

**PARALEGAL FREELANCING, INC.**

3121 PONCE DE LEON BLVD., CORAL GABLES, FLA. 33134  
TEL.: (305) 567-1113 FAX: (305) 444-2339

RECEIVED  
FLORIDA PUBLIC  
SERVICE COMMISSION

99 AUG -2 PM 12:42  
MAIL ROOM

**ROGER M. CARLIER**  
President / Legal Assistant

DEPOSIT                      DATE  
**D182** \*                      AUG 03 1999

July 28, 1999

Florida Public Service Commission  
Division of Records and Reporting  
2540 Shumard Oak Blvd.  
Tallahassee, Florida 32399-0850

791027-TX

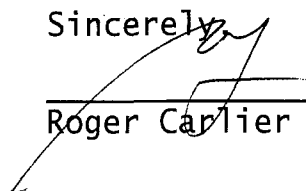
Re : Application for State Certification of  
**Florida Telephone Service, Inc.**

Dear Sir/Madame:

I am herein enclosing an original fully executed application for the above-referenced applicant, along with six copies. I have been retained by Mr. Aous Uweyda to assist him in the application process.

A check in the amount of \$ 250.00 is also herein enclosed. As per my telephone conversation with Andrew in you office, I am herein enclosing Projections prepared by a certified CPA, as well as a Balance sheet and narrative.

Should you need more information, please do not hesitate to contact me immediately.

Sincerely,  
  
\_\_\_\_\_  
Roger Carlier

DOCUMENT NUMBER-DATE  
**09178 AUG-3 99**  
FPCD-RECORDS/REPORTING

## APPLICATION

1. This is an application for  (check one):

**Original certificate** (new company).

**Approval of transfer of existing certificate:** Example, a non-certificated company purchases an existing company and desires to retain the original certificate of authority.

**Approval of assignment of existing certificate:** Example, a certificated company purchases an existing company and desires to retain the certificate of authority of that company.

**Approval of transfer of control:** Example, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

2. Name of company:

FLORIDA TELEPHONE SERVICE, INC.

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

FLORIDA TELEPHONE SERVICE, INC.

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

17840 South Dixie Highway

Miami, Florida 33157

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

Same as above

\_\_\_\_\_  
\_\_\_\_\_

6. Structure of organization:

- ( ) Individual (x) Corporation  
( ) Foreign Corporation ( ) Foreign Partnership  
( ) General Partnership ( ) Limited Partnership  
( ) Other \_\_\_\_\_

7. **If individual**, provide:

Name: N/A (Applicant is a corporation)

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

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

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

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

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

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

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

- (a) **The Florida Secretary of State corporate registration number:**

P99000027703

9. **If foreign corporation**, provide proof of authority to operate in Florida:

- (a) **The Florida Secretary of State corporate registration number:**

N/A (Florida Corporation)

10. **If using fictitious name-d/b/a**, provide proof of compliance with fictitious name statute (Chapter 865.09, FS) to operate in Florida:

N/A (Operating under corporate none)

(a) **The Florida Secretary of State fictitious name registration number:**  
N/A (Operating under corporate name)

---

11. **If a limited liability partnership**, provide proof of registration to operate in Florida:

(a) **The Florida Secretary of State registration number:**

N/A (applicant is a corporation)

---

12. **If a partnership**, provide name, title and address of all partners and a copy of the partnership agreement.

**Name:** N/A (Applicate is a corporation)

---

**Title:**

---

**Address:**

---

**City/State/Zip:**

---

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

**Internet E-Mail Address:**

---

**Internet Website Address:**

---

13. **If a foreign limited partnership**, provide proof of compliance with the foreign limited partnership statute (Chapter 620.169, FS), if applicable.

(a) **The Florida registration number:** N/A (Florida Corporation)

---

14. Provide **F.E.I. Number**(if applicable): 65-0908513

---

15. Indicate if any of the officers, directors, or any of the ten largest stockholders have previously been:

(a) adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. Provide explanation.

NO (One sole officer and shareholder never adjudicated Bankrupt.)

---

(b) an officer, director, partner or stockholder in any other Florida certificated telephone company. If yes, give name of company and relationship. If no longer associated with company, give reason why not.

