

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

FLORIDA PUBLIC SERVICE COMMISSION  
JAN 31 AM 8:57  
MAIL ROOM

1. LEGAL NAME OF THE APPLICANT Nations Communication, Inc. 000129-TC

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS Nations Communication Inc

3. ADDRESS OF THE APPLICANT(S)  
STREET 12031 S.W 177 Terr  
CITY MIAMI  
STATE & ZIP CODE Florida 33177

DEPOSIT  
D239  
DATE  
FEB 03 2000

4. TYPE OF ORGANIZATION (CHECK ONE)

A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER OWN NAME: ( )

DOCUMENTATION: No other documentation needed.

B. PARTNERSHIP: (✓)

DOCUMENTATION: Attach a copy of the partnership agreement, and a list with the name and address of all partners.

C. CORPORATION: (✓)

DOCUMENTATION: Attach proof that articles of incorporation have been filed with the Florida Secretary of State's Office. If incorporated outside of Florida, attach proof from the Florida Secretary of State that applicant has authority to operate in Florida and provide name and address of Florida Registered Agent.

NAME: Anthony Montaner  
ADDRESS 12031 S.W 177 Terr  
Miami FL, 33177

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D. DOING BUSINESS UNDER A FICTITIOUS NAME:

DOCUMENTATION: Attach proof that a fictitious name(s) has been registered with the Florida Secretary of States Office.

5. PROVIDER NAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUAL WHO IS RESPONSIBLE FOR COMMISSION CONTACTS:

NAME: Anthony Montaner

TITLE: Owner

PHONE: 235-0716

6. HAS APPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ETC., OR IN THE CASE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE APPLICANT EVER BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE STATE OF FLORIDA? THIS INCLUDES ACTIVE AND CANCELED PAY TELEPHONE CERTIFICATES.

NO  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. IF THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST THE CERTIFICATE HOLDER AND CERTIFICATE NUMBER.

\_\_\_\_\_

8. LIST THE STATES IN WHICH THE APPLICANT:

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE.

No Applicable  
\_\_\_\_\_

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B. HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPHONE PROVIDER.

None

C. HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVIDER. EXPLAIN CIRCUMSTANCES.

None

D. HAS HAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS OF TELECOMMUNICATIONS STATUTES, EXPLAIN CIRCUMSTANCES.

None

9. PLEASE INDICATE IF ANY OFFICERS OF THE CORPORATION, PARTNERSHIP OR INDIVIDUAL APPLICANT HAVE BEEN ADJUDGED BANKRUPT, MENTALLY INCOMPETENT, OR FOUND GUILTY OF ANY FELONY OR OF ANY CRIME, OR WHETHER SUCH ACTIONS MAY RESULT FROM PENDING PROCEEDINGS.

None

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10. PLEASE CHECK  THE SERVICES THAT WILL BE PROVIDED:

- |                 |                                     |
|-----------------|-------------------------------------|
| LOCAL           | <input checked="" type="checkbox"/> |
| LONG DISTANCE   | <input checked="" type="checkbox"/> |
| COIN            | <input checked="" type="checkbox"/> |
| CALLING CARD    | <input checked="" type="checkbox"/> |
| CREDIT CARD     | <input checked="" type="checkbox"/> |
| OTHER, DESCRIBE | <input type="checkbox"/> _____      |
- 

11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: unknown

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12. HOW DOES THE APPLICANT INTEND TO SERVICE AND MAINTAIN EACH PAYPHONE?

- |                                     |                                     |
|-------------------------------------|-------------------------------------|
| PERSONALLY                          | <input checked="" type="checkbox"/> |
| FULL-TIME TECHNICIAN                | <input type="checkbox"/>            |
| PART-TIME TECHNICIAN                | <input type="checkbox"/>            |
| SERVICE/REPAIR/MAINTENANCE CONTRACT | <input type="checkbox"/>            |
| OTHER DESCRIBE                      | <input type="checkbox"/>            |
- 
- 
- 

13. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA IOXXX+0, 950-XXXX, AND 1-800? (See Rule 25-24.515(6), F.A.C.)

yes

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14. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL CONFORM TO SUBSECTIONS 4.29.2 - 4.29.4 and - 4.29.8 OF THE AMERICAN NATIONAL STANDARD SPECIFICATIONS FOR MAKING BUILDINGS AND FACILITIES ACCESSIBLE AND USABLE BY PHYSICALLY HANDICAPPED PEOPLE (ATTACHMENT F ANSI STANDARDS) (See Rule 25-24.515(14), F.A.C.)

