

APPLICATION

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

DIVISION OF COMMUNICATIONS
BUREAU OF SERVICE EVALUATION

010764-TC

APPLICATION FORM
for
AUTHORITY TO PROVIDE PAY TELEPHONE SERVICE
WITHIN THE STATE OF FLORIDA

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 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 two (2) copies of this form, the signed Applicant Acknowledgement Card, 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 Certification and Evaluation
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6600

APPLICATION

1. Name of company;

COINUCOPIA, INC

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

SAME

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

9858 GLADES ROAD

SUITE 103

BOCA RATON, FL 33434

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

SAME

5. Structure of organization:

() Individual

() Corporation

() General Partnership

() Limited Partnership

() Other, _____

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

(a) **Florida Secretary of State Corporate registration number:** F98000006416

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

(a) **Florida Fictitious Name registration number:** _____

8. **F. E. I. Number** (if applicable): 95-4644134

9. **If individual**, provide;

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ **Fax No.:** _____

Internet E-Mail Address: _____

Internet Website Address: _____

10. **If applicant is a 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.:** _____

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Internet E-Mail Address: _____

Internet Website Address: _____

b. Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

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

(a) The application:

Name: LAMILLE CERULLO

Title: CEO

Address: 9858 GLADES RD #103

City/State/Zip: BOCA RATON FL 33

Telephone No.: 561-602-9119 Fax No.: 561-477-2837

Internet E-Mail Address: _____

Internet Website Address: _____

(b) Official Point of Contact for the ongoing operations of the company:

APPLICATION

Name: CAMILLE CERULLO
Title: CEO
Address: 9858 GLADES ROAD #103
City/State/Zip: BOCA RATON, FL 33434
Telephone No.: 561-602-9119 Fax No.: 561-477-2837
Internet E-Mail Address:
Internet Website Address:

(c) Complaints/Inquiries from customers:

Name: CAMILLE CERULLO
Title: CEO
Address: 9858 GLADES ROAD #103
City/State/Zip: BOCA RATON, FL 33434
Telephone No.: 561-602-9119 Fax No.: 561-477-2837
Internet E-Mail Address:
Internet Website Address:

12. Indicate if applicant or any subsidiary, partner, officers, director, 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

14. Is the applicant or any subsidiary, partner, officer, director, or any stockholder a subsidiary, partner, 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 the states in which the applicant:

a. Is currently providing pay telephone service:

NONE

APPLICATION

b. Has applications pending to be certificated 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:

LOCAL	<input checked="" type="checkbox"/>
LONG DISTANCE	<input checked="" type="checkbox"/>
COIN	<input checked="" type="checkbox"/>
CALLING CARD	<input checked="" type="checkbox"/>
CREDIT CARD	<input checked="" type="checkbox"/>
OTHER (Describe)	<input type="checkbox"/>

APPLICATION

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 5

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 pay telephones to be installed provide access to all locally available long distance carriers via 10XXX+0, 1010XXX, 950-XXXX, and 1-800? (See Rule 25-24.515(6), F.A.C.)

(✓) Yes () No

Explain: _____

20. Will each of the pay telephones to be installed conform to subsections 4.29.2 - 4.29.4 and 4.29.8 of the American National Standard Specifications for Making Buildings and Facilities Accessible and Usable by Physically Handicapped People (Attachment F, ANSI STANDARDS)(See Rule 25-24.515(14), F.A.C.).

(✓) Yes () No

**** APPLICANT ACKNOWLEDGEMENT 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 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 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 **\$100.00** must be submitted with the application.

UTILITY OFFICIAL:

Camille Corubio
Signature
CEO
Title

5/7/07
Date
561-602-9119
Telephone No.

Address: 9858 GLADES RD #103
BOCA RATON FL 33434

Fax No. 561 - 477 - 2837

ATTACHMENTS:
A - Affidavit
B - Applicant Acknowledgment

AFFIDAVIT

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, and pay gross receipts tax. Furthermore, I agree to keep the Commission advised of any changes in the names or 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:

Camille Cerullo 5/7/01
Signature: Date

CAMILLE CERULLO
Printed Name:

CEO 561-477-2837
Title: Fax No.

Address: 9858 GLADES Rd #103
BOCA RATON, FL 33434

APPLICANT ACKNOWLEDGEMENT

Applicant: COINUCOPIA, INC.

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

Signature: Camille Cerullo **Date:** 5/7/01
Printed Name: CAMILLE CERULLO
Title: CEO

Address: 9858 BLADES Rd #103
BOCA RATON, FL 33434

Telephone No. 561-602-9119
Fax No. 561-477-2837

THIS ACKNOWLEDGEMENT FORM MUST BE COMPLETED AND RETURNED WITH THE APPLICATION BEFORE THE CERTIFICATION PROCESS BEGINS. FAILURE TO DO SO WILL RESULT IN A DELAY OF THE CERTIFICATE BEING ISSUED.

State of Florida



Department of State

I certify from the records of this office that COINUCOPIA, INC. is a Delaware corporation authorized to transact business in the State of Florida, qualified on November 23, 1998.

The document number of this corporation is F98000006416.

I further certify that said corporation has paid all fees due this office through December 31, 2001, that its most recent annual report/uniform business report was filed on January 22, 2001, and its status is active.

I further certify that said corporation has not filed a Certificate of Withdrawal.



CR2EO22 (1-99)

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capitol, this the
Twenty-fourth day of January, 2001

Katherine Harris

Katherine Harris
Secretary of State