NONE

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

(a) The application:

**Name:** Roger Carlier

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

**Address:** 3121 Ponce De Leon Blvd.

**City/State/Zip:** Coral Gables, Florida 33134

**Telephone No.:** 305/ 567-1113 **Fax No.:** 305/ 444-2339

**Internet E-Mail Address:** RCar158672@. aol.com

**Internet Website Address:** N/A (None available)

(b) Official point of contact for the ongoing operations of the company:

**Name:** Aous Uweyda

**Title:** President

**Address:** 17840 South Dixie Highway

**City/State/Zip:** Miami, Florida 33157

Telephone No.: 305/ 271-7797 Fax No.: 305/ 271-4772

Internet E-Mail Address: NONE

Internet Website Address: NONE

(c) Complaints/Inquiries from customers:

Name: Aous Uweyda

Title: General Manager

Address: 17840 South Dixie Highway

City/State/Zip: Miami, Florida 33157

Telephone No.: 305/ 271-7797 Fax No.: 305/ 271-4772

Internet E-Mail Address: NONE

Internet Website Address: NONE

17 List the states in which the applicant:

(a) has operated as an alternative local exchange company.

NONE

(b) has applications pending to be certificated as an alternative local exchange company.

NO

(c) is certificated to operate as an alternative local exchange company.

NONE

---

(d) has been denied authority to operate as an alternative local exchange company and the circumstances involved.

NONE

---

(e) has had regulatory penalties imposed for violations of telecommunications statutes and the circumstances involved.

NONE

---

(f) has been involved in civil court proceedings with an interexchange carrier, local exchange company or other telecommunications entity, and the circumstances involved.

NONE

---

18. Submit the following:

A. Financial capability.

The application **should contain** the applicant's audited financial statements for the most recent 3 years. If the applicant does not have audited financial statements, it shall so be stated.

The unaudited financial statements should be signed by the applicant's chief executive officer and chief financial officer **affirming that the financial statements are true and correct** and should include:

1. the balance sheet:
2. income statement: and

3. statement of retained earnings.

**NOTE:** *This documentation may include, but is not limited to, financial statements, a projected profit and loss statement, credit references, credit bureau reports, and descriptions of business relationships with financial institutions.*

Further, the following (which includes supporting documentation) should be provided:

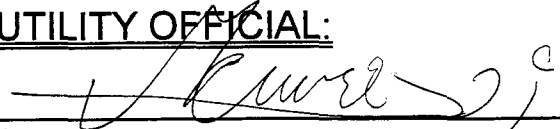
1. **written explanation** that the applicant has sufficient financial capability to provide the requested service in the geographic area proposed to be served.
  2. **written explanation** that the applicant has sufficient financial capability to maintain the requested service.
  3. **written explanation** that the applicant has sufficient financial capability to meet its lease or ownership obligations.
- B. Managerial capability: give resumes of employees/officers of the company that would indicate sufficient managerial experiences of each.
- C. Technical capability: give resumes of employees/officers of the company that would indicate sufficient technical experiences or indicate what company has been contracted to conduct technical maintenance.



**\*\* 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 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 \$250.00 must be submitted with the application.

**UTILITY OFFICIAL:**

		7-23-99
Signature		Date
President		(305) 271-7797
Title		Telephone No.
Address:	17840 South Dixie Highway	c/o (305) 444-2339
	Miami, Florida 33157	Fax No.

**ATTACHMENTS:**

- A - CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT
- B - INTRASTATE NETWORK
- C - AFFIDAVIT
- GLOSSARY

**INTRASTATE NETWORK** (if available)

Chapter 25-24.825 (5), Florida Administrative Code, requires the company to make available to staff the alternative local exchange service areas only upon request.

**1. POP:** Addresses where located, and indicate if owned or leased.

1) _____	2) _____
_____	_____
3) _____	4) _____
_____	_____

**2. SWITCHES:** Address where located, by type of switch, and indicate if owned or leased.

1) _____	2) _____
_____	_____
3) _____	4) _____
_____	_____

**3. TRANSMISSION FACILITIES:** POP-to-POP facilities by type of facilities (microwave, fiber, copper, satellite, etc.) and indicate if owned or leased.

