

T. McCoy
P. Zisker
Room

SPORTS GIFT USA, INC.

6059 nw 74TH Street
Parkland, FL. 33067
Tel./Fax {954}340-4754

MAIL ROOM
00 MAY -1 AM 9:42
SERVICE DIVISION

Florida Public Service Commission
Division of Records and Reporting
Toni J. McCoy
2540 Shummard Oak Blvd.
Tallahassee, Florida 32399-0850

Date: April 27, 2000

Dear Toni ;

76629

050532-TC

Attached, please find application and \$100 fee for new Certificate.
Please cancel my certificate #7261 once I got approved for new certificate
under my Corporation Name .

I thank you in advance for your cooperation.

Sincerely,

Abdol A. Pourghassem
Abdol A. Pourghassem

DEPOSIT DATE
D 2 8 8 MAY 0 2 2000

DOCUMENT NUMBER-DATE
054326 MAY-18
FPSC-RECORDS/REPORTING

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

**DIVISION OF COMMUNICATIONS
BUREAU OF SERVICE EVALUATION**

**APPLICATION FORM FOR CERTIFICATE TO PROVIDE
PAY TELEPHONE SERVICE
WITHIN THE STATE OF FLORIDA**

000532-TC

INSTRUCTIONS

- ◆ This form is used as an application for an original certificate to provide pay telephone service within the State of Florida.
- ◆ Print or type all responses to each item requested in the application. If an item is not applicable, please explain.
- ◆ Use a separate sheet for each answer which will not fit within the allotted space.
- ◆ Once completed, submit the original and two (2) copies of this form and a non-refundable application fee of \$100.00 to:

**Florida Public Service Commission
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 Communications
Bureau of Service Evaluation
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6600**

1. Name of company or name of individual (not fictitious name or d/b/a):
SPORTS GIFT USA, INC.

2. Name under which applicant will do business (fictitious name, etc.):
PAYPHONE USA

3. Official mailing address:
Street: 6059 N.W. 74TH STREET
P.O. Box: _____
City: PARKLAND
State: FL. Zip: 33067

4. Florida address:
Street: 6059 N.W. 74TH STREET
P.O. Box: _____
City: PARKLAND
State: FL. Zip: 33067

5. Structure of organization:
 Individual
 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: P99000088148

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: G00042900073

8. F.E.I. Number (if applicable): 59-3435621

9. If individual, provide:

Name: _____

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: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____
10. Partnership (continued)
b. Name: N/A
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: ABDOL A. POURGHASSEM
Title: PRESIDENT
Address: 6059 N.W. 74TH STREET
City/State/Zip: PARKLAND, FL 33067
Telephone No.: (954) 340-4754 Fax No.: (954) 340-4754
Internet E-Mail Address: DISCTSPORT@AOL.COM
Internet Website Address: WWW.SPORTSGIFTUSA.COM

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

Name: ABDOL A. POURGHASSEM
Title: PRESIDENT
Address: 6059 N.W. 74TH STREET
City/State/Zip: PARKLAND, FL 33067
Telephone No.: (954) 340-4754 Fax No.: (954) 340-4754
Internet E-Mail Address: DISCTSPORT@AOL.COM
Internet Website Address: WWW.SPORTSGIFTUSA.COM

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.

NO

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.

NO

15. List other states in which the applicant:

a. Is currently providing pay telephone service.

No

b. Has applications pending to be certified as a pay telephone provider.

No

c. Has been denied authority to operate as a pay telephone provider. Explain circumstances.

No

d. Has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders. Explain circumstances.

No

16. Please check (✓) the services that will be provided:

- LOCAL
- LONG DISTANCE
- COIN
- CALLING CARD
- CREDIT CARD
- OTHER (Describe) 911

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 7

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

PERSONALLY

FULL-TIME TECHNICIAN

PART-TIME TECHNICIAN

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.

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.

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:

ABDOL A. POURGHASSEM
Print Name

PRESIDENT
Title

(954) 340-4754
Telephone No.

Abdol A. Pourghassem
Signature

4/27/2000
Date

(954) 340-4754
Fax No.

Address: SPORTS GIFT USA, INC.
6059 N.W. 74TH STREET
PARKLAND, FL 33067

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:

ABDOL A. POURGHASSEM
Print Name

PRESIDENT
Title

(954) 340-4754
Telephone No.

Address:

SPORTS GIFT USA, INC.

6059 N.W. 74TH STREET

PARKLAND, FL 33067

Abdol A. Pourghassem
Signature

4/27/2000
Date

(954) 340-4754
Fax No.

APPLICANT ACKNOWLEDGMENT

Applicant: SPORTS GIFT USA, INC.

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

ABDOL A. PODRGHASSEM
Print Name

Abdol A. Podrghassem
Signature

PRESIDENT
Title

4/27/2000
Date

(954) 340-4754
Telephone No.

(954) 340-4754
Fax No.

Address: SPORTS GIFT USA, INC.
6099 N.W. 74TH STREET
PARKLAND, FL 33067

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.

T. McCoy
P. Isler
ROR

SPORTS GIFT USA, INC.

6059 nw 74TH Street
Parkland, FL. 33067
Tel./Fax {954}340-4754

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Abdol A. Pourghassem
Abdol A. Pourghassem

DEPOSIT DATE
D288 MAY 02 2000

SPORTS GIFT USA INC.

P.O. BOX 670763
CORAL SPRINGS, FL 33067
TEL. (954) 340-4754

0509

63-8655/92
2660

Date 4/27/2000

Pay to the order of FLORIDA PUBLIC SERVICE COMMISSION \$100⁰⁰

One hundred & ^{NO}/₁₀₀ Dollars

CITIBANK, F.S.B.
998 S FEDERAL HWY
BOCA RATON, FL 33432

For Application fee

Abdol A. Pourghassem

0509

DOCUMENT NUMBER-DATE

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