

ORIGINAL

To: Troni Mc Coy / Regulatory Analyst  
From: Deborah Forcione / DEB TEL COMMUNICATIONS  
Date: 10/16/00 total fax 11 pages

Re: Resubmitted Payphone Application  
File Docket NO. 001546-TC

Enclosed as per your request is my application resubmitted on the updated form along with a copy of my letter confirming my incorporation of Deltel Communications Incorporated. Thank you for your help.

Sincerely,  
Deborah Forcione

I will send original hardcopy via mail

APP \_\_\_\_\_  
CAF \_\_\_\_\_  
CMP \_\_\_\_\_  
COM \_\_\_\_\_  
CTR \_\_\_\_\_  
ECR \_\_\_\_\_  
LEG 1 \_\_\_\_\_  
OPC \_\_\_\_\_  
PAI \_\_\_\_\_  
RGO \_\_\_\_\_  
SEC 1 \_\_\_\_\_  
SER \_\_\_\_\_  
OTH \_\_\_\_\_

McCoy  
By Nonnye

DOCUMENT NUMBER-DATE

13493 OCT 23 08

FPSC-RECORDS/REPORTING

1. Name of company or name of individual (not fictitious name or d/b/a):  
DEBTEL COMMUNICATIONS, INCORPORATED

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

3. Official mailing address:  
Street: 7118 MONTRICO DRIVE  
P.O. Box: \_\_\_\_\_  
City: BOCA RATON #  
State: FLORIDA Zip: 33433

4. Florida address:  
Street: 7118 MONTRICO DRIVE  
P.O. Box: \_\_\_\_\_  
City: BOCA RATON  
State: FLORIDA Zip: 33433

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:** P00000092036

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): 65-1044127

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:

1. **Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Telephone No.:** \_\_\_\_\_ **Fax No.:** \_\_\_\_\_

**Internet E-Mail Address:** \_\_\_\_\_

**Internet Website Address:** \_\_\_\_\_

10. Partnership (continued)

2. 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?

1. The application:

Name: DEBORAH FORGIONE  
Title: MARKETING COORDINATOR  
Address: 7118 MONTRICO DRIVE  
City/State/Zip: BOCA RATON, FLORIDA 33433  
Telephone No.: (561) 362-0976 Fax No.: (561) 750-4159  
Internet E-Mail Address: ~~DEB~~ DFORGIONE@AOL.COM  
Internet Website Address: \_\_\_\_\_

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

Name: DEBORAH FORGIONE  
Title: MARKETING COORDINATOR  
Address: 7118 MONTRICO DRIVE  
City/State/Zip: BOCA RATON, FLORIDA 33433  
Telephone No.: 561-362-0976 Fax No.: (561) 750-4159  
Internet E-Mail Address: DFORGIONE@AOL.COM  
Internet Website Address: \_\_\_\_\_

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:**

1. Is currently providing pay telephone service.

NO

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

NO

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

NO

4. 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) \_\_\_\_\_

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 6

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 ACKNOWLEDGMENT\*\***

Applicant: DEBORAH FORGIONE

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

DEBORAH FORGIONE Deborah Forgione  
Print Name Signature

MARKETING COORDINATOR 10/16/00  
Title Date

561-362-0976 561-750-4159  
Telephone No. Fax No.

Address: 7118 MONTRICO DRIVE  
BOCA RATON, FLORIDA 33433

**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.**



**FLORIDA DEPARTMENT OF STATE**  
**Katherine Harris**  
**Secretary of State**

September 29, 2000

**SPIEGEL & UTRERA, P.A.**  
**343 ALMERIA AVENUE**  
**CORAL GABLES, FL 33134**

The Articles of Incorporation for DEBTEL COMMUNICATIONS, INCORPORATED were filed on September 29, 2000 and assigned document number P00000092036. Please refer to this number whenever corresponding with this office regarding the above corporation.

**PLEASE NOTE: COMPLIANCE WITH THE FOLLOWING PROCEDURES IS ESSENTIAL TO MAINTAINING YOUR CORPORATE STATUS. FAILURE TO DO SO MAY RESULT IN DISSOLUTION OF YOUR CORPORATION.**

**A CORPORATION ANNUAL REPORT/UNIFORM BUSINESS REPORT MUST BE FILED WITH THIS OFFICE BETWEEN JANUARY 1 AND MAY 1 OF EACH YEAR BEGINNING WITH THE CALENDAR YEAR FOLLOWING THE YEAR OF THE FILING DATE NOTED ABOVE AND EACH YEAR THEREAFTER. FAILURE TO FILE THE ANNUAL REPORT/UNIFORM BUSINESS REPORT ON TIME MAY RESULT IN ADMINISTRATIVE DISSOLUTION OF YOUR CORPORATION.**

**A FEDERAL EMPLOYER IDENTIFICATION (FEI) NUMBER MUST BE SHOWN ON THE ANNUAL REPORT/UNIFORM BUSINESS REPORT FORM PRIOR TO ITS FILING WITH THIS OFFICE. CONTACT THE INTERNAL REVENUE SERVICE TO INSURE THAT YOU RECEIVE THE FEI NUMBER IN TIME TO FILE THE ANNUAL REPORT/UNIFORM BUSINESS REPORT. TO OBTAIN A FEI NUMBER, CONTACT THE IRS AT 1-800-829-3676 AND REQUEST FORM SS-4.**

**SHOULD YOUR CORPORATE MAILING ADDRESS CHANGE, YOU MUST NOTIFY THIS OFFICE IN WRITING, TO INSURE IMPORTANT MAILINGS SUCH AS THE ANNUAL REPORT/UNIFORM BUSINESS REPORT NOTICES REACH YOU.**

Should you have any questions regarding corporations, please contact this office at the address given below.

**Loria Poole, Corporate Specialist**  
**New Filings Section**

**Letter Number: 900A00051210**