

Quality Telephone...

December 18, 2000

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

001799-TX

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DEC 20 PM 2:34
RECORDS AND REPORTING

RE: Application for ALEC Certification in the State of Florida

Enclosed you will find six (6) copies and one original application for Quality Telephone, Inc's application for ALEC certification in the state of Florida. On December 13th the following sections were sent: :

- A. Price Sheet
- B. Applicant Acknowledgement Statement & Affidavit
- C. Management Team Review
- D. Financial Capability Documentation

Attached is the actual application.

Please feel free to call me with any questions, 214-824-8016.



Frank McGovern

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DOCUMENT NUMBER - DATE

P.O. BOX 141048 • DALLAS, TEXAS 75214 | 6285 DEC 20 00
PHONE 214-824-8016 • FAX 214-821-0343

FPSC-RECORDS/REPORTING

APPLICATION

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

Original certificate (new company).

Approval of transfer of existing certificate: Example, a non-certificated company purchases an existing company and desires to retain the original certificate of authority.

Approval of assignment of existing certificate: Example, a certificated company purchases an existing company and desires to retain the certificate of authority of that company.

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:

Quality Telephone, Inc

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

Quality Telephone

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

Quality Telephone
P.O. Box 141048
DALLAS, TX 75214-1048

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

~~REF~~ Quality Telephone
C/O BUSINESS FILING
1000 WEST AVE
1114 MIAMI BEACH FL 33139

6. Structure of organization:

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

7. If individual, provide:

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

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

(a) The Florida Secretary of State corporate registration number:

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

(a) The Florida Secretary of State corporate registration number:

FLORIDA # F00000004441

10. **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:

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

(a) The Florida Secretary of State registration number:

12. **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: _____

13. **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: _____

14. **Provide F.E.I. Number(if applicable):** _____

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

Name: JOHN DARRAH
Title: V.P. Management
Address: P.O. BOX 141048
City/State/Zip: DALLAS TX
Telephone No.: 214-526-9845 Fax No.: 214-821-0343
Internet E-Mail Address: QTELEPHONE@AOL.COM
Internet Website Address: _____

(c) Complaints/Inquiries from customers:

Name: DAVE SANCHEZ
Title: MANAGER
Address: P.O. BOX 141048
City/State/Zip: DALLAS TX 75214
Telephone No.: 800527-3233 Fax No.: 214-821-0343
Internet E-Mail Address: QTELEPHONE@AOL.COM
Internet Website Address: _____

17. **List the states in which the applicant:**

(a) has operated as an alternative local exchange company.

~~as of Dec 20 TX, NJ, MD.~~

(b) has applications pending to be certificated as an alternative local exchange company.

New Jersey B MD

(c) is certificated to operate as an alternative local exchange company.

None currently

(d) has been denied authority to operate as an alternative local exchange company and the circumstances involved.

None

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

None

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

None

18. Submit the following:

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

B. 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.