

DEPOSIT

DATE

D116

MAR 31 1999

990412-TC

1. Name of company or name of individual (not fictitious name or d/b/a):

Tripple "A" Communications

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

Alvin C. Lopez

3. Official mailing address:

Street: 2411 Nassau Drive

P.O. Box: _____

City: Miramar

State: FL Zip: 33023

4. Florida address:

Street: 2411 Nassau Drive

P.O. Box: _____

City: Miramar

State: FL Zip: 33023

5. Structure of organization:

- Individual
- Corporation
- General Partnership
- Limited Partnership
- Other: _____

DOCUMENT NUMBER - DATE

04154 MAR 31 99

FPSC-RECORDS/REPORTING

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

Florida Secretary of State
Corporate Registration Number: _____

1. Name of company or name of individual (not fictitious name or d/b/a):

Sharminee Lopez

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

Sharminee Lopez

3. Official mailing address:

Street: 2411 Nassau Drive

P.O. Box:

City: Miramar

State: FL Zip: 33023

4. Florida address:

Street: 2411 Nassau Drive

P.O. Box:

City: Miramar

State: FL Zip: 33023

5. Structure of organization:

Individual

Corporation

General Partnership

Limited Partnership

Other:

6. IF Incorporated in Florida, provide proof of authority to operate in Florida:

Florida Secretary of State

Corporate Registration Number:

****ACKNOWLEDGMENT****

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, pay applicable sales tax, and pay gross receipts tax. Furthermore, I agree to keep the Commission advised of any changes in the names and 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:

Alvin C. Lopez
Print Name

Alvin Lopez
Signature

President
Title

3/16/99
Date

(954) 962-7099
Telephone No.

N/A
Fax No.

Address: 2411 Nassau Drive
Miami, FL 33023

STATE OF FLORIDA

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



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

Public Service Commission

April 5, 1999

Alvin C. Lopez, President
2411 Nassau Drive
Miramar, Florida 33023

Re: Docket No. 990412-TC

Dear Mr. Lopez:

This will acknowledge receipt of an application for certificate to provide pay telephone service by Alvin C. Lopez, which was filed with this office on March 31, 1999 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

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D116

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MAR 31 1999

990412-TC

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Tripple "A" Communications

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Alvin C. Lopez

3. Official mailing address:

Street: 2411 Nassau Drive

P.O. Box: _____

City: Miramar

State: FL Zip: 33023

4. Florida address:

Street: 2411 Nassau Drive

P.O. Box: _____

City: Miramar

State: FL Zip: 33023

5. Structure of organization:

Individual

Corporation

General Partnership

Limited Partnership

Other: _____

DOCUMENT NUMBER-DATE

01154-MAR31-99

FPSC-RECORDS/REPORTING

6. If Incorporated In Florida, provide proof of authority to operate in Florida.

Florida Secretary of State
Corporate Registration Number: _____

7. If using fictitious name d/b/a (doing business as), provide proof of compliance with the fictitious name statute (Chapter 865.09, Florida Statutes) to operate in Florida:

Florida Fictitious Name
Registration Number: _____

8. F.E.I. Number (if applicable): _____

9. If individual, provide:

Name: Alvin C. Lopez

Title: President

Address: 2411 Nassau Drive

City/State/Zip: Miramar, FL 33023

Telephone No.: (954) 962-7099 Fax No.: N/A

Internet E-Mail Address: _____

Internet Website Address: _____

10. If 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: _____

10. Partnership (continued)

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: Alvin C. Lopez / Sharminee Lopez
Title: President / Vice President
Address: 2411 Nassau Drive
City/State/Zip: Miramar, FL 33023
Telephone No.: (954) 962-7099 Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

b. Official Point of Contact for ongoing company operations including complaints and inquiries:

Name: Alvin C. Lopez
Title: President
Address: 2411 Nassau Drive
City/State/Zip: Miramar, FL 33023
Telephone No.: (954) 962-7099 Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

12. Indicate if applicant or any subsidiary, partner, officers, directors, 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, or 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 other states in which the applicant:

a. Is currently providing pay telephone service.

N/A

b. Has applications pending to be certified as a pay telephone provider.

N/A

c. Has been denied authority to operate as a pay telephone provider. Explain circumstances.

N/A

d. Has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders. Explain circumstances.

N/A

16. Please check (✓) the services that will be provided:

LOCAL

LONG DISTANCE

COIN

CALLING CARD

CREDIT CARD

OTHER (Describe) 911 NO CHARGE

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 5

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) _____

19. Will each of the installed pay telephones provide access to all locally available long distance carriers via 10XXX+0, 10XXXX+0, 101XXXX+0, 950, and toll free (e.g. 800, 877, and 888)? See Rule 25-24.515(10), Florida Administrative Code.

