

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

**DIVISION OF REGULATORY OVERSIGHT
CERTIFICATION SECTION**

**APPLICATION FORM FOR CERTIFICATE TO PROVIDE
PAY TELEPHONE SERVICE
WITHIN THE STATE OF FLORIDA**

010972-TC

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. If an item is not applicable, please explain. Pages 8, 9 and 10 must be completed and signed.
- ◆ Use a separate sheet for each answer which will not fit within the allotted space.
- ◆ Once completed, submit the original and two (2) copies of this form 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

Check received with filing and forwarded to Fiscal for deposit.
 Fiscal to forward a copy of check to RAR with proof of deposit.
 Initials of person who forwarded check:

[Handwritten initials]

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

Florida Public Service Commission
 Division of Regulatory Oversight
 Certification Section
 2540 Shumard Oak Blvd.
 Tallahassee, Florida 32399-0850
 (850) 413-6480

Form PSC/CMU-32 (02/99)
 Required by Commission Rule Nos. 25-24.510 & 25-24.511
 File Name: cmu-32.doc

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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: N/A

8. F.E.I. Number (if applicable): 65-048-4270

9. If individual, provide:

Name: LOUIS BELTRAW

Title: President

Address: 7400 NW 7th St. Suite 114

City/State/Zip: MIAMI FL 33126

Telephone No.: 305-2615339 Fax No.: 305-2618497

Internet E-Mail Address: LOUIS@LRCS.COM

Internet Website Address: none

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

1. Name: N/A

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

10. Partnership (continued)

2. Name: N/A
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: Dilowe Barker
Title: Consultant / Programmer
Address: 100 BISCAYNE Blvd Suite 2500
City/State/Zip: MIAMI FL 33132
Telephone No.: 305-3713000 Fax No.: 305-5037658
Internet E-Mail Address: dialo@hema.net
Internet Website Address: N/A.

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

Name: Lois Beltran
Title: President.
Address: 7400 NW 7 St. suite 114
City/State/Zip: MIAMI FL 33126
Telephone No.: 3052615339 Fax No.: 305-2698497
Internet E-Mail Address: LOIS@LBCS.COM
Internet Website Address: None.

15. List other states in which the applicant:

1. Is currently providing pay telephone service.

N/A. - NO -

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

N/A. - NO -

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

N/A. - NO -

4. Has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders. Explain circumstances.

N/A. - NO -

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

- LOCAL
- LONG DISTANCE
- COIN
- CALLING CARD
- CREDIT CARD
- OTHER (Describe) International.

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 200

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:

LOIS H. BELTRAN

Print Name

[Signature]

Signature

President.

Title

07-01-2001

Date

305-2615339

Telephone No.

305-2618497

Fax No.

Address:

7400 nW 7 St. miami
FL 33126 suite 114

****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:

LOIS BELTRAN

Print Name

Lois Beltran

Signature

President

Title

07-01-2001

Date

305-2615339

Telephone No.

305-2618497

Fax No.

Address:

7400 n.w. 7 St. miami
FL 33126 suite 114

****APPLICANT ACKNOWLEDGMENT****

Applicant: Lois H. BELTRAN
L.B. Computer Solution

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

Lois H. BELTRAN [Signature]

Print Name

Signature

President.

07.01-2001

Title

Date

305-2615339

305-2618497

Telephone No.

Fax No.

Address: 7400 n w 7 St. MIAMI
FL. 33126 Suite 114

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.