blvd.**  
**Tallahassee, Florida 32399-0850**  
**(850) 413-6480**

## APPLICATION

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

**Original certificate** (new company).

**Approval of transfer of existing certificate:** Example, a non-certificated company purchases an existing company and desires to retain the original certificate of authority.

**Approval of assignment of existing certificate:** Example, a certificated company purchases an existing company and desires to retain the certificate of authority of that company.

**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:**

SUPER-TEL.COM, INC.

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

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

16500 N.W. 7<sup>th</sup> Avenue, Suite 303.  
Miami, Florida 33169

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

Same as above

**6. 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               |   |

**7. If individual, provide:**

Name:

Title:

Address:

City/State/Zip:

Telephone No.: \_\_\_\_\_ Fax No.:

Internet E-Mail Address:

Internet Website Address:

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

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

See Attached Certificate # P02000028560

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

(a) The Florida Secretary of State corporate registration number:

**10. 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:

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

(a) The Florida Secretary of State registration number:

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

Name:

Title:

Address:

City/State/Zip:

Telephone No.: \_\_\_\_\_ Fax No.:

Internet E-Mail Address:

Internet Website Address:

**13. 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:

**14. Provide F.E.I. Number(if applicable): \_\_\_\_\_ 03-0411646**

**15. 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. Provide explanation.

N/A

(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.

Mr. David Vidal, president of Super-Tel.Com, Inc. is also president of S.F.M.&T., Inc. the acquired company. S.F.M.&T., Inc. will be devoted Non-PSC regulated activities.

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

(a) The application:

Name:Mr. David Vidal

Title:president

Address:16500 N.W. 7<sup>th</sup> Avenue, Suite 303

City/State/Zip: Miami, Florida, 33169 \_\_\_\_\_

Telephone No.:305-628-9082 Fax No.:305-628-9332

Internet E-Mail Address:

Internet Website Address:



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

Name: Same as Above

Title:

Address:

City/State/Zip:

Telephone No.: \_\_\_\_\_ Fax No.:

Internet E-Mail Address:

Internet Website Address:

(c) Complaints/Inquiries from customers:

Name: Same as Above

Title:

Address:

City/State/Zip:

Telephone No.: \_\_\_\_\_ Fax No.:

Internet E-Mail Address:

Internet Website Address:

**17. List the states in which the applicant:**

(a) has operated as an alternative local exchange company.

None

(b) has applications pending to be certificated as an alternative local exchange company.

None

(c) is certificated to operate as an alternative local exchange company.

None

(d) has been denied authority to operate as an alternative local exchange company and the circumstances involved.

None

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

None

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

None

**18. Submit the following:**

**A. Managerial capability: give resumes of employees/officers of the company that would indicate sufficient managerial experiences of each.**

**B. 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.**

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

**THIS PAGE MUST BE COMPLETED AND SIGNED**

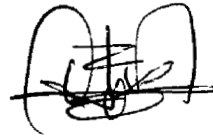
**APPLICANT ACKNOWLEDGMENT STATEMENT**

1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of .15 of one percent of 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 \$250.00 must be submitted with the application.

**UTILITY OFFICIAL:**

\_\_\_\_\_  
**Mr. David Vidal**

**Signature**



\_\_\_\_\_  
**president**

**Date**

04-23-2002

\_\_\_\_\_  
**305-628-9082**

**305-628-9332**

**Telephone No.**

**Fax No.**

**Address: 16500 N.W. 7<sup>th</sup> Avenue, Suite 303**

**Miami, Florida 33169**

**THIS PAGE MUST BE COMPLETED AND SIGNED**

**AFFIDAVIT**

By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application and attached documents and that the applicant has the technical expertise, managerial ability, and financial capability to provide alternative local exchange company service in the State of Florida. I 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.

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:**

\_\_\_\_\_  
**Mr. David Vidal**

**Signature**



\_\_\_\_\_  
**President**

**Date**

04-23-2002

305-628-9082  
**Telephone No.**

305-628-9332  
**Fax No.**

**Address: 16500 N.W. 7<sup>th</sup> Avenue, Suite 303**

**Miami, Florida 33169**

**INTRASTATE NETWORK (if available)**

Chapter 25-24.825 (5), Florida Administrative Code, requires the company to make available to staff the alternative local exchange service areas only upon request.

**1. POP:** Addresses where located, and indicate if owned or leased.

1) \_\_\_\_\_ 2) \_\_\_\_\_  
\_\_\_\_\_

3) \_\_\_\_\_ 4) \_\_\_\_\_  
\_\_\_\_\_

**2. SWITCHES:** Address where located, by type of switch, and indicate if owned or leased.

1) \_\_\_\_\_ 2) \_\_\_\_\_  
\_\_\_\_\_

3) \_\_\_\_\_ 4) \_\_\_\_\_  
\_\_\_\_\_

**3. TRANSMISSION FACILITIES:** POP-to-POP facilities by type of facilities (microwave, fiber, copper, satellite, etc.) and indicate if owned or leased.

