



# Creative Engineering Concepts, Inc.

6359 Cocoa Lane  
Apollo Beach, Florida 33572  
813-645-7662 Facsimile 813-645-0370

ORIGINAL  
FILE COPY

970640-TC

May 26, 1997

Brenda Hawkins, Regulatory Analyst  
STATE OF FLORIDA  
Public Service Commission  
Capital Circle Office Center  
2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850

DEPOSIT DATE 97  
D583 PM MAY 29 1997

RECEIVED  
FLORIDA PUBLIC  
SERVICE COMMISSION  
MAIL ROOM  
MAY 29 AM 9:19

Re: CELLULAR WORLD, INC. FTS073, CERTIFICATE # 3729,  
ORDER # PSC-94-0352-FOF-TC, DOCKET # 940182-TC,  
CHANGE OF NAME, ECS, ENHANCED CELLULAR SERVICES, NETWORK, USA.

Dear Brenda:

As per our telephone conversation, enclosed is the new application for the new named corporation, and the check for the \$100.00 PUC application fee.

I am still the regulatory contact for the new named company.

You were keeping the copy of the Secretary of States certificate of good standing for the new name of the company.

Please start the process for the Pay Telephone Certificate.

Sincerely yours,

Leon Paul Kass

enc.

Via US Mail

Tampa Facility:  
6604 Hamey Road, Suite E., Tampa, Florida 33610  
Phone 813-620-4270 Facsimile 813-620-4285

DOCUMENT NUMBER-DATE  
05383 MAY 29 97  
PSC-RECORDS/REPORTING

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

970640-TC

1. LEGAL NAME OF THE APPLICANT

ECS Enhanced Cellular Systems Network, USA

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

ECS Enhanced Cellular Systems Network, USA

3. ADDRESS OF THE APPLICANT(S)

STREET 13015 S.W. 89th Place, Suite 211

CITY Miami

STATE & ZIP Florida 33176

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 ECS ENHANCED CELLULAR SYSTEMS INC.

ADDRESS 12910 S.W. 89 COURT

MIAMI FLORIDA

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: Leon Paul Kass @ Creative Engineering Concepts, Inc.

TITLE: Consultant

PHONE: 813-645-7662, Tampa 813-620-4270

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.

Yes

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

ECS Enhanced Cellular Systems Network, USA purchased the assets of Cellular World, Inc. when Mr. Seiderman retired. Certificate # 3729, Order PSC-94-0352-FOF-TC, Docket # 940182-TC

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

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

None

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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.

None

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10. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

LOCAL	[ XX ]
LONG DISTANCE	[ XX ]
COIN	[ ]
CALLING CARD	[ XX ]
CREDIT CARD	[ XX ]
OTHER, DESCRIBE	[ XX ] Cellular origination, prepay card

11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: Florida only 20.

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

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

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13. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA IOXXX+0, 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.)

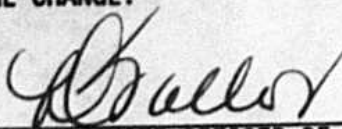
Yes

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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.



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

DATE: \_\_\_\_\_

*May 12 1997*

APPLICANT ACKNOWLEDGEMENT CARD

Applicant ECS Enhanced Cellular Systems Network, USA

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

Signature *[Handwritten Signature]*

Title President

Date May 12 197

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.