

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

DEPOSIT TREAS. REC. DATE

1. LEGAL NAME OF THE APPLICANT D382 10000000 OCT 04 '96

Franklin O. Erazo

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS 961199-TC

Erazo TelCOMM Inc.

3. ADDRESS OF THE APPLICANT(S)

STREET 19265 N.W. 52 PL.

CITY Miami

STATE & ZIP Florida 33055

4. TYPE OF ORGANIZATION (CHECK ONE)

A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER:
OWN NAME.

DOCUMENTATION: No other documentation needed.

B. PARTNERSHIP:

DOCUMENTATION: Attach a copy of the partnership agreement, and a list with the name and address of all partners.

C. CORPORATION:

DOCUMENTATION: Attach proof that articles of incorporation have been filed with the Florida Secretary of State's Office. If incorporated outside of Florida, attach proof from the Florida Secretary of State that applicant has authority to operate in Florida and provide name and address of Florida Registered Agent.

NAME _____

ADDRESS _____

D. DOING BUSINESS UNDER A FICTITIOUS NAME:

DOCUMENTATION: Attach proof that fictitious name has been registered with the Florida Secretary of States Office.

5. PROVIDE NAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUAL WHO IS RESPONSIBLE FOR COMMISSION CONTACTS:

NAME: Franklin D. Erazo
TITLE: Owner (President)
PHONE: (305) 626-9890

6. HAS APPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ETC., OR IN THE CASE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE APPLICANT EVER BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE STATE OF FLORIDA? THIS INCLUDES ACTIVE AND CANCELLED PAY TELEPHONE CERTIFICATES.

NO

7. IF THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST THE CERTIFICATE HOLDER AND CERTIFICATE NUMBER.

8. 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.

Florida

C. HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVIDER. EXPLAIN CIRCUMSTANCES.

D. HAS HAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS OF TELECOMMUNICATIONS STATUTES. EXPLAIN CIRCUMSTANCES.

9. PLEASE INDICATE IF ANY OFFICERS OF THE CORPORATION, PARTNERSHIP OR INDIVIDUAL APPLICANT HAVE BEEN ADJUDGED BANKRUPT, MENTALLY INCOMPETANT, OR FOUND GUILTY OF ANY FELONY OR OF ANY CRIME, OR WHETHER SUCH ACTIONS MAY RESULT FROM PENDING PROCEEDINGS.

10. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

LOCAL
LONG DISTANCE
COIN
CALLING CARD
CREDIT CARD
OTHER, DESCRIBE

[]
[]
[]
[]
[]
[]

11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 50 Pay Phones.

12. HOW DOES THE APPLICANT INTEND TO SERVICE AND MAINTAIN EACH PAYPHONE?

PERSONALLY
FULL-TIME TECHNICIAN
PART-TIME TECHNICIAN
SERVICE/REPAIR/MAINTENANCE CONTRACT
OTHER, DESCRIBE

[]
[]
[]
[]
[]

13. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA 10XXX+0, 950-XXXX, AND 1-800? (See Rule 25-24.515(6), F.A.C.)

yes

14. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL CONFORM TO SUBSECTIONS 4.29.2 - 4.29.4 and 4.29.7 - 4.29.8 OF THE AMERICAN NATIONAL STANDARDS SPECIFICATIONS FOR MAKING BUILDINGS AND FACILITIES ACCESSIBLE AND USABLE BY PHYSICALLY HANDICAPPED PEOPLE (ATTACHMENT F)? (See Rule 25-24.515(14), F.A.C.)

yes

I, THE UNDERSIGNED OWNER OR OFFICER OF THE ABOVE NAMED ENTITY, HAVE READ THE FOREGOING AND DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION IS A TRUE AND CORRECT STATEMENT. I AM AWARE THAT PURSUANT TO s. 837.06, FLORIDA STATUTE, 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. I WILL COMPLY WITH ALL CURRENT AND FUTURE COMMISSION REQUIREMENTS REGARDING THE PAY TELEPHONE SERVICE. I UNDERSTAND THAT A NON-REFUNDABLE APPLICATION FEE OF \$100 MUST ACCOMPANY THE APPLICATION. ALSO, I UNDERSTAND THAT I AM REQUIRED TO PAY A REGULATORY ASSESSMENT FEE (MINIMUM \$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 ABOVE WITHIN TEN (10) DAYS OF THE CHANGE.


(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE:

10-1-96

APPLICANT ACKNOWLEDGEMENT CARD

Applicant Franklin O. Erazo

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

Signature Franklin O. Erazo

Title Owner (President)

Date 10-1-96

THIS 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.

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Franklin O. Erazo

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NAME _____

ADDRESS _____

FRANKLIN O. ERAZO
19265 NW, 52 PLACE
MIAMI, FL 33055

91-95541
2680
7102525470

1209

been registered with

DATE 10-1-96

PAY TO THE ORDER OF Florida Public Service Com. \$ 100.00
One hundred dollars DOLLARS

CITIBANK®
CITIBANK, F.S.B. #1
1790 BISCAYNE BLVD
MIAMI, FL 33132
1-800-274-6709

MEMO Fla. Pay Phone P.P.S. Franklin O. Erazo

Miami, Fl 10-01-96.

TO: Whom it may concern.
FROM: Erazo Telcomm Inc.

961199-TC

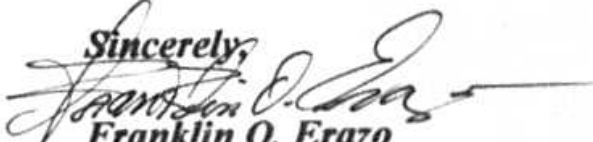
Please find enclosed a check # 1209 for the amount of \$100.00, to cover application fees and two sets of copies as requested by the commission.

Please, take a note that Erazo Telcomm Inc. did not send any documentation or proof of the corporation at this time. I recently apply for it.

Erazo Telcomm Inc. will submit all documents necessary to the commission as soon as I receive them.

Please do not hesitate to contact me at any time.

Sincerely,



**Franklin O. Erazo
(305) 626-9890**

RECEIVED
FLORIDA ELECTRIC
SERVICE COMMISSION
96 OCT -4 AM 7:59
MAIL ROOM

Speed Letter.

To FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
TALLAHASSEE, FLORIDA 32314

From O.P. [REDACTED] AND ASSOCIATES
LON COLAMATTEO
2751 NE 5TH STREET
POMPANO BEACH, FLORIDA 33062
954-941-2720

Subject ARTICLES OF INCORPORATION

MESSAGE

ENCLOSED IS OUR CHECK # 1924 IN THE AMOUNT OF 122.50 DATED
SEPTEMBER 30 1996, FOR FILING FEE'S AND CERTIFIED COPY.

THANK YOU

Lon Colamatteo

LON COLAMATTEO

Date 9/30/96 Signed _____

REPLY

Date _____ Signed _____

Wilson Jones
10000
Contractors

SENDER—DETACH AND RETAIN YELLOW COPY. SEND WHITE AND PINK COPIES

Note:

This is a copy of the
Articles of Incorporation sent to
Tallahassee.

Thank you.