

ORIGINAL

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COMMISSION CLERK

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:

ANDREX Telecommunications

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

ANDREX Telecom.

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

PO BOX 640327
NORTH MIAMI BEACH, FL 33164

Check received with filing and forwarded to Fiscal for deposit. Fiscal to forward deposit information to Records.

Initials of person who forwarded check

[Handwritten initials]

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

P O BOX 640327
NORTH MIAMI BEACH, FL 33164

6. Structure of organization:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Individual | <input 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: TRAJEAN FIDEL

Title: Owner

Address: P O BOX 640327

City/State/Zip: NORTH MIAMI BEACH, FL 33164

Telephone No.: (305) 652 2466 Fax No.: (305) 654 3377

Internet E-Mail Address: TRFIDEL @ BellSouth.net

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:

N/A

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

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

_____ N/A _____

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:

_____ N/A _____

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

(a) The Florida Secretary of State registration number:

_____ N/A _____

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

Name: _____ N/A _____

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: _____ N/A _____

14. Provide **F.E.I. Number**(if applicable): _____ N/A _____

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.

N/A

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

(a) The application:

Name: KENNETH ETIENNE
Title: BUSINESS MANAGER
Address: 75 N.E. 171 TERRACE
City/State/Zip: NORTH MIAMI BEACH
Telephone No.: (305) 758 9291 Fax No.:
Internet E-Mail Address: EKETIENNE@HOTMAIL.COM
Internet Website Address: NONE

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

Name: KENNETH ETIENNE
Title: BUSINESS MANAGER
Address: 75 N.E 171 TERACE
City/State/Zip: NORTH MIAMI BEACH, FL 33162
Telephone No.: (305) 758 9291 Fax No.: _____
Internet E-Mail Address: EKETIENNE @ Hotmail.com
Internet Website Address: NONE

(c) Complaints/Inquiries from customers:

Name: TRAJEAN Fidel
Title: ~~ADMIN~~ ADMINISTRATOR
Address: PO BOX 640327
City/State/Zip: NORTH MIAMI BEACH, FL 33162
Telephone No.: (305) 652 2466 Fax No.: (305) 654 3377
Internet E-Mail Address: TRFidel @ Bellsouth.net
Internet Website Address: NONE

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

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

N/A

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

NO.

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

NO.

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

NO.

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

NO.

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

NO.

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.

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. **APPLICATION FEE:** I understand that a non-refundable application fee of \$250.00 must be submitted with the application.

UTILITY OFFICIAL:

TRAJEAN FIDEL, ANDRE
Print Name

TRAJEAN FIDEL
Signature

owner
Title

09-08-03
Date

(305) 652 2466
Telephone No.

(305) 654 3377
Fax No.

Address: P. O BOX 640327
NORTH MIAMI BEACH, FL 33164

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:

TRAJEAN FIDEL, ANDRE
Print Name

TRAJEAN FIDEL
Signature

owner
Title

09-08-03
Date

(305) 652 2466
Telephone No.

(305) 654 3377
Fax No.

Address: P.O. BOX 640327
NORTH MIAMI BEACH, FL 33164

Trajean Fidel
P.O Box 640327
North Miami Beach, Fl 33164
Sept. 18, 2003

State of Florida
Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

Dear Board Member:

This letter is to give you and overview of my experience and professional achievement as a license (authority) seeker. I have been working for Bellsouth Telecommunications since 1997 as a maintenance Administrator. My duty consist of making sure that the service is delivered to the customer in satisfactory state, and that repairs to damaged phones lines are made as early as possible once a repair call is received. During those six I have also worked as a call receipt agent. I have learned how to help and handle customers in a suitable manner. In addition to my experience, I have a master degree in International Business Administration. I am seeking the authority to operate a business of this nature, high importance and value because I believe that the combination of my experience and education will be a very good asset to the Telecommunications Industries and the public Service in general.

If you need any additional information to facilitate the making of your decision, please, write me at the above-written address. I hope this letter helps in making a decision in my favor.

Sincerely yours,



Trajean Fidel

Trajean Fidel
75 N.E 171st Terrace
N.M.B, Fl 33162
Phone: (305) 654 8234
E-mail: trfidel@hotmail.com

Summary

I fluently speak four languages. My knowledge of different cultures has, in the past, enabled me to overcome adverse situations in suitable manner. I am a people oriented person and a hard worker who will be able to learn any job in a very short time while meeting the expectations of my employers at every level.

WORK HISTORY

- Mar/98-Now* *Maintenance Administrator, BellSouth Telecommunications Inc*
Input trouble report while doing a preliminary test of the actual trouble to determine what actions need to be taken to fix the trouble while the customer is on line or as soon as possible to meet the customer's expectations.
Advise and inform customer of possible ways and techniques to solve, detect and prevent present and future telephone line troubles.
- July/97-Jan/98* *Production Manager, Diamond Exteriors*
Responsibility included the coordination and daily operation of job installation throughout Dade, Broward and West Palm Beach.
Written daily production report to the regional office and verbally report to regional and district managers.
Solved inter office problems and assisting installers and customers to solve any technical problems.
- Mar/97-July/97* *Customer Operations Assistant Manager, BellSouth Mobility Inc.*
Assisted customer in solving billing and technical problems.
Advised customer about different BellSouth products and services, and how to take the most advantage of their calling plan.

