



September 11, 1998

DEPOSIT DATE  
D008 SEP 16 1998

1211  
50.00 RAF  
Vizje  
M

Toni J. McCoy  
Bureau of Service Evaluation  
Florida Public Service Commission  
Capital Circle Office Center  
2540 Shumard Oak Blvd.  
Tallahassee, Florida 32399-0850

981148-TC

RE: Cancellation of my Certificate No. 5421 , Application for new Certificate on the name of my company, and Positive Settled of Complaint 2247271

- ACK \_\_\_\_\_
- AFA \_\_\_\_\_
- APP \_\_\_\_\_
- CAF \_\_\_\_\_
- CMU \_\_\_\_\_
- CTR \_\_\_\_\_
- EAG \_\_\_\_\_
- LES \_\_\_\_\_
- LIR \_\_\_\_\_
- OPC 16/21
- RES Darwin Sairo
- SAS Aparicio
- WAS \_\_\_\_\_
- OTH \_\_\_\_\_

Dear M s. McCoy,

I would like to request the cancellation of my current Certificate No 5421 as soon as my application (Enclosed) for my company Tele Com Corp, is been approved . Also I have Attached \$50 check for the regulatory Assessment Fee due for my for 1998 and a \$100 check for the application fee.

n, regarding to the Complaint 2247271 with Mr Tilman has been settled down or questions, please contact me at (954) 349-3330

Sincerely,

Rick

DOCUMENT NUMBER - DATE

10104 SEP 16 98

TPSC RECORDS/REPORTING

Tele Com, Corp.  
PO BOX 29 2697  
DAVIE, FL 33329

GREAT WESTERN BANK  
A FEDERAL SAVINGS BANK  
BOCA RATON, FL 33431  
63-9126/2670

1211

9/11/98

PAY TO THE ORDER OF PUBLIC SERVICE COMMISSION \$ 50.00

Fifty and 00/100

PUBLIC SERVICE COMMISSION

DOLLARS Security features included Details on back

MEMO Regulatory Assessment Fee

DEPOSIT DATE  
D008 SEP 16 1998

1. Name of company;

TELE COM CORP.

981148-TC

2. Name under which applicant will do business (fictitious name, etc.):

3. Official mailing address (including street name & number, post office box, city, state, and zip code).

PO BOX 292697

DAVIE, FL 33329

4. Florida address (including street name & number, post office box, city, state, and zip code):

792 SAND CREEK CIRCLE

WESTON, FL 33327

5. Structure of organization;

( ) Individual (x) Corporation  
( ) General Partnership ( ) Limited Partnership  
( ) Other, \_\_\_\_\_

6. If incorporated in Florida, provide proof of authority

DOCUMENT NUMBER-DATE

10174 SEP 16 98

POST OFFICE REPORTING

7c

Tele Com, Corp.  
PO BOX 29 2697  
DAVIE, FL 33329

GREAT WESTERN BANK  
A FEDERAL SAVINGS BANK  
BOCA RATON, FL 33431  
63-9126/2670

1210

9/11/98

PAY TO THE ORDER OF PUBLIC SERVICE COMMISSION

\$ 100.00

One Hundred and 00/100\*\*\*\*\*

PUBLIC SERVICE COMMISSION

DOLLARS  
Security features  
include  
Fidelity Ink

MEMO Application Fee

Original

981148-TC

DEPOSIT DATE  
D O O R SEP 16 1998

1. Name of company;  
TELE COM CORP.
2. Name under which applicant will do business (fictitious name, etc.):
3. Official mailing address (including street name & number, post office box, city, state, and zip code).  
PO BOX 292697  
DAVIE, FL 33329
4. Florida address (including street name & number, post office box, city, state, and zip code):  
792 SAND CREEK CIRCLE  
WESTON, FL 33327
5. Structure of organization;  

<input type="checkbox"/> Individual	<input checked="" type="checkbox"/> Corporation
<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership
<input type="checkbox"/> Other, _____	
6. If incorporated in Florida, provide proof of authority to operate in Florida:  
 (a) Florida Secretary of State Corporate registration number: \_\_\_\_\_
7. If using fictitious name-d/b/a, provide proof of compliance with the fictitious name statute (Chapter 865.09 FS) to operate in Florida:  
 (a) Florida Fictitious Name registration number: \_\_\_\_\_
8. FEID Number (if applicable): 65-0769982

9. If individual, provide;

Name : \_\_\_\_\_

Title : \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

10. If applicant is a partnership, provide name, title and address of all partners and a copy of the partnership agreement.

a. Name : \_\_\_\_\_

Title : \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

b. Name : \_\_\_\_\_

Title : \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

11. Who will serve as liaison to the Commission with regard to the following?

(a) The application:

