

ORIGINAL  
DIVISION OF  
ADMINISTRATION  
FLORIDA  
PUBLIC SERVICE COMMISSION  
2001 AUG - 1 PM 1:46

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

**DIVISION OF REGULATORY OVERSIGHT  
CERTIFICATION SECTION**

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

011004-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:

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

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

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

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

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:  
*[Signature]*

DOCUMENT NUMBER-DATE

09363 AUG-15

FPSC-COMMISSION CLERK

011004-TC CK1259  
\$100.00  
MC

1. Name of company or name of individual (not fictitious name or d/b/a): Frederick Garayeb

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

3. Official mailing address:  
Street: 120 NE 29 Street  
P.O. Box: \_\_\_\_\_  
City: Wilton Manors  
State: FL Zip: 33334

4. Florida address:  
Street: 120 NE 29 Street  
P.O. Box: \_\_\_\_\_  
City: Wilton Manors  
State: FL Zip: 33334

5. Structure of organization:

	DEPOSIT	DATE
<input checked="" type="checkbox"/> Individual	D103	AUG 02 2001
<input type="checkbox"/> Corporation		
<input type="checkbox"/> General Partnership		
<input type="checkbox"/> Limited Partnership		
<input type="checkbox"/> Other: _____		

6. If incorporated in Florida, provide proof of authority to operate in Florida:  
**Florida Secretary of State**  
**Corporate Registration Number:** \_\_\_\_\_

09363-01  
8/1/01

011004-TC

1. Name of company or name of individual (not fictitious name or d/b/a):  
Frederick Garayeb

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

3. Official mailing address:

Street: 120 NE 29 Street

P.O. Box: \_\_\_\_\_

City: Wilton Manors

State: FL Zip: 33334

4. Florida address:

Street: 120 NE 29 Street

P.O. Box: \_\_\_\_\_

City: Wilton Manors

State: FL Zip: 33334

5. Structure of organization:

Individual

Corporation

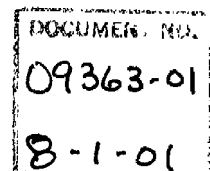
General Partnership

Limited Partnership

Other: \_\_\_\_\_

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

**Florida Secretary of State**  
**Corporate Registration Number:** \_\_\_\_\_



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:** G01206900038

8. F.E.I. Number (if applicable): \_\_\_\_\_

9. If individual, provide:

Name: Frederick Gorayeb

Title: owner

Address: 120 NE 29 Street

City/State/Zip: Wilton Manors FL 33334

Telephone No.: 954-270-0935 Fax No.: 954-390-0935

Internet E-Mail Address: IVN120@CS.COM

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: Frederick Gorayeb  
Title: owner  
Address: 120 NE 29 Street  
City/State/Zip: Wilton Manors FL 33334  
Telephone No.: 954-270-0935 Fax No.: 954-390-0935  
Internet E-Mail Address: EVN120@CS.COM  
Internet Website Address: \_\_\_\_\_

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

Name: Frederick Gorayeb  
Title: owner  
Address: 120 NE 29 Street  
City/State/Zip: Ft Lauderdale FL 33334  
Telephone No.: 954-270-0935 Fax No.: 954-390-0935  
Internet E-Mail Address: EVN120@CS.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:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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, 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*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**15. List other states in which the applicant:**

1. Is currently providing pay telephone service.

NONE

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

NONE

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

NONE

4. 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

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: 8

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:**

Frederick K Grayeb  
Print Name

Frederick Grayeb  
Signature

Counsel  
Title

7-30-01  
Date

954 270 0935  
Telephone No.

954 390-0935  
Fax No.

Address: 120 NE 29 Street  
Wilton Manors  
FL  
33334

**\*\*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:**

Fredrick Garayob  
Print Name

Fredrick Garayob  
Signature

Owner  
Title

Date

954-270-0935  
Telephone No.

954 340 - 0935  
Fax No.

Address:

120 NE 29 Street  
William Morris  
FL 33334

**\*\*APPLICANT ACKNOWLEDGMENT\*\***

Applicant: F J Communications

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

Frederick George Frederick Boyd  
Print Name Signature

Owner 7-30-01  
Title Date

954-270-0935 954-390-0935  
Telephone No. Fax No.

Address: 120 NE 29 Street  
Wilton Manors  
FL 33334

**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.**

# State of Florida



## Department of State

I certify from the records of this office that FJ COMMUNICATIONS is a Fictitious Name registered with the Department of State on July 25, 2001.

The Registration Number of this Fictitious Name is G01206900038.

I further certify that said Fictitious Name Registration is active.

I further certify that this office began filing Fictitious Name Registrations on January 1, 1991, pursuant to Section 865.09, Florida Statutes.

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this the  
Twenty-fifth day of July, 2001



CR2EO22 (1-99)

*Katherine Harris*

Katherine Harris  
Secretary of State