(✓) Yes

() No Explain: _____

20. Will each of the installed pay telephones conform to subsections 4.28.8.4 and 4.29 of the American National Standard (CABO/ANSI A117.1-1992), Accessible and Usable Buildings and Facilities, approved December 15, 1992 by the American National Standards Institute, Inc.? See Rule 25-24.515(18), Florida Administrative Code.

(✓) Yes

() No Explain: _____

APPLICANT FEE/TAX STATEMENT

1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of 0.15 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 inter-state business.
3. **SALES TAX:** I understand the 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:

Alvin C. Lopez
Print Name

Alvin Lopez
Signature

President
Title

3/16/99
Date

(954) 962-7099
Telephone No.

N/A
Fax No.

Address: 2411 Nassau Drive
Miramar, FL 33023

****ACKNOWLEDGMENT****

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, pay applicable sales tax, and pay gross receipts tax. Furthermore, I agree to keep the Commission advised of any changes in the names and 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:

Alvin C. Lopez
Print Name

Alvin Lopez
Signature

President
Title

3/16/99
Date

(954) 962-7099
Telephone No.

N/A
Fax No.

Address: 2411 Nassau Drive
Miramar, FL 33023

****APPLICANT ACKNOWLEDGMENT****

Applicant: Alvin C. Lopez

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

Alvin C. Lopez
Print Name

Alvin Lopez
Signature

President
Title

3/16/99
Date

(954) 962-7099
Telephone No.

N/A
Fax No.

Address: 2411 Nassau Drive
Miramar, FL 33023

THIS ACKNOWLEDGMENT FORM MUST BE COMPLETED AND RETURNED AS PART OF THE APPLICATION BEFORE THE CERTIFICATION PROCESS BEGINS. FAILURE TO DO SO WILL RESULT IN A DELAY OF THE CERTIFICATE BEING ISSUED.

****FLORIDA PUBLIC SERVICE COMMISSION****

**DIVISION OF COMMUNICATIONS
BUREAU OF SERVICE EVALUATION**

**APPLICATION FORM FOR CERTIFICATE TO PROVIDE
PAY TELEPHONE SERVICE
WITHIN THE STATE OF FLORIDA**

INSTRUCTIONS

- ◆ This form is used as an application for an original certificate to provide pay telephone service within the State of Florida.
- ◆ Print or type all responses to each item requested in the application. If an item is not applicable, please explain.
- ◆ Use a separate sheet for each answer which will not fit within the allotted space.
- ◆ Once completed, submit the original and two (2) copies of this form and a non-refundable application fee of \$100.00 to:

**Florida Public Service Commission
Division of Records and Reporting
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6770**

- ◆ If you have questions about completing the form, contact:

**Florida Public Service Commission
Division of Communications
Bureau of Service Evaluation
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6600**

DEPOSIT

DATE

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MAR 31 1999

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MAIL ROOM

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**DIVISION OF COMMUNICATIONS
BUREAU OF SERVICE EVALUATION**

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5. Structure of organization:

- Individual
- Corporation
- General Partnership

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FPSC RECORDS REPORTING

LIBERTY

ALVIN LOPEZ
SHARMINEE LOPEZ
2411 W. NASSAU DR.
MIRAMAR FL 33023

3/29/ 19 99 530

63-8111/2670

PAY TO THE ORDER OF Florida Public Service Commission \$ 100.00
DIVISION OF RECORDS & REPORTING

one hundred DOLLARS

Peoples credit union
1771 N Flamingo Rd., Pompano Beach, FL 33068

MEMO Application Fee Alvin Lopez MR

to operate in Florida:

DEPOSIT

DATE

D 1 1 6 .

MAR 31 1999

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MAIL ROOM

****FLORIDA PUBLIC SERVICE COMMISSION****

**DIVISION OF COMMUNICATIONS
BUREAU OF SERVICE EVALUATION**

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Bureau of Service Evaluation
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Tallahassee, Florida 32399-0850
(850) 413-8800**

****APPLICANT ACKNOWLEDGMENT****

Applicant: Alvin C. Lopez

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

Alvin C. Lopez
Print Name

Alvin Lopez
Signature

President
Title

3/16/99
Date

(954) 962-7099
Telephone No.

N/A
Fax No.

Address: 2411 Nassau Drive
Miramar, FL 33023

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990412-7C

1. Name of company or name of individual (not fictitious name or d/b/a):

Tripple "A" Communications

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

Alvin C. Lopez

3. Official mailing address:

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City: Miramar

State: FL Zip: 33023

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5. Structure of organization:

- Individual
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FPSC RECORDS REPORTING

LIBERTY

ALVIN LOPEZ
SHARMINEE LOPEZ
2411 W. NASSAU DR.
MIRAMAR FL 33023

3/29/ 19 99 530

63-8111/2870

PAY TO THE ORDER OF Florida Public Service Commission \$ 100.00
DIVISION OF RECORDS & REPORTING

one hundred DOLLARS

Peoples Mutual credit union
1771 N. Flamingo Rd., Pompano Beach, FL 33068

MEMO Application Fee Alvin Lopez

to operate in Florida: