

● ORIGINAL

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D182 # AUG 04 1999

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

991011-TX

**DIVISION OF TELECOMMUNICATIONS**  
**BUREAU OF CERTIFICATION AND SERVICE EVALUATION**

**APPLICATION FORM**  
for  
**AUTHORITY TO PROVIDE**  
**ALTERNATIVE LOCAL EXCHANGE SERVICE**  
**WITHIN THE STATE OF FLORIDA**

Instructions

◆ This form is used as an application for an original certificate and for approval of the assignment or transfer of an existing certificate. In the case of an assignment or transfer, the information provided shall be for the assignee or transferee (See Appendix A).

Print or type all responses to each item requested in the application and appendices. If an item is not applicable, please explain why.

Use a separate sheet for each answer which will not fit the allotted space.

Once completed, submit the original and six (6) copies of this form along with a non-refundable application fee of **\$250.00** to:

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

- AFA \_\_\_\_\_
- APP \_\_\_\_\_ ◆
- CAF \_\_\_\_\_
- CMU \_\_\_\_\_
- CTR \_\_\_\_\_
- EAG \_\_\_\_\_ ◆
- LEG \_\_\_\_\_
- MAR \_\_\_\_\_
- OPC \_\_\_\_\_ ◆
- RRR \_\_\_\_\_
- SEC \_\_\_\_\_
- WAW \_\_\_\_\_
- OTH \_\_\_\_\_

Look for green background on the front of this check, and the imageSafe® logo on back. If not present, do not cash.

**KENNETH JACOBI & ASSOCIATES, INC.** 06-99  
954-437-5157  
8811 N.W. 13TH STREET  
PEMBROKE PINES, FL 33024

1006

DATE 8/3/99 \$ 63-4/630 FL 1592

PAY TO THE ORDER OF PSC \$ 250.00/100

Two Hundred Fifty and 00/100 DOLLARS

**NationsBank**  
NationsBank, N.A.

ACH R/T 063000047

FOR Smstatcom HE 991011-TX

DOCUMENT NUMBER-DATE

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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 Telecommunications  
Bureau of Certification and Service Evaluation  
2540 Shumard Oak Blvd.  
Tallahassee, Florida 32399-0850  
(850) 413-6600**

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## 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:

STARTCOMM CORP

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

STARTCOMM CORP

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

100 NORTH BISCAYNE BLVD SUITE 402

MIAMI FLORIDA 33132

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

100 NORTH BISCAYNE BLVD SUITE 402

MIAMI, FLORIDA 33132

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6. Structure of organization:

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

7. **If individual**, provide:

Name: \_\_\_\_\_

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:**

\_\_\_\_\_

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

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

\_\_\_\_\_

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

(a) The Florida Secretary of State fictitious name registration number:

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

(a) The Florida Secretary of State registration number:

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

Name: \_\_\_\_\_

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: 996000096391

14. Provide F.E.I. Number(if applicable): \_\_\_\_\_

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*

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(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.

NO

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

(a) The application:

Name: KENNETH JACOBI

Title: REGULATORY AFFAIRS

Address: 1020 NW 163RD DRIVE

City/State/Zip: MIAMI, FLORIDA 33169

Telephone No.: 305 914-3434 Fax No.: 305-908-7722

Internet E-Mail Address: KENJACOBI@USA.NET

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

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

Name: MIGUEL TARRAU

Title: VP OF OPERATIONS

Address: 100 N. BISCAYNE BLVD

City/State/Zip: MIAMI, FLORIDA 33132

Telephone No.: 305-908-7777 Fax No.: 305-908-7722

Internet E-Mail Address: MIGUEL@STARTCOMM.NET

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

(c) Complaints/Inquiries from customers:

Name: MIGUEL TARRAN

Title: VP of OPERATIONS

Address: 100 N BISCAYNE BLVD Suite 402

City/State/Zip: MIAMI, FLORIDA 33132

Telephone No.: 305-908-7777 Fax No.: 305-908-7722

Internet E-Mail Address: MIGUEL@STARTCOMM.NET

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

17 List the states in which the applicant:

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

NO

(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.

NO

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

NO

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

NO

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

NO

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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:**

 _____ Signature	8/1/99 _____ Date
Regulatory Affairs _____ Title	305-914-3434 _____ Telephone No.
Address: 1020 NW 163rd Drive _____ Miami, FL 33169	305-908-7722 _____ Fax No.

**ATTACHMENTS:**

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

**CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT**

I, (Name) \_\_\_\_\_,

(Title) \_\_\_\_\_ of (Name of Company)

\_\_\_\_\_ and current holder of Florida Public Service Commission Certificate Number # \_\_\_\_\_, have reviewed this application and join in the petitioner's request for a:

- ( ) sale
- ( ) transfer
- ( ) assignment

of the above-mentioned certificate.

**UTILITY OFFICIAL:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone No.

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

\_\_\_\_\_  
Fax No.

**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

8/3/99  
Date

Title

Regulatory Affairs

954-437-5157  
Telephone No.

Address:

1020 NW 163 DR.

954-437-8771  
Fax No.

Miami, FL 33169

# State of Florida



## Department of State

I certify from the records of this office that STARTCOMM CORP. is a corporation organized under the laws of the State of Florida, filed on November 26, 1996.

The document number of this corporation is P96000096391.

I further certify that said corporation has paid all fees due this office through December 31, 1999, that its most recent annual report was filed on May 10, 1999, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capitol, this the  
Second day of August, 1999



CR2EO22 (1-99)

*Katherine Harris*

Katherine Harris  
Secretary of State