

STATE OF FLORIDA

Commissioners:  
JOE GARCIA, CHAIRMAN  
J. TERRY DEASON  
SUSAN F. CLARK  
E. LEON JACOBS, JR.  
LILA A. JABER



DIVISION OF RECORDS & REPORTING  
BLANCA S. BAYÓ  
DIRECTOR  
(850) 413-6770

## Public Service Commission

June 28, 2000

Ainslee R. Ferdie, Esquire  
717 Ponce de Leon Boulevard, Suite 215  
Coral Gables, Florida 33134

Re: Docket No. 000769-TC

Dear Mr. Ferdie:

This will acknowledge receipt of an application for certificate to provide pay telephone service by 3290 Sunrise Investments, Inc., which was filed in this office on June 26, 2000, and assigned the above-referenced docket number. Appropriate staff members will be advised.

Mediation may be available to resolve any dispute in this docket. If mediation is conducted, it does not affect a substantially interested person's right to an administrative hearing. For more information, contact the Office of General Counsel at (850) 413-6248 or FAX (850) 413-7180.

Please make notes as well that Commission Rule 25-22.005(7), F.A.C., requires certificated companies to notify the Commission of any changes in name, telephone, address, or contact person. Should your application be granted by the Commission, you will be expected to comply with this rule by advising us of any changes as they occur.

Division of Records and Reporting  
Florida Public Service Commission

Doc # 07770-00

00 JUN 26 AM 9:09

000769-TC

1. Name of company or name of individual (not fictitious name or d/b/a):  
3290 Sunrise Investments, Inc.

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

3. Official mailing address:  
DEPOSIT DATE  
D 8 1 5 4 JUN 27 2000  
Street: 3291 W. Sunrise Blvd.  
P.O. Box:  
City: Ft. Lauderdale  
State: Florida Zip: 33311

4. Florida address:  
Street: 3291 W. Sunrise Blvd.  
P.O. Box:  
City: Ft. Lauderdale  
State: Florida Zip: 33311

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: 346329 DOCUMENT NUMBER-DATE

07770 JUN 26 8

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: \_\_\_\_\_

8. F.E.I. Number (if applicable): 59-1270576

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:** \_\_\_\_\_  
**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:** Law Offices of Ainslee R. Ferdie  
**Title:** Ainslee R. Ferdie (owner) attorney  
**Address:** 717 Ponce de Leon Blvd. Suite #215  
**City/State/Zip:** Coral Gables, Florida 33134  
**Telephone No.:** 305-445-3557 **Fax No.:** 305-441-6401  
**Internet E-Mail Address:** lawoffic@gate.net  
**Internet Website Address:** \_\_\_\_\_

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

**Name:** Lori Parrish  
**Title:** Vice President  
**Address:** 3291 Sunrise Blvd.  
**City/State/Zip:** Ft. Lauderdale, Florida 33311  
**Telephone No.:** 954-792-7963 **Fax No.:** 954-792-7962  
**Internet E-Mail Address:** n/a  
**Internet Website Address:** n/a

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: no

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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

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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

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15. List other states in which the applicant:

a. Is currently providing pay telephone service.

\_\_\_\_\_ none \_\_\_\_\_  
\_\_\_\_\_

b. Has applications pending to be certified 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, rules, or orders. Explain circumstances.

\_\_\_\_\_ none \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

- (X) LOCAL
- (X) LONG DISTANCE
- (X) COIN
- (X) CALLING CARD
- (X) CREDIT CARD
- ( ) OTHER (Describe) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 26

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:**

John M. Milledge  
Print Name

General Counsel  
Title

954 792 7963  
Telephone No.

J M Milledge  
Signature

6/14/00  
Date

954 792 7962  
Fax No.

Address: 3291 West Sunrise Blvd.  
Fort Lauderdale, FL 33311

**\*\*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:**

John M. Mulhede  
Print Name

John M. Mulhede  
Signature

General Counsel  
Title

6/14/00  
Date

954 792 7963  
Telephone No.

954 792 7963  
Fax No.

Address: 3291 West Sunrise Blvd  
Fort Lauderdale, FL 33311  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*APPLICANT ACKNOWLEDGMENT\*\***

Applicant: 3290 Sunrise Investments, Inc.

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

John M. Milledge  
Print Name

J. M. Milledge  
Signature

General Counsel  
Title

6/14/00  
Date

954 792 7963  
Telephone No.

954 792 7963  
Fax No.

Address: 3291 West Sunrise Blvd.

Fort Lauderdale, FL 33311

**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.**

RECEIVED  
FLORIDA PUBLIC  
SERVICE COMMISSION

000769-TC

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MAIL ROOM

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3290 Sunrise Investments, Inc.

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

3. Official mailing address:

DEPOSIT

DATE

D 3 1 5 6

JUN 27 2000

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P.O. Box:

City: Ft. Lauderdale

State: Florida

Zip: 33311

4. Florida address:

Street: 3291 W. Sunrise Blvd.

P.O. Box:

City: Ft. Lauderdale

State: Florida

Zip: 33311

5. Structure of organization:

( ) Individual

(X) Corporation

LAW OFFICES OF AINSLEE R. FERDIE  
TRUST ACCOUNT

717 PONCE DE LEON BLVD STE 215  
CORAL GABLES, FL 33134

1516

63-643/670  
BRANCH 13093

DATE June 23, 2000

PAY TO THE ORDER OF Public Service Commission

\$ 100.00

One Hundred and no/100 - DOCUMENT NUMBER DATE

DOLLARS

Security features included. Details on back.



First Union National Bank

R/T 067006432

Application Fee

00-230

07770 JUN 26 8

FOR

⑈001516⑈