POP-to-POP

OWNERSHIP

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

# CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT

I, (Name) Mr. David Vidal  
(Title) president \_\_\_\_\_ of (Name of Company)

S.F.M.&T., Inc.  
and current holder of Florida Public Service Commission Certificate Number # T-00-1379  
ALEC \_\_\_\_\_, have reviewed this application and join in the petitioner's request  
for a:

- ( ) sale  
( X ) transfer  
( ) assignment

of the above-mentioned certificate.

## UTILITY OFFICIAL:

Mr. David Vidal

Signature



president

Date

04-23-2002

305-628-9082  
Telephone No.

305-628-9332  
Fax No.

Address: 16500 N.W. 7<sup>th</sup> Avenue, Suite 300

Miami, Florida 33169

# State of Florida



## Department of State

I certify from the records of this office that SUPER-TEL.COM, INC. is a corporation organized under the laws of the State of Florida, filed on March 15, 2002.

The document number of this corporation is P02000028560.

I further certify that said corporation has paid all fees due this office through December 31, 2002, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capitol, this the  
Fifteenth day of March, 2002



CR2EO22 (1-99)

*Katherine Harris*

Katherine Harris  
Secretary of State



**SUPER-TEL.COM, INC.  
BALANCE SHEET AS OF  
"APRIL 1ST 2002"**

**Assets:**

**Current Assets:**

Cash in Bank: \$5,000

Subscriptions Un-Collected: \$250,000

Goodwill: \$14,353

Total Assets: \$269,353

**Liabilities & Equity:**

**Current Liabilities:**

1 year unexpired Switching Contract: \$24,000

Total Liabilities: \$24,000

**Equity:**

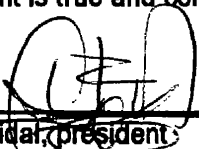
Stockholder Equity: \$1,000

Value in Excess of Par: \$244,353

Total Equity: \$245,353

Total Liabilities & Equity: \$269,353

I, David Vidal, president of Super-Tel.Com, Inc. affirm that the above financial statement is true and correct to the best of my knowledge.

  
\_\_\_\_\_  
David Vidal, president

***Super-Tel.Com, Inc.***  
***16500 N.W. 7<sup>th</sup> Avenue***  
***Suite 303***  
***Miami, Florida 33169***  
***(v) 305-628-9082 (f) 305-628-9332***  
**April 22, 2002**

To Whom It May Concern:

Super-Tel.Com, Inc. was formed during the current calendar year. The company does not have audited statements. To date the company has no income to report.

Attached is a current balance sheet.

Sincerely,

A handwritten signature in black ink, appearing to read "David Vidal", is written over a horizontal dashed line.

David Vidal, president

## **DECLARATION THAT APPLICANT HAS:**

**SUFFICIENT FINANCIAL CAPABILITY** to provide the requested service in the geographical area proposed to be served. Applicant has access to over ¼ million dollars. Applicant has sold common stock and subscriptions. The company has no debt other than its obligations to pay the future un-expired one-year portion of a switching contract (services are to be performed post PSC approval).

**SUFFICIENT FINANCIAL CAPABILITY** to maintain the requested service. Applicant's operation is very small. The company expenses are minimal while its access to subscribed funds many times exceeds day-to-day expenses. Operating expenses are minimal for the company has no debt, no permanent employees (all labor is provided under contract as needed) and only a small rented office.

**SUFFICIENT FINANCIAL CAPABILITY** to meet its lease or ownership obligations. The company has no long-term leases in excess of 12 months. All obligations are considered rental obligations only. The company has more than sufficient capital to pay its office and switch rental charges which are projected to be paid from income rather than capital.

## **MANAGEMENT CAPABILITY:**

The company's president holds university degrees in engineering and computer sciences. He has hands on as well as management experience with such vendors as Lucent, Cisco and others. Mr. Vidal has supervised personnel in several Latin and South American countries.

## **TECHNICAL CAPABILITY:**

The company's president holds university degrees in engineering and computer sciences. He has hands on as well as management experience with such vendors as Lucent, Cisco and others. Mr. Vidal has supervised personnel in several Latin and South American countries.

## **MANAGERIAL AND TECHNICAL CAPACITY**

### **David Vidal**

Mr. Vidal graduated from Intec University in Santo Domingo, Dominican Republic with specialties in Electrical Engineering, Industrial Engineering with a minor in Computer Sciences. For a period of two years after graduation Mr. Vidal acted as a software developer instructor at the largest Telephone company in the Dominican Republic. While at that position he trained over one thousand five hundred engineers. Mr. Vidal was later instrumental in the software development for the publishing of Tricom's Yellow Pages (Tricom is the second largest telephone company in Dominican Republic). Mr. Vidal has operated his own company for approximately the past ten years. His clients include the twelve largest manufacturing factories in Dominican Republic. He has worked concurrently for several US firms including S.F.M.&T., Inc. and Telpan USA

Mr. Vidal's expertise is in the fields of software development and implementation with a secondary emphasis on transmission facilities (including the Internet).