

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

DIVISION OF TELECOMMUNICATIONS
BUREAU OF CERTIFICATION AND SERVICE EVALUATION

Application Form for Authority to Provide
Interexchange Telecommunications Service
Between Points Within the State of Florida

000989-TJ

Instructions

- ◆ This form is used as an application for an original certificate and for approval of assignment or transfer of an existing certificate. In the case of an assignment or transfer, the information provided shall be for the assignee or transferee (See Appendix A).
- ◆ Print or Type all responses to each item requested in the application and appendices. If an item is not applicable, please explain why.
- ◆ Use a separate sheet for each answer which will not fit the allotted space.
- ◆ Once completed, submit the original and six (6) copies of this form along with a non-refundable application fee of **\$250.00** to:

Florida Public Service Commission
Division of Records and Reporting
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6770

DEPOSIT

DATE

D387

AUG 01 2000

Note: **No filing fee is required** for an assignment or transfer of an existing certificate to another certificated company.

- ◆ If you have questions about completing the form, contact:

Florida Public Service Commission
Division of Telecommunications
Bureau of Certification and Service Evaluation
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6600

1. This is an application for \checkmark (check one):

(X) **Original certificate (new company).**

() **Approval of assignment/transfer of existing certificate:**
Example, a non-certificated company purchases an existing company and desires to retain the certificate of authority rather than apply for a new certificate.

() **Approval of transfer of control:**
Example, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

2. Name of company:

DSL Telecom, INC.

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

N/A

4. Official mailing address (including street name & number, post office box, city, state, zip code):

7775 SW 87 AV #110

MIA, FL 33176

5. Florida address (including street name & number, post office box, city, state, zip code):

7775 SW 87 AV #110

MIA, FL 33176

6. Select type of business your company will be conducting \checkmark (check all that apply):

Facilities-based carrier - company owns and operates or plans to own and operate telecommunications switches and transmission facilities in Florida.

Operator Service Provider - company provides or plans to provide alternative operator services for IXCs; or toll operator services to call aggregator locations; or clearinghouse services to bill such calls.

Reseller - company has or plans to have one or more switches but primarily leases the transmission facilities of other carriers. Bills its own customer base for services used.

Switchless Rebiller - company has no switch or transmission facilities but may have a billing computer. Aggregates traffic to obtain bulk discounts from underlying carrier. Rebills end users at a rate above its discount but generally below the rate end users would pay for unaggregated traffic.

Multi-Location Discount Aggregator - company contracts with unaffiliated entities to obtain bulk/volume discounts under multi-location discount plans from certain underlying carriers, then offers resold service by enrolling unaffiliated customers.

Prepaid Debit Card Provider - any person or entity that purchases 800 access from an underlying carrier or unaffiliated entity for use with prepaid debit card service and/or encodes the cards with personal identification numbers.

7. Structure of organization;

- | | |
|--|---|
| <input type="checkbox"/> Individual | <input checked="" type="checkbox"/> Corporation |
| <input type="checkbox"/> Foreign Corporation | <input type="checkbox"/> Foreign Partnership |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> Other _____ | |

8. **If individual**, provide:

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

9. **If incorporated in Florida**, provide proof of authority to operate in Florida:

(a) **The Florida Secretary of State Corporate Registration number:**

_____ P99 000 111 752 _____

10. **If foreign corporation**, provide proof of authority to operate in Florida:

(a) **The Florida Secretary of State Corporate Registration number:**

11. **If using fictitious name-d/b/a**, provide proof of compliance with fictitious name statute (Chapter 865.09, FS) to operate in Florida:

(a) **The Florida Secretary of State fictitious name registration number:** _____

12. **If a limited liability partnership**, provide proof of registration to operate in Florida:

(a) **The Florida Secretary of State registration number:** _____

13. **If a partnership**, provide name, title and address of all partners and a copy of the partnership agreement.

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

14. **If a foreign limited partnership**, provide proof of compliance with the foreign limited partnership statute (Chapter 620.169, FS), if applicable.

(a) The Florida registration number: _____

15. Provide F.E.I. Number (if applicable): 06-1588653

16. Provide the following (if applicable):

(a) Will the name of your company appear on the bill for your services?
() Yes () No

(b) If not, who will bill for your services?

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

(c) How is this information provided?

By mail

17. Who will receive the bills for your service?

- Residential Customers
- PATs providers
- Hotels & motels

- Business Customers
- PATs station end-users
- Hotel & motel guests

(X) Universities () Universities dormitory residents
() Other: (specify) _____

18. Who will serve as liaison to the Commission with regard to the following?

(a) The application:

Name: Bey Sedag AT

Title: VP

Address: 1717 N. Bay Shore Dr

City/State/Zip: MIA. FL 33132

Telephone No.: (305) 372-0322 Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

(b) Official point of contact for the ongoing operations of the company:

Name: Same as above

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

(c) Complaints/Inquiries from customers:

Name: Same as Above

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

19. List the states in which the applicant:

(a) has operated as an interexchange telecommunications company.