*yes*

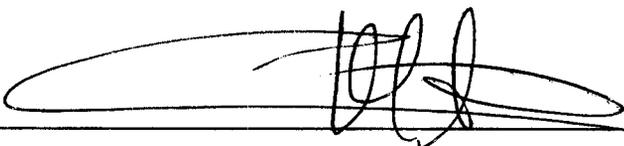
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I, THE UNDERSIGNED OWNER OR OFFICER OF THE ABOVE NAMED ENTITY, HAVE READ THE FOREGOING AND DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION IS A TRUE AND CORRECT STATEMENT, I AM AWARE THAT PURSUANT TO S. 837.06, FLORIDA STATUTE, 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. I WILL COMPLY WITH ALL CURRENT AND FUTURE COMMISSION REQUIREMENTS REGARDING THE PAY TELEPHONE SERVICE. I UNDERSTAND THAT A NON-REFUNDABLE APPLICATION FEE OF \$100 MUST ACCOMPANY THE APPLICATION, ALSO I UNDERSTAND THAT I AM REQUIRED TO PAY A REGULATORY ASSESSMENT FEE (MINIMUM \$50,00 PER CALENDAR YEAR), FILE AN ANNUAL PAY TELEPHONE SERVICE REPORT, AND PAY GROSS RECEIPTS TAX. FURTHERMORE I AGREE TO KEEP THE COMMISSION ADVISED OF ANY CHANGES IN THE NAMES OR ADDRESSES LISTED ABOVE WITHIN TEN (10) DAYS OF THE CHANGE.



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(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

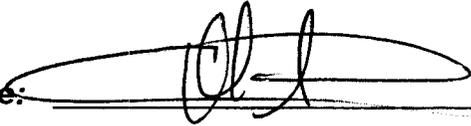
DATE: 1/28/00

Sharon Montanner  
Second owner

APPLICANT ACKNOWLEDGMENT

Applicant Anthony Montaner

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

Signature:  \_\_\_\_\_

Title: owner

Date: 1/28/00

**THIS MUST BE COMPLETED AND RETURNED WITH THE APPLICATION BEFORE THE CERTIFICATION PROCESS BEGINS. FAILURE TO DO SO WILL RESULT IN A DELAY OF THE CERTIFICATE BEING ISSUED.**

**ARTICLES OF INCORPORATION**

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

**ARTICLE I NAME**

The name of the corporation shall be:

NATIONS COMMUNICATION, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

12031 S.W 177 Terr  
MIAMI FL, 33177

**ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 SHARES

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

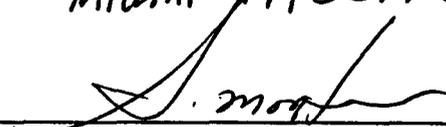
The name and Florida street address of the initial registered agent are:

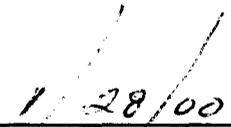
Anthony Montaner  
12031 S.W 177 Terr  
MIAMI FL, 33177

**ARTICLE V INCORPORATOR**

The name and address of the incorporator to these Articles of Incorporation are:

Sharon Montaner  
12031 S.W 177 Terr  
MIAMI FL, 33177

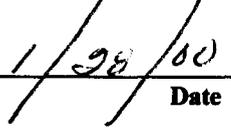
  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Date

NATIONS COMMUNICATION ,INC.

Effective date February 01,2000.

*S. Montone*

RECEIVED  
FLORIDA PUBLIC  
SERVICE COMMISSION  
JAN 31 AM 8:57  
MAIL ROOM

ATTACHMENT B

# FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

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SHARON MONTANER  
ANTHONY R. MONTANER  
12031 SW 177TH TER.  
MIAMI, FL 33177-2356

63-8413/2670  
1793508921  
413  
DATE 1/28/00

PAY TO THE ORDER OF Florida Public Service Commission \$ 100.00  
One hundred 00 DOLLARS

Washington Mutual

Washington Mutual Bank, FA  
Miami/Coral Reef Financial Cent  
25101 S. Dixie Highway  
Miami, FL 33176  
1713  
1-800-788-7000  
24 hour Customer Service

NOTES

*Sharon Montaner*

DOCUMENT NUMBER-DATE  
01507 FEB-38  
FPSC-RECORDS/REPORTING