Name : DARWIN JAIRO APARICIO  
Title : PRESIDENT  
Address: PO BOX 29 2697  
City/State/Zip: DAVIE, FL 33329  
Telephone No.: 954-349-3330 Fax No.: 954-349-7367  
Internet E-Mail Address: telecom-corp@usa.net  
Internet Website Address: \_\_\_\_\_

(b) Official Point of Contact for the ongoing operations of the company:

Name : DARWIN JAIRO APARICIO  
Title : PRESIDENT  
Address: PO BOX 292697  
City/State/Zip: DAVIE, FL 33329  
Telephone No.: 954-349-3330 Fax No.: 954-349-7367  
Internet E-Mail Address: telecom-corp@usa.net  
Internet Website Address: \_\_\_\_\_

(c) Complaints/Inquiries from customers:

Name : DARWIN JAIRO APARICIO  
Title : PRESIDENT  
Address: PO BOX 292697  
City/State/Zip: DAVIE, FL 33329  
Telephone No.: 954-349-3330 Fax No.: 954-349-7367  
Internet E-Mail Address: telecom-corp@usa.net  
Internet Website Address: \_\_\_\_\_

12. Indicate if applicant or any subsidiary, partner, officers, director, or any stockholder has been previously adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. If so, provide explanation.

NO

---

---

---

---

13. Has the applicant or any subsidiary, partner, officer, director, or any stockholder ever been granted or denied a pay telephone certificate in the State of Florida? (This includes active and canceled pay telephone certificates.) If yes, provide explanation and list the certificate holder and certificate number.

NO

---

---

---

---

14. Is the applicant or any subsidiary, partner, officer, director, or any stockholder a subsidiary, partner, officer in any other Florida certificated pay telephone company? If yes, give name of company and relationship. If no longer associated with company, give reason why not.

NO

---

---

---

---

15. 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:

NO

---

---

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, rules, or orders. Explain circumstances:

NO

---

---

---

---

16. 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 checked="" type="checkbox"/>
OTHER (Describe)	<input type="checkbox"/>

---

---

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 50

18. How does the applicant intend to service and maintain each payphone (✓) (check all that apply)

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"/>

---

---

---

---

19. Will each of the pay telephones to be installed provide access to all locally available long distance carriers v/a 10XXX+0, 1010XXX, 950-XXXX, and 1-800? (See Rule 25-24.515(6), F.A.C.)     Yes    ( ) No

Explain: \_\_\_\_\_

---

---

---

---

20. Will each of the pay telephones to be installed 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    ( ) No



**\*\* APPENDIX A \*\***

**AFFIDAVIT**

By my signature below, I, the undersigned owner/officer, have read the foregoing and declare that, to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable Commission rules and orders.

I will comply with all current and future Commission requirements regarding pay telephone service. I understand that I am required to pay a regulatory assessment fee (minimum of \$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 in the application within 10 days of the change.

Further, I am aware that, pursuant to Chapter 837.06, Florida Statutes, "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, punishable as provided in s. 775.082 and s. 775.083."

**UTILITY OFFICIAL:**

Signature: DARWIN APARICIO

Date: 9-9-98

Printed Name: DARWIN JAIRO APARICIO

Title: PRESIDENT

Address: PO BOX 29 2697

954-349-7367

DAVIE, FL 33329

**Fax No.**

**\*\* APPENDIX B \*\***

**APPLICANT ACKNOWLEDGMENT**

Applicant: TELE CON CORP.

---

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

Signature: DARWIN APARICIO Date: 9-9-98

Printed Name: DARWIN JAIRO APARICIO

Title: PRESIDENT

Address: PO BOX 29 2197 Tel. No. 954-349-3330  
DAVIE, FL 33329 Fax No. 954-349-7367

---

**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.**

**\*\* APPLICANT ACKNOWLEDGMENT STATEMENT \*\***

1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of .15 of one percent of the gross operating revenue derived from intrastate business. Regardless of the gross operating revenue of a company, a minimum annual assessment fee of \$50 is required.
2. **GROSS RECEIPTS TAX:** I understand that all telephone companies must pay a gross receipts tax of two and one-half percent on all intra and interstate business.
3. **SALES TAX:** I understand that a seven percent sales tax must be paid on intra and interstate revenues.
4. **APPLICATION FEE:** I understand that a non-refundable application fee of \$100.00 must be submitted with the application.

**UTILITY OFFICIAL:**

	<u>DARWIN APARICIO</u>	<u>9-9-98</u>
	Signature	Date
	<u>DARWIN JAIRO APARICIO</u>	<u>954-349-3330</u>
	Title	Telephone No.
Address:	<u>PO BOX 29 2697</u>	<u>954-349-7367</u>
	<u>DAVIE, FL 33329</u>	Fax No.
	_____	

**ATTACHMENTS:**

- A - Affidavit
- B - Applicant Acknowledgment