_____ N/A - NONE

(b) has applications pending to be certificated as an interexchange telecommunications company.

_____ N/A - NONE

(c) is certificated to operate as an interexchange telecommunications company.

_____ N/A - NONE

(d) has been denied authority to operate as an interexchange telecommunications company and the circumstances involved.

_____ N/A - NONE

(e) has had regulatory penalties imposed for violations of telecommunications statutes and the circumstances involved.

N/A - NONE

- (f) has been involved in civil court proceedings with an interexchange carrier, local exchange company or other telecommunications entity, and the circumstances involved.

N/A - NONE

20. Indicate if any of the officers, directors, or any of the ten largest stockholders have previously been:

- (a) 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, please explain.

N/A - NONE

- (b) an officer, director, partner or stockholder in any other Florida certificated telephone company. If yes, give name of company and relationship. If no longer associated with company, give reason why not.

N/A - NONE

21. The applicant will provide the following interexchange carrier services (check all that apply):

a. **MTS with distance sensitive per minute rates**

- Method of access is FGA
- Method of access is FGB
- Method of access is FGD
- Method of access is 800

b. **MTS with route specific rates per minute**

- Method of access is FGA
- Method of access is FGB
- Method of access is FGD
- Method of access is 800

c. **MTS with statewide flat rates per minute (i.e. not distance sensitive)**

- Method of access is FGA
- Method of access is FGB
- Method of access is FGD
- Method of access is 800

d. _____ **MTS for pay telephone service providers**

e. _____ **Block-of-time calling plan (Reach Out Florida, Ring America, etc.).**

f. _____ **800 service (toll free)**

g. _____ **WATS type service (bulk or volume discount)**

- Method of access is via dedicated facilities
- Method of access is via switched facilities

h. _____ **Private line services (Channel Services)**
(For ex. 1.544 mbs., DS-3, etc.)

i. _____ **Travel service**

- Method of access is 950
- Method of access is 800

j. _____ **900 service**

k. _____ **Operator services**

- _____ Available to presubscribed customers
- _____ Available to non presubscribed customers (for example, to patrons of hotels, students in universities, patients in hospitals).
- _____ Available to inmates

I. **Services included are:**

- _____ Station assistance
- _____ Person-to-person assistance
- _____ Directory assistance
- _____ Operator verify and interrupt
- _____ Conference calling

22. Submit the proposed tariff under which the company plans to begin operation. Use the format required by Commission Rule 25-24.485 (example enclosed).

23. Submit the following:

A. **Financial capability.**

The application **should contain** the applicant's audited financial statements for the most recent 3 years. If the applicant does not have audited financial statements, it shall so be stated.

The unaudited financial statements should be signed by the applicant's chief executive officer and chief financial officer **affirming that the financial statements are true and correct** and should include:

1. the balance sheet;
2. income statement; and
3. statement of retained earnings.

NOTE: *This documentation may include, but is not limited to, financial statements, a projected profit and loss statement, credit references, credit bureau reports, and descriptions of business relationships with financial institutions.*

Further, the following (which includes supporting documentation) should be provided:

1. **A written explanation** that the applicant has sufficient financial capability to provide the requested service in the geographic area proposed to be served.
2. **A written explanation** that the applicant has sufficient financial capability to maintain the requested service.
3. **A written explanation** that the applicant has sufficient financial capability to meet its lease or ownership obligations.

B. Managerial capability; give resumes of employees/officers of the company that would indicate sufficient managerial experiences of each.

C. Technical capability; give resumes of employees/officers of the company that would indicate sufficient technical experiences or indicate what company has been contracted to conduct technical maintenance.

**** APPLICANT ACKNOWLEDGMENT STATEMENT ****

1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of .15 of one percent of its 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 that 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 \$250.00 must be submitted with the application.

UTILITY OFFICIAL:

Signature	<u><i>Boy</i></u>	Date	<u>7/12/00</u>
Title	<u>PR</u>	Telephone No.	<u>305-372-0322</u>
Address:	<u>1717 W Bay Shore # 5850</u>	Fax No.	<u>305-592-4241</u>
	<u>Miami FL 33132</u>		

ATTACHMENTS:

- A - CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT
- B - CUSTOMER DEPOSITS AND ADVANCE PAYMENTS
- C - CURRENT FLORIDA INTRASTATE NETWORK
- D - AFFIDAVIT

**** APPENDIX A ****

CERTIFICATE TRANSFER, OR ASSIGNMENT STATEMENT

I, (Name) _____,

(Title) _____ of

(Name of Company)

and current holder of Florida Public Service Commission Certificate Number

_____, have reviewed this application and join in the petitioner's request for a:

() transfer

() assignment

of the above-mentioned certificate.

