

DEPOSIT DATE
D137 MAY 17 1999
990636-TC

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

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

J.A.R.M. ENTERPRISES, INC.

3. Official mailing address:

Street: 13876 SW 56 ST. # 113

P.O. Box: _____

City: MIAMI

State: FLORIDA

Zip: 33175

4. Florida address:

Street: 13876 SW 56 ST. # 113

P.O. Box: _____

City: MIAMI

State: FLORIDA

Zip: 33175

5. Structure of organization:

- () Individual
- (X) Corporation
- () General Partnership
- () Limited Partnership

NationsBank Advantage

RAMONA MORALES 03-99
6320 S.W. 138 CT. APT. 412
MIAMI, FL 33183

116

63-4/630 FL
1610

Date 5-13-99

operate in Florida:

Pay Florida PUBLIC SERVICE Commission Div. of Comm. \$ 100.00
to the order of

ONE HUNDRED AND 00/100

Dollars

Security features on NationsBank checks are listed on back.

NationsBank

NationsBank, N.A.

ACH/BT 08300 047

Memo: JARM TEL. LICENCE APPLIC

Advantage
MORALES

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PUBLIC SERVICE
MAY 17 1999

DOCUMENT NUMBER-DATE

06203 MAY 17 99

FPSC-RECORDS/REPORTING

DEPOSIT
D137

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5. Structure of organization:

() Individual

(x) 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:

P99000040226
MAY 17 1999
65 8 W 17 AM 66

DOCUMENT NUMBER-DATE

06203 MAY 17 99

FPSC-RECORDS/REPORTING

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FLORIDA SECRETARY OF STATE
MAY 17 1999

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: P99000040226 _____

8. F.E.I. Number (if applicable): Not available jet. _____

9. If individual, provide:

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

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: ATILIO MORALES
Title: PRESIDENT
Address: 13876 SW 56 ST. # 113
City/State/Zip: MIAMI, FL. 33175
Telephone No.: 305-387-9694 Fax No.: _____
Internet E-Mail Address: Cmorale5@bellsouth.net
Internet Website Address: _____

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

Name: ATILIO MORALES
Title: PRESIDENT
Address: 13876 SW 56 ST. #113
City/State/Zip: MIAMI, FL. 33175
Telephone No.: 305- 387-9694 Fax No.: _____
Internet E-Mail Address: cmorale5@bellsouth.net
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.

NONE

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

NO

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
- LONG DISTANCE
- COIN
- CALLING CARD
- CREDIT CARD
- OTHER (Describe) _____

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FLORIDA PUBLIC
SERVICE COMMISSION
MAY 17 AM 8:49
MAIL ROOM

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

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 interstate 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:

ATILIO MORALES

Print Name

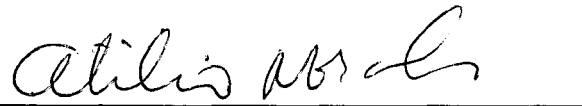
PRESIDENT

Title

305-387-9694

Telephone No.

Address: 13876 SW 56 ST, # 113 MIAMI. FL. 33175



Signature

MAY, 11 1999

Date

Fax No.

****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:

ATILIO MORALES

Print Name

PRESIDENT

Title

305-387-9694

Telephone No.

Address: 13876 SW 56 ST. # 113 Miami FL. 33175

Atilio Morales

Signature

MAY, 11 1999


Date

Fax No.

****APPLICANT ACKNOWLEDGMENT****

Applicant: _____

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

ATILIO MORALES	
_____ Print Name	_____ Signature
PRESIDENT	MAY, 11 1999
_____ Title	_____ Date
305-387-9694	
_____ Telephone No.	_____ Fax No.
Address: 13876 SW 56 ST. Miami F. 33175	

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.