



Public Service Commission

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

DATE: July 15, 1999

TO: Blanco Bayo, Director, Division of Records and Reporting

FROM: *TJM*
Toni J. McCoy, Regulatory Analyst, Division of Communications

SUBJECT: Open Docket No. 990832-TC

Please add the revised PATS application for Michael G. Kofod d/b/a MaresTel docket file.

Call me if you have any questions, I can be reached at 850/413-6532.

Thank you.

AFA _____
 APP _____
 CAF _____
 CMU _____
 CTR _____
 EAG _____
 LEG _____
 MAS _____
 OPC _____
 RRR _____
 SEC _____
 WAW _____
 OTH *Toni*

DOCUMENT NUMBER-DATE
 08447 JUL 15 99
 FPSC-RECORDS/REPORTING

STATE OF FLORIDA

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



DIVISION OF
TELECOMMUNICATIONS
WALTER D'HAESELEER
DIRECTOR
(850) 413-6600

Public Service Commission

July 1, 1999

Mr. Michael G. Kofod
5781 Golden Eagle Circle
Palm Beach Gardens, FL 33418

RECEIVED

JUL 13 1999

CMU

RE: Pay Telephone Application
Docket No. 990832-TC

RECEIVED
ADMINISTRATION
MAIL ROOM
JUL 13 2 11 PM '99

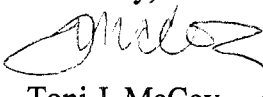
Dear Mr. Kofod:

The Commission has received your application for a Pay Telephone Certificate of Public Convenience and Necessity. In order for your certification request to be processed, please comply with the following:

- 1) The application version you submitted is no longer valid. Please complete the current application version attached, and review the pay telephone rules included in the packet. Several new rules went into effect February 1, 1999.

Send the newly completed application to my attention, and reference your assigned Docket Number 990832-TC in the cover letter. If you have any questions, please call me at 850/413-6532. Please respond to this correspondence by July 15, 1999.

Sincerely,


Toni J. McCoy
Regulatory Analyst
Certification

Enclosure: PATS Application

TMS 4330



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 14, 1999

MARESTEL
BOX 32721
PALM BEACH GARDENS, FL 33420

Subject: **MARESTEL**

REGISTRATION NUMBER: **G99165900038**

This will acknowledge the filing of the above fictitious name registration which was registered on June 14, 1999. This registration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between July 1 and December 31 of the expiration year to maintain registration. Three months prior to the expiration date a statement of renewal will be mailed.

IT IS THE RESPONSIBILITY OF THE BUSINESS TO NOTIFY THIS OFFICE IN WRITING IF THEIR MAILING ADDRESS CHANGES. Whenever corresponding please provide assigned Registration Number.

Should you have any questions regarding this matter you may contact our office at (850) 488-9000.

/tl

Division of Corporations

Letter No. 699A00031804

****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**

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

MICHAEL G. KOFOS DBA

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

MARETEL

3. Official mailing address:

Street: _____

P.O. Box: PO Box 32721

City: PALM BEACH GARDENS,

State: FL Zip: 33420

4. Florida address:

Street: 5781 GOLDEN EAGLE CIRCLE

P.O. Box: _____

City: PALM BEACH GARDENS

State: FL Zip: 33418

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: _____

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: G 99165900038

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

9. If individual, provide:

Name: MICHAEL KOFCO

Title: OWNER

Address: 5781 GOLDEN EAGLE CIRCLE

City/State/Zip: PALM BEACH GARDENS, FL, 33418.

Telephone No.: (561) 630-0851 Fax No.: (561) 630-9896

Internet E-Mail Address: MKOFCD@GATEWAY.NET

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: MICHAEL KOFOD
Title: OWNER
Address: 5781 GOLDEN EAGLE CIRCLE
City/State/Zip: PALM BEACH GARDENS, FL, 33418
Telephone No.: (561) 630-0851 Fax No.: (561) 630-9896
Internet E-Mail Address: M.KOFOD@GATEWAY.NET
Internet Website Address: _____

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

Name: MICHAEL KOFOD
Title: OWNER
Address: 5781 GOLDEN EAGLE CIRCLE
City/State/Zip: PALM BEACH GARDENS, FL, 33418
Telephone No.: (561) 630-0851 Fax No.: 561 630-9896
Internet E-Mail Address: M.KOFOD@GATEWAY.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 - NONE APPLY

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 NONE APPLY

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 NONE APPLY

15. List other states in which the applicant:

a. Is currently providing pay telephone service.

No OTHER STATES

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 DOES NOT APPLY

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

No DOES NOT APPLY

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

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

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 6

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:

MICHAEL KOFCD

Print Name

Michael Kofcd

Signature

OWNER

Title

9 July 1999

Date

(561) 630-0851

Telephone No.

(561) 630-9896

Fax No.

Address:

5791 GOLDEN EAGLE CIRCLE
PALM BEACH GARDENS, FL
33418

****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:

MICHAEL KOFOD
Print Name

OWNER
Title

(561) 630 0851
Telephone No.

Michael Kofod
Signature

9 JULY 1999
Date

(561) 630-9896
Fax No.

Address: 5781 GOLDEN EAGLE CIRCLE
PALM BEACH GARDENS, FL
33418

****APPLICANT ACKNOWLEDGMENT****

Applicant: MICHAEL KOFOD
D.B.A. MARESTEL

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

MICHAEL KOFOD
Print Name

Michael Kofod
Signature

OWNER
Title

9 JULY 1999
Date

(561) 630-0851
Telephone No.

(561) 630-9896
Fax No.

Address: 5781 GOLDEN EAGLE CIRCLE
PALM BEACH GARDENS FL
33418

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.