

DEPOSIT

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JUL 21 1998

ATTACHMENT B

# FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT \_\_\_\_\_

Javier Pelletier

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS \_\_\_\_\_

Florida Billsouth Telephone Co. Corp

3. ADDRESS OF THE APPLICANT(S)

STREET 12791 S.W. 8th Terrace

CITY Miami

STATE & ZIP CODE FL - 33184

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 \_\_\_\_\_

\_\_\_\_\_

# FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

D. DOING BUSINESS UNDER A FICTITIOUS NAME: ( )

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

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

NAME: JAVIER PELLETIER

TITLE: President

PHONE: 305-207-1687

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 CANCELED 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.

\_\_\_\_\_

# FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

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

- Yes -

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, EXPLAIN CIRCUMSTANCES.

- No -

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

- No -

# FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

10. PLEASE CHECK  THE SERVICES THAT WILL BE PROVIDED:

- |                 |                                     |
|-----------------|-------------------------------------|
| LOCAL           | <input checked="" type="checkbox"/> |
| LONG DISTANCE   | <input checked="" type="checkbox"/> |
| COIN            | <input checked="" type="checkbox"/> |
| CALLING CARD    | <input checked="" type="checkbox"/> |
| CREDIT CARD     | <input type="checkbox"/>            |
| OTHER, DESCRIBE | <input type="checkbox"/> _____      |
- 

11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 100

or more.

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

- |                                     |                                     |
|-------------------------------------|-------------------------------------|
| PERSONALLY                          | <input checked="" type="checkbox"/> |
| FULL-TIME TECHNICIAN                | <input checked="" type="checkbox"/> |
| PART-TIME TECHNICIAN                | <input type="checkbox"/>            |
| SERVICE/REPAIR/MAINTENANCE CONTRACT | <input type="checkbox"/>            |
| OTHER DESCRIBE                      | <input type="checkbox"/>            |
- 
- 
- 

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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# FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

14. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL CONFORM TO SUBSECTIONS 4.29.2 - 4.29.4 and - 4.29.8 OF THE AMERICAN NATIONAL STANDARD SPECIFICATIONS FOR MAKING BUILDINGS AND FACILITIES ACCESSIBLE AND USABLE BY PHYSICALLY HANDICAPPED PEOPLE (ATTACHMENT F ANSI STANDARDS) (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: 07-06-98

APPLICANT ACKNOWLEDGMENT

Applicant Javier Pelletier

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

Signature: Javier Pelletier

Title: President

Date: 07-06-98

**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 DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

June 29, 1998

LAZARUS

MIAMI, FL

The Articles of Incorporation for FLORIDA BILLSOUTH TELEPHONE COMPANY were filed on June 29, 1998 and assigned document number P98000057783. Please refer to this number whenever corresponding with this office regarding the above corporation. The certification you requested is enclosed.

PLEASE NOTE: COMPLIANCE WITH THE FOLLOWING PROCEDURES IS ESSENTIAL TO MAINTAINING YOUR CORPORATE STATUS. FAILURE TO DO SO MAY RESULT IN DISSOLUTION OF YOUR CORPORATION.

**A CORPORATION ANNUAL REPORT MUST BE FILED WITH THIS OFFICE BETWEEN JANUARY 1 AND MAY 1 OF EACH YEAR BEGINNING WITH THE CALENDAR YEAR FOLLOWING THE YEAR OF THE FILING DATE NOTED ABOVE AND EACH YEAR THEREAFTER. FAILURE TO FILE THE ANNUAL REPORT ON TIME MAY RESULT IN ADMINISTRATIVE DISSOLUTION OF YOUR CORPORATION.**

**A FEDERAL EMPLOYER IDENTIFICATION (FEI) NUMBER MUST BE SHOWN ON THE ANNUAL REPORT FORM PRIOR TO ITS FILING WITH THIS OFFICE. CONTACT THE INTERNAL REVENUE SERVICE TO RECEIVE THE FEI NUMBER IN TIME TO FILE THE ANNUAL REPORT AT 1-800-829-3676 AND REQUEST FORM SS-4.**

**SHOULD YOUR CORPORATE MAILING ADDRESS CHANGE, YOU MUST NOTIFY THIS OFFICE IN WRITING, TO INSURE IMPORTANT MAILINGS SUCH AS THE ANNUAL REPORT NOTICES REACH YOU.**

Should you have any questions regarding corporations, please contact this office at the address given below.

Loria Poole, Corporate Specialist  
New Filings Section

Letter Number: 298A00035331

# State of Florida



Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation of FLORIDA BILLSOUTH TELEPHONE COMPANY, a Florida corporation, filed on June 29, 1998, as shown by the records of this office.

The document number of this corporation is P98000057783.