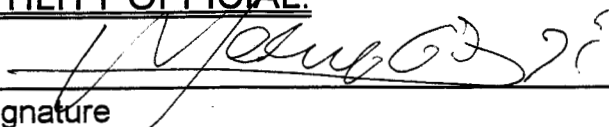
<u>POP-to-POP</u>	<u>OWNERSHIP</u>
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____

**AFFIDAVIT**

By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application and attached documents and that the applicant has the technical expertise, managerial ability, and financial capability to provide alternative local exchange company service in the State of Florida. I 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.

**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	Date
President	7-23-99
	(305) 271-7797
Title	Telephone No.
Address: 17840 South Dixie Highway	c/o (305) 444-2339
Miami, Florida 33157	Fax No.

**NEIL J MORNICK, C.P.A.**  
**CERTIFIED PUBLIC ACCOUNTANT**  
Kendall Summit Executive Centre, #204  
11440 N Kendall Drive  
Miami, FL 33176  
Tel. (305) 598-2224  
Fax. (305) 598-2226

To the Board of Directors  
Florida Phone Service, Inc.  
Miami, FL 33157

We are pleased to have the opportunity to assist you in formulating your financial plan. In accordance with the professional standards that apply to our practice as accountants, we have included this accountant's report to describe certain of the procedures we performed and certain limitations associated with the financial data and advice in the financial plan.

We have compiled the forecast presentations for the years ending December 31, 1999 and 2000, in accordance with standards established by the American Institute of Certified Public Accountants.

A compilation is limited to presenting in the form of a forecast information that is the representation of the individuals whose plan is being presented and does not include evaluation of the support for the assumptions underlying the forecast presentations. We have not examined the forecast presentations and, accordingly, do not express an opinion or any other form of assurance on the accompanying presentations or assumptions. Furthermore, there will usually be differences between forecasted and actual results, because events and circumstances frequently do not occur as expected, and those differences may be material. We have no responsibility to update this report for events and circumstances occurring after the date of this report.

Sincerely,



Neil J. Mornick, CPA  
July 1, 1999

**FLORIDA PHONE SERVICE, INC.**  
**PRO FORMA BALANCE SHEET**  
**DECEMBER 31, 2000**

ASSETS

CURRENT ASSETS		
CASH	\$107,244	
TOTAL CURRENT ASSETS		\$107,244
 FIXED ASSETS		
COMPUTER EQUIPMENT	3,650	
FURNITURE & FIXTURES	1,500	
OFFICE EQUIPMENT	2,500	
LESS ACCUMULATED DEPRECIATION	<u>(2,159)</u>	
TOTAL FIXED ASSETS		5,491
 TOTAL ASSETS		<u><u>\$112,735</u></u>

LIABILITIES & STOCKHOLDER'S EQUITY

STOCKHOLDER'S EQUITY		
COMMON STOCK 100 SHARES AUTHORIZED		
100 SHARES ISSUED AND OUTSTANDING	\$100	
PAID IN CAPITAL	14,900	
RETAINED EARNINGS	2,705	
NET INCOME	<u>95,030</u>	
TOTAL STOCKHOLDER'S EQUITY		\$112,735
 TOTAL LIABILITIES & STOCKHOLDER'S EQUITY		<u><u>\$112,735</u></u>

**FLORIDA PHONE SERVICE, INC.**  
**STATEMENT OF OPERATIONS**  
**FORECAST**  
**YEARS ENDING DECEMBER 31**

	1999	2000
GROSS REVENUE	\$74,025	\$322,200
COST OF SALES	<u>27,965</u>	<u>121,720</u>
GROSS PROFIT	46,060	200,480
OPERATING EXPENSES		
DIRECT LABOR	7,500	18,000
PAYROLL TAXES	820	1,626
RENT	4,000	9,600
INSURANCE	500	1,200
DEPRECIATION	635	1,524
OFFICE EXPENSE	400	1,200
TELEPHONE/FAX	1,000	2,400
UTILITIES	1,700	6,000
TAXES & LICENSES	200	150
MAINTENANCE & REPAIRS	100	150
ADVERTISING & SIGNAGE	25,000	60,000
ACCOUNTING & LEGAL	1,000	2,400
BANK CHARGES & CREDIT CARD FEES	<u>500</u>	<u>1,200</u>
TOTAL OPERATING EXPENSES	<u>43,355</u>	<u>105,450</u>
NET INCOME	2,705	95,030
INITIAL INVESTMENT	15,000	
COMPUTER EQUIPMENT	(3,650)	
OFFICE EQUIPMENT	(2,500)	
FURNITURE & FIXTURES	(1,500)	
NON-CASH EXPENSES	<u>635</u>	<u>1,524</u>
AVAILABLE CASH AFTER EACH YEAR	<u>\$10,690</u>	<u>\$96,554</u>

SEE SUMMARY OF FORECAST AND ACCOUNTANT'S REPORT.

