

DEPOSIT

DATE

D0170

OCT 07 1998

981264-TC

1. Name of company:

F. M. I. Enterprises, Inc

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

Same as above

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

6780 N.W. 169th. Street

Miami, Florida 33015

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

Same as above

5. Structure of organization;

- Individual
- Corporation
- General Partnership
- Limited Partnership
- Other, \_\_\_\_\_

6. If incorporated in Florida, provide proof of authority to operate in Florida:

(a) Florida Secretary of State Corporate registration number: P98000050676

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): 65-0846290

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9. If individual, provide; N/A

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. N/A

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 : Lourdes Quintana

Title : Sec-Treas./Resident Agent

Address: 6780 N.W. 169th Street

City/State/Zip: Miami, Fla. 33015

Telephone No.: 305 823 3382 Fax No.: 305 823 3296

Internet E-Mail Address: None

Internet Website Address: None

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

Name : Lourdes Quintana

Title : Sec-Treas.

Address: 6780 N.W. 169th Street

City/State/Zip: Miami, Fla 33015

Telephone No.: 305 823 3382 Fax No.: 305 823 3296

Internet E-Mail Address: None

Internet Website Address: None

(c) Complaints/Inquiries from customers:

Name : Lourdes Quintana

Title : Sec-Treas.

Address: 6780 N.W. 169th Street

City/State/Zip: Miami, Fla. 33015

Telephone No.: 305 823 3382 Fax No.: 305 823 3296

Internet E-Mail Address: None

Internet Website Address: None

**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**

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**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**

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**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**

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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:

None  
\_\_\_\_\_  
\_\_\_\_\_

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, 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 type="checkbox"/>
CREDIT CARD	<input type="checkbox"/>
OTHER (Describe)	<input type="checkbox"/> _____
	_____
	_____

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 2 (TWO)

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

- PERSONALLY
- FULL-TIME TECHNICIAN
- PART-TIME TECHNICIAN
- SERVICE/REPAIR/MAINTENANCE CONTRACT
- OTHER (Describe)

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

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

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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

**\*\* 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:**

  
Signature

9-29-98  
Date

Sec. Treas.  
Title

305 823 3382  
Telephone No.

Address: 6780 N.W. 169th Street  
Miami, Fla 33015

305 823 3296  
Fax No.

**ATTACHMENTS:**

- A - Affidavit
- B - Applicant Acknowledgment

**\*\* 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: *Lourdes Quintana*

Date: 9-29-98

Printed Name: Lourdes Quintana

Title: Secretary-Treasurer

Address: 6780 N.W. 169th Street

305 823 3296

Fax No.

Miami, Fla 33015



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

**APPLICANT ACKNOWLEDGMENT**

Applicant: ENL Enterprises, Inc.

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

Signature: Nivaldo Quintana Date: 9/9/91

Printed Name: Nivaldo Quintana

Title: President

Address: 6780 N.W. 169th. Street Tel. No. 305 823 3382

Miami, Fla 33015 Fax No. 305 823 3296

**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.**

481264-TC

DEPOSIT DATE  
D017# OCT 07 1998

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 Other, \_\_\_\_\_
6. If incorporated in Florida, provide proof of authority to operate in Florida:  
 (a) Florida Secretary of State Corporate

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Security enhanced document. See back for details.

**FNL ENTERPRISES, INC.**  
**DBA NICK'S EXXON AUTO SERVICE**  
6780 N.W. 169TH ST.  
MIAMI, FL 33015

264

DATE 9-29-98 62-108670 12

PAY TO THE ORDER OF Florida Public Service Commission \$ 100.00

One hundred <sup>00</sup>/<sub>100</sub> DOLLARS

**R** READY STATE BANK  
14301 NW 67th Avenue, Miami, FL 33014

DOCUMENT NUMBER-DATE  
10975 OCT-68 Randa Quintana

FOR Certification