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capitol, this the  
Twenty-ninth day of June, 1998



CR2EO22 (2-95)

*Sandra B. Northam*

Sandra B. Northam  
Secretary of State

3:00 pm

7-1-98

EIN 65-0846707

OMB No. 1545-0003

Form **SS-4**

**Application for Employer Identification Number**

(Rev. December 1995)  
Department of the Treasury  
Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches,  
government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.)  
JAVIER Pelletier

2 Trade name of business (if different from name on line 1)  
FLORIDA Billsouth telephone.com

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)  
P.O. BOX 650577

5a Business address (if different from address on lines 4a and 4b)  
12910 SW 9 ST

4b City, state, and ZIP code  
MIAMI FL 33265-0577

5b City, state, and ZIP code  
MIAMI FL 33184

6 County and state where principal business is located  
U.S.A FLORIDA

7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) ► 266-95-8975  
JAVIER Pelletier

8a Type of entity (Check only one box.) (See instructions.)

Sole proprietor (SSN) \_\_\_\_\_

Partnership  Personal service corp.

REMIC  Limited liability co.

State/local government  National Guard

Other nonprofit organization (specify) ► \_\_\_\_\_ (enter GEN if applicable)

Other (specify) ► \_\_\_\_\_

Estate (SSN of decedent) \_\_\_\_\_

Plan administrator-SSN \_\_\_\_\_

Other corporation (specify) ► \_\_\_\_\_

Trust  Farmers' cooperative

Federal Government/military  Church or church-controlled organization

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State FLORIDA Foreign country \_\_\_\_\_

9 Reason for applying (Check only one box.)

Started new business (specify) ► \_\_\_\_\_

Banking purpose (specify) ► \_\_\_\_\_

Changed type of organization (specify) ► \_\_\_\_\_

Purchased going business

Created a trust (specify) ► \_\_\_\_\_

Other (specify) ► \_\_\_\_\_

Hired employees

Created a pension plan (specify type) ► \_\_\_\_\_

10 Date business started or acquired (Mo., day, year) (See instructions.)  
7-1-98

11 Closing month of accounting year (See instructions.)  
December 31

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) \_\_\_\_\_

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.)

Nonagricultural 5 Agricultural \_\_\_\_\_ Household \_\_\_\_\_

14 Principal activity (See instructions.) ► Telephone COM

15 Is the principal business activity manufacturing?  Yes  No

If "Yes," principal product and raw material used ► \_\_\_\_\_

16 To whom are most of the products or services sold? Please check the appropriate box.

Public (retail)  Other (specify) ► \_\_\_\_\_  Business (wholesale)  N/A

17a Has the applicant ever applied for an identification number for this or any other business?  Yes  No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ► \_\_\_\_\_ Trade name ► \_\_\_\_\_

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (Mo., day, year) \_\_\_\_\_ City and state where filed \_\_\_\_\_ Previous EIN \_\_\_\_\_

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ► JAVIER Pelletier President

Business telephone number (include area code) 305) 554 5008

Fax telephone number (include area code) 305) 554 5005

Signature ► Jav Pelletier Date ► 7-1-98

Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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DEPOSIT  
D 814

DATE  
JUL 21 1998

ATTACHMENT B

# FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

990918-TC

1. LEGAL NAME OF THE APPLICANT Javier Pelletier

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS FLORIDA BILLSOUTH TELEPHONE C. CORP

3. ADDRESS OF THE APPLICANT(S)  
STREET 12791 S.W. 8th Terrace  
CITY Miami  
STATE & ZIP CODE FL - 33184

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.

<b>UNITED STATES POSTAL MONEY ORDER</b>			
69082990110		980717 33184 *100*00	
SERIAL NUMBER	YEAR, MONTH, DAY	POST OFFICE	U.S. DOLLARS AND CENTS
PAY TO <u>FL. Public Service Comm</u>		CHECK WRITER <u>JAVIER PELLETIER</u>	
ADDRESS <u>2540 SHUMARD OAK</u>		FROM <u>JAVIER PELLETIER</u>	
<u>BOOTH WARD CAPITAL CIRCLE OFFICE CENTER</u>		ADDRESS <u>JAVIER PELLETIER</u>	
CITY, STATE, OR ZIP CODE <u>Tallahassee FL 32399-0850</u>		ADDRESS <u>JAVIER PELLETIER</u>	
NEGOTIABLE ONLY IN THE U.S. AND POSSESSIONS			

STATE OF FLORIDA

Commissioners:  
JULIA L. JOHNSON, CHAIRMAN  
J. TERRY DEASON  
SUSAN F. CLARK  
JOE GARCIA  
E. LEON JACOBS, JR.



DIVISION OF RECORDS & REPORTING  
BLANCA S. BAYÓ  
DIRECTOR  
(850) 413-6770

## Public Service Commission

July 22, 1998

Javier Pelletier, President  
Florida Billsouth Telephone Company  
12791 Southwest 8th Terrace  
Miami, Florida 33184

Re: Docket No. 980918-TC

Dear Mr. Pelletier:

This will acknowledge receipt of an application for certificate to provide pay telephone service by Florida Billsouth Telephone Company, which was filed with this office on July 21, 1998 and assigned the above-referenced docket number. Appropriate staff members will be advised.