UTILITY OFFICIAL:

Bej _____ 7/18/00 _____
Signature Date

President _____ 805-372-0322 _____
Title Telephone No.

Address: 1717 N Bay Shore Dr #3850 _____ 305-592-4241 _____
Fax No.

CUSTOMER DEPOSITS AND ADVANCE PAYMENTS

A statement of how the Commission can be assured of the security of the customer's deposits and advance payments may be provided in one of the following ways (applicant, please check one):

- () The applicant will **not** collect deposits nor will it collect payments for service more than one month in advance.

- () The applicant intends to collect deposits and/or advance payments for more than one month's service and will file and maintain a surety bond with the Commission in an amount equal to the current balance of deposits and advance payments in excess of one month.
(The bond must accompany the application.)

UTILITY OFFICIAL:

Signature	<u>Buy</u>	Date	<u>7/11/00</u>
Title	<u>Pres.</u>	Telephone No.	<u>805-372-0322</u>
Address:	<u>1717 NBAYshire # 3850</u>	Fax No.	<u>351-592-421</u>
	<u>Miam. FLA 33132</u>		

CURRENT FLORIDA INTRASTATE SERVICES

Applicant has () or has not () previously provided intrastate telecommunications in Florida.

If the answer is has, fully describe the following:

a) What services have been provided and when did these services begin?

b) If the services are not currently offered, when were they discontinued?

UTILITY OFFICIAL:

Signature

Date

Title

Telephone No.

Address:

Fax No.

Law Offices
Michael William Skop, P.A.
12865 West Dixie Highway
Second Floor
North Miami, FL 33161

Telephone (305) 899-8588
Facsimile (305) 892-8434

Michael William Skop

July 20, 2000

To Whom it May Concern:

Please be advised that this office has been retained by DSL Telecom, Inc. to render legal services as needed. I have also been asked to provide this letter as a supporting document in connection with the various applications submitted by DSL Telecom, Inc., to its various communication concerns.

DSL Telecom, Inc. has been provided with the opportunity to take over option 61(c) from the Grand Building in Miami, Florida. They will be paid \$7,500.00 per month as a service fee and will provide local and long distance telephone calls for the residents of the Grand. DSL Telecom estimates that they will provide service to approximately 400 residents with three (3) months from the initial date of operations.

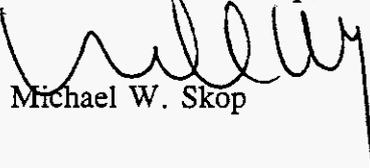
DSL Telecom, Inc. will be seeking contracts with several other buildings in the Miami and Miami Beach areas. They have no cash flow problems, however, if the company needs financing than they expect to receive funds from its sister company, U.S. Alliance Services Corp., a Florida Corporation ("US"). (Please see attached financial documents from "US".)

As a recently formed corporation, DSL Telecom, Inc. has no audited financial statements, and is not indebted to any person or corporation.

Please feel free to contact my office should you have any questions regarding the company.

Sincerely,

Michael William Skop, P.A.



Michael W. Skop

2000 JUL 20 10 10 AM
2000 JUL 20 10 10 AM
2000 JUL 20 10 10 AM

U S ALLIANCE CORPORATION

FINANCIAL STATEMENTS

SEPTEMBER 30, 1999

GERSTLE, ROSEN & ASSOCIATES, P.A.

Certified Public Accountants

Mark R. Gerstle, C.P.A.

Robert N. Rosen, C.P.A.

U S ALLIANCE CORPORATION

We have compiled the accompanying balance sheet of U S Alliance Corporation as of September 30, 1999 and the related statement of operations and accumulated deficit for the fiscal year then ended in accordance with the standards established by the American Institute of Certified Public Accountants.

A compilation is limited to presenting in the form of financial statements information that is the representation of management. We have not audited or reviewed the accompanying financial statements and, accordingly, do not express an opinion or any other form of assurance on them.

Management has elected to omit substantially all of the disclosures and the statement of cash flows required by generally accepted accounting principles. If the omitted disclosures and statements of cash flows were included in the financial statement, they might influence the user's conclusions about the Company's financial position, results of operations, and cash flows. Accordingly, these financial statements are not designed for those who are not informed about such matters.