**FLORIDA PHONE SERVICE, INC.**  
**STATEMENT OF OPERATIONS**  
**FORECASTS - AUGUST 1999 - DECEMBER 2000**

	AUG	SEP	OCT	NOV	DEC	TOTAL 1999	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
GROSS REVENUE	\$9,000	\$12,375	\$15,750	\$18,000	\$18,900	\$74,025	\$21,150	\$22,050	\$22,950	\$24,300	\$25,650	\$27,000	\$27,450	\$28,575	\$29,250	\$30,150	\$31,275	\$32,400
COST OF SALES	3,400	4,675	5,950	6,800	7,140	27,965	7,990	8,330	8,670	9,180	9,690	10,200	10,370	10,795	11,050	11,390	11,815	12,240
GROSS PROFIT	5,600	7,700	9,800	11,200	11,760	46,060	13,160	13,720	14,280	15,120	15,960	16,800	17,080	17,780	18,200	18,760	19,460	20,160
OPERATING EXPENSES																		
DIRECT LABOR	1,500	1,500	1,500	1,500	1,500	7,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500
PAYROLL TAXES	115	220	115	115	255	820	115	115	273	115	115	203	115	115	115	115	115	115
RENT	800	800	800	800	800	4,000	800	800	800	800	800	800	800	800	800	800	800	800
INSURANCE	100	100	100	100	100	500	100	100	100	100	100	100	100	100	100	100	100	100
DEPRECIATION	127	127	127	127	127	635	127	127	127	127	127	127	127	127	127	127	127	127
OFFICE EXPENSE	100	50	100	50	100	400	100	100	100	100	100	100	100	100	100	100	100	100
TELEPHONE/FAX	200	200	200	200	200	1,000	200	200	200	200	200	200	200	200	200	200	200	200
UTILITIES	100	100	500	500	500	1,700	500	500	500	500	500	500	500	500	500	500	500	500
TAXES & LICENSES					200	200			150									
MAINTENANCE & REPAIRS				100		100				150								
ADVERTISING & SIGNAGE	5,000	5,000	5,000	5,000	5,000	25,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000
ACCOUNTING & LEGAL	200	200	200	200	200	1,000	200	200	200	200	200	200	200	200	200	200	200	200
BANK CHARGES & CREDIT CARD FEES	100	100	100	100	100	500	100	100	100	100	100	100	100	100	100	100	100	100
TOTAL OPERATING EXPENSES	8,342	8,397	8,742	8,792	9,082	43,355	8,742	8,742	9,050	8,892	8,742	8,830	8,742	8,742	8,742	8,742	8,742	8,742
NET INCOME OR (LOSS)	(2,742)	(697)	1,058	2,408	2,678	2,705	4,418	4,978	5,230	6,228	7,218	7,970	8,338	9,038	9,458	10,018	10,718	11,418
NON-CASH EXPENSES	127	127	127	127	127	635	127	127	127	127	127	127	127	127	127	127	127	127
AVAILABLE CASH AFTER EACH MONTH	(2,615)	(570)	1,185	2,535	2,805	\$3,340	4,545	5,105	5,357	6,355	7,345	8,097	8,465	9,165	9,585	10,145	10,845	11,545
ACCUMULATED CASH AFTER EACH MONTH	(\$2,615)	(\$3,185)	(\$2,000)	\$535	\$3,340		\$7,885	\$12,990	\$18,347	\$24,702	\$32,047	\$40,144	\$48,609	\$57,774	\$67,359	\$77,504	\$88,349	\$99,894
LINES ESTIMATED PER MONTH (SEE NOTE-B)	200	275	350	400	420		470	490	510	540	570	600	610	635	650	670	695	720

FLORIDA PHONE SERVICE, INC.  
SUMMARY OF FORECAST

NOTE A - NATURE OF FORECAST

Florida Phone Service, Inc. was formed on March 31, 1999 in Florida for the purpose of engaging in the Resale of Telephone Services Business. The business will resell telephone lines that they purchase from BellSouth to the public/business who cannot obtain a telephone line as a result of bad/no credit.

