

DEPOSIT DATE

ORIGINAL

CK # 122
CK \$ 100.00

1-02-03
RT

040012-TC

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

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

miles Unlimited Inc

3. Official mailing address:

Street: 1220 NE 211th St

P.O. Box: _____

City: N. Miami

State: FL Zip: 33179

4. Florida address:

Street: 1220 NE 211th St

P.O. Box: _____

City: N. Miami FL

State: FL Zip: 33179

5. Structure of organization:

() Individual

() Corporation

() General Partnership

() Limited Partnership

() Other: _____

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

Florida Secretary of State
Corporate Registration Number: PO3000147285

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): _____

9. If individual, provide:

Name: GEORGE miles maskos

Title: Pres

Address: 1220 NE 211th st

City/State/Zip: N. miami FL 33179

Telephone No.: 786-663-7650 Fax No.: 305-770-3499

Internet E-Mail Address: None

Internet Website Address: None

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

a. Name: George miles maskos

Title: Pres

Address: 1220 NE 211th st

City/State/Zip: N. miami FL 33179

Telephone No.: 786-663-7650 Fax No.: 305-770-3499

Internet E-Mail Address: None

Internet Website Address: None

10. Partnership (continued)

b. 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?

a. The application:

Name: MR GEORGE miles maskos
Title: President/owner
Address: 1220 NE 21th st
City/State/Zip: N. miami FL 33179
Telephone No.: 786-663-7650 Fax No.: 305-770-3499
Internet E-Mail Address: _____
Internet Website Address: _____

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

Name: miles Unlimited Inc. ^{contact person} GEORGE maskos
Title: President
Address: 1220 NE 21th st
City/State/Zip: N. miami FL 33179
Telephone No.: 786-663-7650 Fax No.: 305-770-3499
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:

— none

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.

— none

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.

— none

15. List other states in which the applicant:

a. Is currently providing pay telephone service.

None

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)

Public Telephones

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 20

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 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. APPLICATION FEE:** I understand that a non-refundable application fee of \$100.00 must be submitted with the application.

UTILITY OFFICIAL:

GEORGE miles maskos
Print Name

President/owner
Title

786-663-7650
Telephone No.

George Maskos
Signature

12-31-03
Date

305-770-3499
Fax No.

Address:

1220 NE 21th st
N. miami FL 33179

****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.

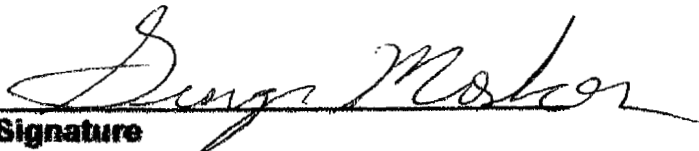
Further, I am aware that, pursuant to Chapter 837.06, Florida Statutes, "Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 and s. 775.083."

UTILITY OFFICIAL:

GEORGE miles maskos
Print Name

President / owner
Title

786-663-7650
Telephone No.


Signature

12-31-03
Date

305-770-3499
Fax No.

Address:

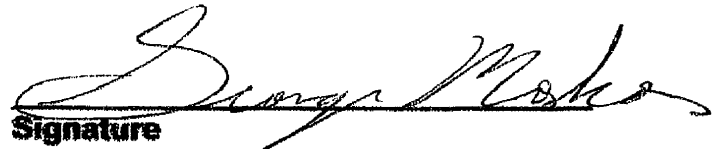
1220 N.E. 211th St
N. Miami FL 33179

****APPLICANT ACKNOWLEDGMENT****

Applicant: miles Unlimited Inc,
GEORGE miles maskos

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

GEORGE miles maskos
Print Name


Signature

President / owner
Title

12-31-03
Date

786-663-7650
Telephone No.

305-770-3499
Fax No.

Address:
1220 N.E. 211th st
N. miami FL 33179

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.