Mediation may be available to resolve any dispute in this docket. If mediation is conducted, it does not affect a substantially interested person's right to an administrative hearing. For more information, contact the Office of General Counsel at (850) 413-6078 or FAX (850) 413-6079.

Please make notes as well that Commission Rule 25-22.005(7), F.A.C., requires certificated companies to notify the Commission of any changes in name, telephone, address, or contact person. Should your application be granted by the Commission, you will be expected to comply with this rule by advising us of any changes as they occur.

Division of Records and Reporting  
Florida Public Service Commission



# Public Service Commission

State of Florida

## -M-E-M-O-R-A-N-D-U-M-

**DATE:** March 11, 1999  
**TO:** Blanca Bayó, Director, Records and Reporting  
**FROM:** Joy Kelly, Chief, Bureau of Reporting  
**RE:** DOCKET NOS. 980918-TC PREHEARING CONFERENCE HELD 3-5-99

**RE:** APPLICATION FOR CERTIFICATE TO PROVIDE PAY TELEPHONE SERVICE BY FLORIDA BILLSOUTH TELEPHONE COMPANY.

DOCUMENT NO. 03082, 3-10-99

The transcript for the above transcribed hearing has been completed and is forwarded for placement in the docket file, including attachments.

Please note that Staff distribution of this transcript was made to:

LEGAL, AFAD, CMU

Acknowledged by:

A handwritten signature in black ink, appearing to be "JK", written over a horizontal line.

JK/pc

PSC/RAR 28 (Rev7/94)

From: Kay Flynn  
To: Hong Wang, Nonnye Grant  
Subject: fwd: 980918 - Co Code TG389

====NOTE=====3/26/99=11:29am==

CC:  
Ruth Nettles, Tina Watts, Tommy  
Williams

.....  
I was able to reach Mr. Pelletier at the number provided by Tommy Williams. Because he doesn't speak English and I don't speak Spanish, I asked Ruth N. to verify his address. Rather than

12791 SW 8th Terrace  
Miami FL 33184-2242

his address is

129 71 SW 9th Street  
Miami FL 33184-2242

Please change CMS and MCD to reflect the correct address.

Thanks. Kay

Fwd=by:=Nonnye=Grant==3/26/99=12:55pm==

Fwd to: Kay Flynn  
CC:  
Hong Wang, Ruth Nettles, Tina Watts,  
Tommy Williams

.....  
Have now made the corrections in MCD. Please note that the zip code has been changed to reflect the correct one listed in the U.S. Postal Zip Code Book. The correct zip for

129 71 S.W. 9th Street, Miami  
is 33130-3511.

Also I changed the phone no. to what CMU/T. Williams had given to Kay to use. Thanks. Nonnye

*Tele. 305-207-1632*

Fwd=by:=Hong=Wang=====

Fwd to: Kay Flynn  
CC:  
Ruth Nettles, Tina Watts, Tommy  
Williams

.....  
CMS has been updated.  
-----



# Public Service Commission

State of Florida

## -M-E-M-O-R-A-N-D-U-M-

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**DATE:** March 22, 1999  
**TO:** Blanca Bayó, Director, Records and Reporting  
**FROM:** Joy Kelly, Chief, Bureau of Reporting  
**RE:** DOCKET NOS. 980918-TC, HEARING 3-17-99

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**RE: APPLICATION FOR CERTIFICATE TO PROVIDE PAY TELEPHONE SERVICE BY FLORIDA BILLSOUTH TELEPHONE COMPANY.**

DOCUMENT NO. 03655, 3-22-99

The transcript for the above transcribed hearing has been completed and is forwarded for placement in the docket file, including attachments.

Please note that Staff distribution of this transcript was made to:

LEGAL, AFAD, CMU

Acknowledged by:

  
JK/pc

PSC/RAR 28 (Rev7/94)



# Public Service Commission

State of Florida

## -M-E-M-O-R-A-N-D-U-M-

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**DATE:** December 14, 1999  
**TO:** Blanca Bayó, Director, Records and Reporting  
**FROM:** Joy Kelly, Chief, Bureau of Reporting  
**RE:** DOCKET NO. 980918-TC, HEARING HELD 11-29-99.

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**RE:** APPLICATION FOR CERTIFICATE TO PROVIDE PAY TELEPHONE SERVICE BY FLORIDA BILLSOUTH TELEPHONE COMPANY.

DOCUMENT NO. 15208, 12-13-99

The transcript for the above proceedings has been completed and is forwarded for placement in the docket file, including attachments.

Please note that Staff distribution of this transcript was made to:

LEGAL, AFAD, CMU.

Acknowledged by:

*Max*

JK/pc

PSC/RAR 28 (Rev7/94)