

Public Service Commission



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

DATE: May 1, 2000

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

FROM: Toni J. McCoy, Regulatory Analyst, Division of Telecommunications

SUBJECT: Open Docket No. 000408-TC, Revise CASR Title

Please revise the CASR title for the above docket from:

Application for certificate to provide pay telephone service by Mi Ranchito, Inc.

*Change to:*

Application for certificate to provide pay telephone service by Leonel Mungia.

NOTE: See a copy of applicant letter and Page 10 of 10 of the PATS application to be placed in the docket file. Please call if you have any questions, 413-6532.

Thank you.

- AFA \_\_\_\_\_
- APP \_\_\_\_\_
- CAF \_\_\_\_\_
- CMU \_\_\_\_\_
- CTR \_\_\_\_\_
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- LEG \_\_\_\_\_
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- OPC \_\_\_\_\_
- RRR \_\_\_\_\_
- SEC 1
- WAW \_\_\_\_\_
- OTH \_\_\_\_\_

*Cy to Nonny*

DOCUMENT NUMBER-DATE

05404 MAY-18

FPSC-RECORDS/REPORTING

Shil/27/00

atte:

Toni S. McCoy

My Name Leonel Mungia  
My application to change  
from Mi Ranchito Inc.  
To as follow

LEONEL MUNGIA  
~~Leonel Mungia~~

Mi Ranchito, Inc.

744 SOUTH BRADFORD AVE.

OCOCHE, FL. 34761

- AFA \_\_\_\_\_
- APP \_\_\_\_\_
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- TRW \_\_\_\_\_
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**\*\*APPLICANT ACKNOWLEDGMENT\*\***

Applicant: LEONEL MUNGUIA

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

LEONEL MUNGUIA  
Print Name

  
Signature

\_\_\_\_\_  
Title

4-27-00  
Date

407 654 4470  
Telephone No.

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

Address: 744 S. Bluford ave  
Ocoee Florida 34761  
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**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.**