FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1.	LEGAL NAME OF THE APPLICANT	Descent	DATE			
	JOSE I. ZARRAGA	D4920	MAR 3 1 1997			
2.	MANE UNDER WHICH THE APPLICANT WILL DO BUSINESS					
	JOSE I ZARRAGA JR.	97 0371	· <i>p</i>			
3.	ADDRESS OF THE APPLICANT(S)					
	STREET 13987 S. W. SOTH TEPR.					
	CITY MIAM, Fl.					
	STATE & ZIP Florzion 33175					
4.	TYPE OF ORGANIZATION (CHECK ONE)					
	A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER: OWN NAME.	19				
	DOCUMENTATION: No other documentation needed.					
	B. PARTMERSHIP:	[]				
	DOCUMENTATION: Attach a copy of the partnersh with the name and address of all partners.	ip agreement,	and a list			
	C. CORPORATION:	11				
	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.					
	ADDRESS					
	SEE LETTER A					
	D. DOING BUSINESS UNDER A FICTITIOUS NAME:	[]				
	DOCUMENTATION: Attach proof that fictitious name the Florida Secretary of States Office.	has been regis	tered with			

FORM PSC/CMU 32 (R3-95) PAGE 2 OF 6 REGULDED BY CORRESSION NULE NO. 25-24.511

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PRO	WIDE NAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUAL WHO IS PONSIBLE FOR COMMISSION CONTACTS:				
NA	E: JOSE ZARRAGA				
TIT	LE: INDEPENDINAT PHINNE OWNER				
PHO	ME: (305) 552 - 7226				
THE	APPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ETC., OR IN CASE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE APPLICANT R BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE STATE OF RIDA? THIS INCLUDES ACTIVE AND CANCELLED PAY TELEPHONE CERTIFICATES. NO, I OUN'T KNOW OR HAVE ANY ENFORMATIONS.				
IF CER	THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST THE				
I	I DON'T KNOW ANY BODY WHO IS A				
_e	ERTIFICATE HULDER				
LIS	T THE STATES IN WHICH THE APPLICANT:				
A.	IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE				
	I DON'T KNOW OF HAVE ANY INFORMATION				
В.	HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPHONE PROVIDER.				
	I DUN'T KNOW OF HAVE ANY ENFORMATION				
c.	HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVIDER. EXPLAIN CIRCUMSTANCES.				
	I DUN'T KNOW OR HAVE ANY ENFORMATION				

	HAS HAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS O TELECOMMUNICATIONS STATUTES. EXPLAIN CIRCUMSTANCES. I DUN'T KNOW OR HAVE ANY INFORMATION
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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 AMARE THAT PURSUANT TO S. B37.06, 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 AM 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.

(SIMULATURE OF OWNER/CHIEF OF FICER OF APPLICANT)

DATE: 3/27/97

APPLICANT ACKNOWLEDGEMENT CARD

Applicant _	JOSE I ZARRAGA	<u>n in the same</u>
Service Com of Pay Tele	dge receipt and understanding of the mission's Rules and Requirements relating phone Service.	ig to my provision
Signature _	DEPENDENT PHYPHUNE	
		WNER
Date3	רפורגןי	

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.

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS JOSE I ZARRAGA JR. 3. ADDRESS OF THE APPLICANT (S) STREET 13987 S. W. SOUL TERR. CITY MIAML, FL. STATE & ZIP FLOTZIDA 33175 4. TYPE OF ORGANIZATION (CHECK ONE) A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER: 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 SEE LETTER A INSELZARRAGA IR. (IRISHNISSS ACCOUNT) PROOF OF THE PROOF THAT AND ADDRESS SEE LETTER A INSELZARRAGA IR. (IRISHNISSS ACCOUNT) PROOF OF THE PROOF THAT AND ADDRESS SEE LETTER A INSELZARRAGA IR. (IRISHNISSS ACCOUNT) PROOF OF THE PROOF THAT AND ADDRESS SEE LETTER A INSELZARRAGA IR. (IRISHNISSS ACCOUNT) PROOF OF THE PROOF THAT AND ADDRESS SEE LETTER A INSELZARRAGA IR. (IRISHNISSS ACCOUNT) PROOF OF THE PROOF THAT AND ADDRESS SEE LETTER A INSELZARRAGA IR. (IRISHNISS ACCOUNT) PROOF OF THE PROOF THAT AND ADDRESS SERVICE CONTRIBUTION AND ADDRESS SPANSON MANDE THE PROOF THAT AND ADDRESS THAT AND ADDRESS SPANSON MANDE THE PROOF THAT AND ADDRESS THAT ADDRESS THAT AND ADDRESS THAT ADDRESS THAT ADDRESS THAT ADDRESS THAT ADDRESS THAT ADDRESS THAT ADDRE		1.	LEGAL NAME OF THE APPLICANT	UEPUSIT	DAIE
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