Since the incorporation of the company, a lease has not been negotiated or signed. State and County licenses are in the process of being obtained. It is expected that the opening of the establishment will be on August 1, 1999.

Mr. Aous Uweyda, owner, is an Authorized Agent for BellSouth Mobility. Mr. Uweyda has over five years experience in the cellular phone and beeper industry. He had previously owned and managed USA Beepers, Inc. for three and a half years prior to this new venture.

These forecasts are based on two years; the one year and five months of sales, (in 1999 there will only be five months of sales) to the best of the management's knowledge and belief, are the business' expected results of operations for the projection periods if such sales are met. Accordingly, these forecasts reflect their judgement as of December 31, 1999 and 2000 - the date of these projections of the expected conditions and its expected course of action if such sales are met. These forecasts are for the purpose of obtaining potential credit for this corporation that offers its services to customers throughout the Miami-Dade and Broward area.

NOTE B - REVENUE AND COST OF SALES

Both Revenue and Cost of Sales are based on management's projection. See Statement of Operations, lines estimated per month.

NOTE C - OPERATING EXPENSES

DIRECT LABOR

The amount estimated to provide reasonable compensation to general staff for the one year and five month period.



RENT

Based on management's projection.

INSURANCE

Based on projected liability insurance for business and personal property.

DEPRECIATION

This non-cash expense represents the allocation of cost associated with the purchase of equipment needed using the straight line method over its estimated useful lives.

TELEPHONE/FAX

The projected cost considers the use of telephone and fax services.

PERSONAL PROPERTY TAXES AND LICENSES

Based on total value of \$7,650 for equipment and office furniture.

ADVERTISING/SIGNAGE

Management feels that the company needs to maintain an aggressive marketing strategy to reach potential customers.

ACCOUNTING & LEGAL FEES

Fees are based on experience of similar operations requiring quarterly compiled financial statements.

**NOTE D - OTHER NOTES**

EQUIPMENT AND FURNITURE PURCHASE

Management undertakes to spend \$7,650 on office furniture and equipment.

NON-CASH EXPENSES

They are the depreciation items.

**PARALEGAL FREELANCING, INC.**

3121 PONCE DE LEON BLVD., CORAL GABLES, FLA. 33134  
TEL.: (305) 567-1113 FAX: (305) 444-2339

RECEIVED  
FLORIDA PUBLIC  
SERVICE COMMISSION

99 AUG -2 PM 12:42  
MAIL ROOM

**ROGER M. CARLIER**  
President / Legal Assistant

DEPOSIT                      DATE  
D182                      AUG 03 1999

July 28, 1999

Florida Public Service Commission  
Division of Records and Reporting  
2540 Shumard Oak Blvd.  
Tallahassee, Florida 32399-0850

Re : Application for State Certification of  
**Florida Telephone Service, Inc.**

991027-A

Dear Sir/Madame:

I am herein enclosing an original fully executed application for the above-referenced applicant, along with six copies. I have been retained by Mr. Aous Uweyda to assist him in the application process.

A check in the amount of \$ 250.00 is also herein enclosed. As per my telephone conversation with Andrew in you office, I am herein enclosing Projections prepared by a certified CPA, as well as a Balance sheet and narrative.

Should you need more information, please do not hesitate to contact me immediately.

Sincerely,

  
\_\_\_\_\_  
Roger Carlier

ALICIA C. AWIDA ITF AIMAN AWIDA  
20525 S.W. 114 PLACE  
MIAMI, FL 33189-3400

06-99

142

DATE

7-1-99

63-27/631 FL  
769

Pay to the  
Order of

FLORIDA PUBLIC SERVICE \$250.00

two hundred and fifty DOLLARS Dollars

Security features  
are included.  
Details on back.

**NationsBank**

NationsBank, N.A.

ACH # 06319 0277

For Roger/Lin

 MP

DOCUMENT NUMBER-DATE

09178 AUG-3 99

FLORIDA PUBLIC SERVICE COMMISSION

0142