

992020-TC

RECEIVED
FLORIDA PUBLIC
SERVICE COMMISSION

99 DEC 17 PM 1:21

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

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

3. Official mailing address:

DEPOSIT DATE
D220 DEC 20 1999

Street: 13790 N.W 4th ST. #104

P.O. Box:

City: SUNRISE

State: FLORIDA Zip: 33325

4. Florida address:

Street: SAME AS ABOVE

P.O. Box:

City:

State: Zip:

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: P99000002397

DOCUMENT NUMBER-DATE
15768 DEC 27 99
FPSC-RECORDS/REPORTING

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: _____ N/A

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

9. If individual, provide:

Name: _____ N/A

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: _____ N/A

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

10. **Internet Website Address:** _____
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: FELIX FERNANDEZ
Title: PRESIDENT
Address: SAME
City/State/Zip: _____
Telephone No.: 954-851-0585 **Fax No.:** 954-851-0873
Internet E-Mail Address: paycom@aol.com
Internet Website Address: _____

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

Name: SAME
Title: _____
Address: _____
City/State/Zip: _____
Telephone No.: _____ **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: N/A

- 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.

N/A

- 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.

N/A

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) _____

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 100

18. How does the applicant intend to service and maintain each payphone? Check (✓) all that apply.

- () PERSONALLY
- (x) FULL-TIME TECHNICIAN
- () PART-TIME TECHNICIAN
- (x) 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.

- (x) Yes
- () No Explain: _____
- _____
- _____
- _____

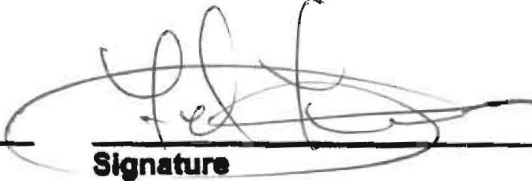
20. Will each of the installed pay telephones conform to subsections 4.28.8.4 and 4.29 of the American National Standard (CABO/ANSI A117.1-1992), Accessible and Usable Buildings and Facilities, approved December 15, 1992 by the American National Standards Institute, Inc.? See Rule 25-24.515(18), Florida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

- (x) 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:

<p>FELIX FERNANDEZ</p> <hr/> <p>Print Name</p> <p>PRESIDENT</p> <hr/> <p>Title</p> <p>954-851-0585</p> <hr/> <p>Telephone No.</p> <p>Address: 13790 N.W 4th ST #104</p> <p>SUNRISE FL 33325</p> <hr/> <hr/> <hr/> <hr/>	 <hr/> <p>Signature</p> <p>12-15-99</p> <hr/> <p>Date</p> <p>954-851-0873</p> <hr/> <p>Fax No.</p>
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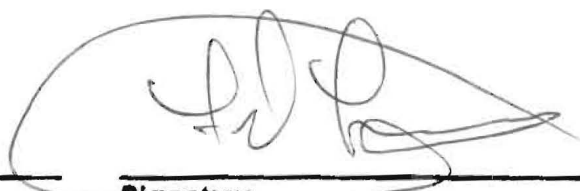
****ACKNOWLEDGMENT****

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:



FELIX FERNANDEZ

Print Name

Signature

PRESIDENT

12-15-99

Title

Date

954-851-0585

954-851-0873

Telephone No.

Fax No.

Address:

13790 N.W 4th ST #104


SUNRISE FL 33325

APPLICANT ACKNOWLEDGMENT

Applicant: FLORIDA EQUIPMENT MANAGEMENT INC.

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

FELIX FERNANDEZ
Print Name


Signature

PRESIDENT
Title

12-15-99
Date

954-851-0585
Telephone No.

954-851-0873
Fax No.

Address: 13790 N.W 4TH ST. #104

SUNRISE FL 33325

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 DEPARTMENT OF STATE
Katherine Harris
Secretary of State

January 8, 1999

FLORIDA EQUIPMENT MANAGEMENT, INC.
3751 NW 96 AVE
HOLLYWOOD, FL 33024-8158

The Articles of Incorporation for FLORIDA EQUIPMENT MANAGEMENT, INC. were filed on January 8, 1999, and assigned document number P99000002397. Please refer to this number whenever corresponding with this office.

This document was electronically received and filed under FAX audit number H99000000594.

A corporation annual report will be due this office between January 1 and May 1 of the year following the calendar year of the file date. A Federal Employer Identification (FEI) number will be required before this report can be filed. Please apply NOW with the Internal Revenue Service by calling 1-800-829-3676 and requesting form SS-4.

Please be aware if the corporate address changes, it is the responsibility of the corporation to notify this office.

Should you have any questions regarding corporations, please contact this office at the address given below.

Sincerely,
Freida Chesser
Corporate Specialist
New Filings Section
Division of Corporations

Letter Number: 799A00001049

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

IMPORTANT!!!

THE ATTACHED CERTIFICATE FROM THE FLORIDA DEPARTMENT OF STATE (SECRETARY OF STATE) IS ISSUED IN ACCORDANCE WITH SECTION 15.16 OF THE FLORIDA STATUTES AND AUTHENTICATED BY THE CODE NOTED ON THE CERTIFICATE FROM THE SECRETARY OF STATE AND MUST BE/REMAIN ATTACHED TO THE ORIGINAL ARTICLES OF INCORPORATION TO BE A VALID CERTIFIED COPY.

THANK YOU FOR CHOOSING EMPIRE FOR YOUR FILING/CORPORATE NEEDS.



Empire

Manufacturers and
Distributors of
Corporate Supplies

Dade: (305) 541-3694
Toll Free: 1 800-432-3028 1492 W. Flagler Street, #200
Fax: (305) 541-3770 Miami, Florida 33135

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413 6557

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FLORIDA EQUIPMENT MANAGEMENT INC.

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SAME AS ABOVE

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DEPOSIT DATE
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P.O. Box:
City: SUNRISE
State: FLORIDA Zip: 33325

4. Florida address:
Street: SAME AS ABOVE
P.O. Box:
City:
State: Zip:

5. Structure of organization:
() Individual
(x) Corporation
() General Partnership

DOCUMENT NUMBER - DATE

15768 DEC 27 99

FPSC RECORDS REPORTING

LORIDA EQUIPMENT MANAGEMENT, INC.

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Florida Public Service Commission \$ 100⁰⁰
one hundred Dollars

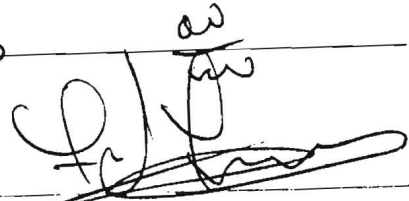
DATE 12/15/99 63-865562
2660

DOLLARS  Security features included. Details on back.

CITIBANK

CITIBANK, F.S.B. 62
8400 WEST BROWARD AVE.
FORT LAUDERDALE, FL 33321
1-800-374-8000

APPLICATION FEE



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