GERSTLE, ROSEN & ASSOCIATES, P.A.
CERTIFIED PUBLIC ACCOUNTANTS
November 19, 1999

One Turnberry Place
19495 Biscayne Boulevard
Suite 705
Aventura, Florida 33180
Dade (305) 937-0116
Broward (954) 389-1616
Boca Raton (561) 347-8917
Palm Beach (561) 687-2192
Fax (305) 937-0128

Compton Financial Center
980 North Federal Highway
Suite 401
Boca Raton, Florida 33432
Phone (561) 447-4000
Fax (561) 447-4004

5100 Tamiami Trail North
Suite 103
Naples, Florida 34103
Phone: (941) 262-1773
Fax: (941) 263-0166

ASSETS

CURRENT ASSETS		
CASH AND EQUIVALENTS	\$	199,071
ACCOUNTS RECEIVABLE (NET)		211,373
EMPLOYEE ADVANCES		<u>460</u>
TOTAL CURRENT ASSETS	\$	410,904
PROPERTY AND EQUIPMENT		
EQUIPMENT		8,253
ACCUMULATED DEPRECIATION		<u>(3,302)</u>
PROPERTY AND EQUIPMENT (NET)		4,951
OTHER ASSETS		
DEPOSITS		<u>1,500</u>
TOTAL ASSETS	\$	<u>417,355</u>

LIABILITIES & STOCKHOLDERS' DEFICIT

CURRENT LIABILITIES		
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$	316,217
OTHER LIABILITIES		
DUE TO AFFILIATES	\$	277,415
STOCKHOLDER LOANS		<u>200</u>
TOTAL OTHER LIABILITIES		<u>277,615</u>
TOTAL LIABILITIES		593,832
STOCKHOLDERS' DEFICIT		
CAPITAL STOCK		20,000
ACCUMULATED DEFICIT		<u>(196,477)</u>
TOTAL STOCKHOLDERS' DEFICIT		<u>(176,477)</u>
TOTAL LIABILITIES & STOCKHOLDERS' DEFICIT	\$	<u>417,355</u>

PLEASE READ ACCOUNTANTS' COMPILATION REPORT, WHICH
IS AN INTEGRAL PART OF THESE FINANCIAL STATEMENTS.

July 17, 2000



Communications Solutions
5450 NW 33rd Ave., Suite 106
Ft. Lauderdale, Florida 33309
954/735-0130
954/677-2037 fax

To Whom It May Concern:

Upon selection by DSL Telecommunications, Williams Communications Solutions, LLC. can provide comprehensive maintenance on Nortel Option 61C PBX equipment.

Please feel free to contact me if you have further questions regarding this relationship. I can be reached at (954) 677-3307.

Sincerely,

A handwritten signature in cursive script that reads "Robert Wainland".

Robert Wainland
Business Consultant

Law Offices
-Michael William Skop, P.A.
12865 West Dixie Highway
Second Floor
North Miami, FL 33161

Telephone (305) 899-8588
Facsimile (305) 892-8434

Michael William Skop

July 20, 2000

To Whom it May Concern:

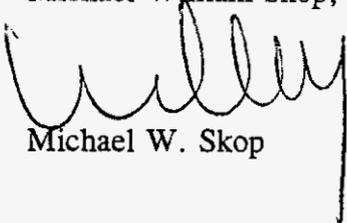
Pursuant to Rule 25-24.825, I have been advised that the following is the proposed partial price list of DSL Telecom, Inc:

1. 7 cents a minute for long distance charges. No additional charges from its subscribers.
2. Additional Monthly Services: \$7.46 line installation, \$5.25 caller ID, \$3.85 Call Waiting, \$4.20 Call Waiting Deluxe, \$3.85 Three Way Calling, \$2.10 Call Forwarding, \$3.85 Star 69, \$2.80 Call Blocking, \$2.80 Call Tracing, \$2.80 Call Selector, \$2.80 Repeat Dialing. These charges are for residential lines. Business lines may be approximately 5% higher.

Please contact my office should you have any further questions.

Sincerely,

Michael William Skop, P.A.


Michael W. Skop

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

000989-TT

DIVISION OF TELECOMMUNICATIONS
BUREAU OF CERTIFICATION AND SERVICE EVALUATION

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 Tallahassee, Florida 32399-0850
 (850) 413-6770

DEPOSIT

DATE

D337

AUG 01 2000

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- ◆ If you have questions about completing the form, contact:

Florida Public Service Commission
Division of Telecommunications

BEY SEDAGHAT 11/99
 1717 N Bayshore Dr Apt 3850
 Miami, Fl 33132-1172

0266

63-60/660

Date 7/12/00

Pay to the Order of Public Service Commission

\$ 250 ⁰⁰/₁₀₀

Dollars Security features included. Details on back.

DOCUMENT NUMBER DATE

SUNTRUST

SunTrust Bank, Miami, N.A.
Miami, FL (305) 591-8000

09253 JUL 31 8

For

By

REC. RECORDS/REPORTING

0266