EDUCATION

- 1993-1995* Associate of Arts (Pre-Law) - Miami-Dade Community College
- 1997-2000* Bachelor of Art BAPA
Major: Public Administration
Florida International University
- 2000-2002* Master of Business Administration MBA
Major: International Business Administration
Nova Southeastern University

Kenneth E. Etienne
338 Northeast 58th Street
Miami, Florida 33137
Phone: (305) 758-9291; (305) 754-0246
Email: eketienne@hotmail.com

Professional Objective

To obtain a career-oriented, full time management position.

Professional Work Experience

General Manager- Muvico Hialeah 14 Theaters

Senior Operations Manager- Muvico Paradise Park 24 Theaters
Muvico Theaters, Inc. (April 1998 - July 2000).

Duties included full responsibility for the day to day operation of the state's busiest movie theater, generating well over ten million dollars annually in revenue; trained and developed second line managers; prepared and monitored annual budgets; oversaw the concessions/food service operations; coordinated facilities maintenance; promoted high degree of customer service and floor-level interaction with both staff and customers..

Case Manager- State of Florida

Department of Children and Families (Dec.1997 – April 1998)

Processed information and interviewed applicants to determine their eligibility for state and federal public assistance.

Linguistic Support (Interpreter and Translator)

Dyncorp/Data Management Services (Sept. 1994 – Nov. 1995)

Provided linguistic support and teaching assistance in the creation, training and monitoring of foreign police forces.

General Manager

American Multicinema, Inc. (August 1987 – July 1992)

Oversaw the day to day operation of the theaters; trained and developed second line managers and senior staff; prepared budget and monitored expenditures; conducted weekly P&L analysis and inventory control.

Education

University of Florida

Bachelor of Science in Business Administration (B.S.B.A)

Major: Finance; graduated in May 1987; critical supporting courses in Accounting, Operational Consulting, and Fiscal & Capital Budgeting.

Other Skills

Proficiency in the use of MS Word, Excel for Spreadsheets, Internet research; verbal and written proficiencies in Spanish and French languages; great communicator, team player and team builder .

References

To be provided upon request.

Trajean Fidel
75 N.E 171 Terrace
North Miami Beach, Fl 33162

REDACTED

FINANCIAL STATEMENT

Item 1: EMPLOYMENT and INCOME

Occupation:	Maintenance Administrator	
Employed by:	Bellsouth Telecommunications Inc,	
Address of Employer:	8650 West Oakland Park, Sunrise Fl 33150	
Social Security No:		
Pay Period:	Biweekly	
Rate of pay:	Hourly	
Average Gross Monthly Income:	\$5210.37	
Average Net Monthly	\$4637.23	
Income from Employment		\$5210.37
Bonuses, commissions, allowances, ever time, tips and similar payments:		\$0
Business income from sources such self-employment, partnership, close corporations and/or independent Contracts (gross receipts minus ordinary and necessary Expenses required producing income).		\$0
Disability benefits		\$0
Worker's compensation		\$0
Unemployment compensation		\$0
Pension, retirement, or annuity payments		\$0
Social security benefits		\$0
Spousal support received from prior marriage		\$0
Interest and dividends		\$0
Rental income (gross)		\$500
Income from royalties, trusts or estates		\$0
Reimbursed expenses and in kind payments to the extent that they reduce personal living expenses		\$0
Total monthly income		\$5210.37

Deductions

Monthly federal, state and local taxes (adjusted for filing status and actual number of withholding allowances) including FICA	\$573.14
Retirement deductions	\$108
Health Insurance	\$0
Court ordered child support payments	\$404
Total Deductions	\$1085.14

Item 2

Average monthly expenses

Mortgage or rent payments	\$927
Property taxes and insurance	\$283
Electricity	\$120
Water, garbage	\$63
Telephone	\$89
Miscellaneous household	\$210
Food and grocery	\$300
Automobile	\$320
Dry cleaning	\$100
Credit card payments	\$45
Total expenses	\$2457

Item 3

Liabilities

<u>Creditor</u>	<u>Balance</u>
Novelle Financial	\$114300
Household financial services	\$300
Total Liabilities	\$114600

Item 4

Assets

Description

Debts

Cash (on hand or in banks)

\$41730

Stocks/bonds/notes

\$22840

Home

\$114300

\$181000

Lands

\$0

\$28000

Automobiles

2001 Mercedes Benz

\$0

\$23000

1999 Toyota Camry

\$0

\$7200

Other personal property

\$0

15000

Total Assets

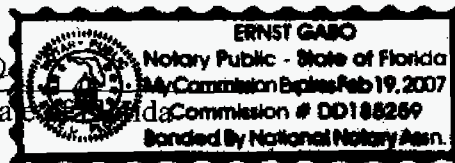
\$318770

I, Mr. Trajean Fidel, on this 6th day of September 2003, personally appeared before the undersigned authority to swear, depose and say that the information contained in the foregoing Financial Affidavit is in each and every respect true and correct to my best knowledge and belief.

Trajean Fidel
Trajean Fidel

Sworn and subscribed before me, a Notary Public in and for the State of Florida, on this 6th day of September 2003, at Miami, Florida.

Ernst Gaso
Notary Public, State of Florida



State of Florida
County of Dade