

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

DEPOSIT TREAS. REC. DATE

1. LEGAL NAME OF THE APPLICANT

LECH BRZOSTOWSKI

D472

MAR 03 '97

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

LECH BRZOSTOWSKI

3. ADDRESS OF THE APPLICANT(S)

STREET

13971 SW 72 TERRACE

CITY

MIAMI

STATE & ZIP

FL. 33183

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: LECH BRZOSTOWSKI

TITLE: OWNER

PHONE: (305) 380-7052

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

NONE

B. HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPHONE PROVIDER.

NONE

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

NONE

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



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

YES

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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

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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.

*Lech Brodzinski*

\_\_\_\_\_  
(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE:

02-26-97

APPLICANT ACKNOWLEDGEMENT CARD

Applicant LECH BRZOSTOWSKI

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

Signature Lech Brzostowski

Title OWNER

Date 02-26-97

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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970246-TC

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NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

THIS DOCUMENT CONTAINS AN ERASABLE REWINDING PAGE. ATTEMPTED ALTERATIONS WILL APPEAR WHITE.



PAY THE SUM OF NOT GOOD OVER \$500.

15-923008553

PAY ONLY 1000

ONE HUNDRED DOLLARS 00 CENTS

STORER 8320 AGENT 374821

Issued by Florida Public Service Commission Wally Hansen  
LECH BRZOSTOWSKI, 13971 SW 72 TERRACE, MIAMI, FL 33183  
 American Express Travel Related Services Company, Inc. Florida & Maryland Bank, Tampa, Florida - Downtown, FL. Grand Junction, Colorado

been registered with

DOCUMENT NUMBER-DATE  
 02259 MAR-36  
 FPSC-RECORDS/REPORTING