

REQUEST TO ESTABLISH DOCKET

(PLEASE TYPE)

Date: August 2, 2001

Docket No. 011011-TI

1. Division Name/Staff Name: Communications/T.Williams

2. OPR: T.Williams

3. OCR:

4. Suggested Docket Title: Request to change the name on Interexchange Telecommunications Company Certificate No. 7201 from Lionhart of Miami, Inc. d/b/a Astral Communications to Lionhart of Miami, Inc. d/b/a Astr Communications d/b/a L.O.M.

5. Suggested Docket Mailing List (attach separate sheet if necessary)

A. Provide NAMES ONLY for regulated companies or ACRONYMS ONLY regulated industries, as shown in Rule 25-22.104, F.A.C.

B. Provide COMPLETE name and address for all others. (Match representatives to clients.)

1. Parties and their representatives (if any)

Two columns of horizontal lines for listing parties and their representatives.

2. Interested Persons and their representatives (if any)

Two columns of horizontal lines for listing interested persons and their representatives.

6. Check one:

Documentation is attached.

Documentation will be provided with the recommendation.

I:\PSC\RAR\WP\ESTDKT.  
PSC/RAR 10 (Revised 01/96)

DOCUMENT NUMBER-DATE

09460 AUG-30

FPSC-COMMISSION CLERK

**Jackie Gilchrist**

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**To:** Kristen Craig  
**Subject:** RE: Lionhart of Miami, Inc.

*Request to  
add d/b/a*

-----Original Message-----

From: Kristen Craig  
Sent: Thursday, August 02, 2001 10:28 AM  
To: Jackie Gilchrist  
Subject: Lionhart of Miami, Inc.

Jackie,

I contacted a company regarding a prepaid calling card complaint last month, as they were using L.O.M. on their cards even though their certificated name (Certificate No. 7201) is Lionhart of Miami, Inc. d/b/a Astral Communications. I told them that they needed to have L.O.M. registered as a d/b/a with the Commission and as a fictitious name with the Department of State. The company sent me a letter requesting L.O.M. be registered as a d/b/a, along with the application for registration with the Department of State and the registration number. Should I give you a copy of this information so that L.O.M. can be registered as a d/b/a?

Thanks,  
Kristen

# LIONHART OF MIAMI, INC.

## Astral Communications

6600 N.W. 82nd Avenue  
Miami, Florida 33166  
July 24, 2001

Tel.:(305) 591-3911

Fax: (305) 591-0727

Ms. Kristen M. Craig  
State Of Florida  
Public Service Commission  
Division of Regulatory Oversight  
Tallahassee, Florida 32399-0850  
Via Fax (850) 413-6547 and E-mail [kcraig@psc.state.fl.us](mailto:kcraig@psc.state.fl.us)  
Re: Lionhart of Miami, Inc.

As per our Telecom conversation I am writing to you to request that the initials L.O.M. be included as a doing business as in our name certificate No. 7201 for company code TJ284. We have made the proper application to the division of Corporations to register L.O.M. as a d/b/a of our company. The department that ordered the cards made had originally requested the use of the full name but at the last minute someone from the printers call asking for approval to use the acronyms, and this was given by one of the distribution managers.

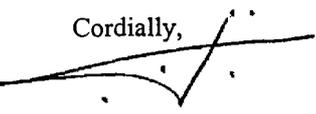
Now, as soon as we receive the certificate and or the acknowledgement from the Division of corporations we will make it available to you.

Regarding Mr. Timo Von Helin, request No. 372339T the usage of the Florida Access \$5.00 is as follows:

03/29/2001 at 03:15:54 called to Finland for a duration of 3.1 min for a charge of	\$1.41
03/29/2001 03:20:43 Finland 33.0	\$2.16
03/29/2001 03:56:20 Finland 1.10	\$1.35
Connection fee of .49 cents per call applies as per poster and back of card. Total	\$1.47
	-----
Total rendered	\$6.39

We at L.O.M. believe in customer satisfaction, but in this case Mr.Von Helin request is completely unsupported and as the facts are exposed this card rendered a bit more than it was supposed to. Never the less we are including a \$5.00 card for Mr. Von Helin for his continued support and purchase of our card.

Cordially,

  
Jaime L. Vaello  
Quality Control Manager

Enclosures: Copy of Card, Copies of Documents submitted for d/b/a

2001 JUL 26 11:10:39  
DIVISION OF  
COMPETITIVE SERVICES



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

July 24, 2001

L.O.M.  
6600 NW 82 AVENUE  
MIAMI, FL 33166

Subject: L.O.M.

REGISTRATION NUMBER: G01204900358

This will acknowledge the filing of the above fictitious name registration which was registered on July 24, 2001. This registration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between January 1 and December 31 of the expiration year to maintain registration. Three months prior to the expiration date a statement of renewal will be mailed.

**IT IS THE RESPONSIBILITY OF THE BUSINESS TO NOTIFY THIS OFFICE IN WRITING IF THEIR MAILING ADDRESS CHANGES.** Whenever corresponding please provide assigned Registration Number.

Should you have any questions regarding this matter you may contact our office at (850) 488-9000.

/vs  
Division of Corporations

Letter No. 301A00042998

**APPLICATION FOR REGISTRATION OF FICTITIOUS NAME**

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

**Section 1**

1. L. O. M.  
Fictitious Name to be Registered

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2. 6600 NW 82 AVENUE  
Mailing Address of Business

Miami Florida 33166  
City State Zip Code

3. Florida County of principal place of business: Dade

4. FEI Number: 65-0794431

This space for office use only

**Section 2**

**A. Owner(s) of Fictitious Name if Individual(s): (Use an attachment if necessary):**

1. _____ Last First M.I.	2. _____ Last First M.I.
_____ Address	_____ Address
_____ City State Zip Code	_____ City State Zip Code
SS# _____ (optional)	SS# _____ (optional)

**B. Owner(s) of Fictitious Name if other than individuals(s): (Use attachment if necessary):**

1. <u>Lionhart of Miami, Inc.</u> Entity Name	2. _____ Entity Name
<u>6600 NW 82 Avenue</u> Address	_____ Address
<u>Miami Florida 33166</u> City State Zip Code	_____ City State Zip Code
Florida Registration Number <u>997000097080</u>	Florida Registration Number _____
FEI Number: <u>65-0794431</u>	FEI Number: _____
<input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable

**Section 3**

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. I (we) further certify that the fictitious name shown in Section 1 of this form has been advertised at least once in a newspaper as defined in chapter 50, Florida Statutes, in the county where the applicant's principal place of business is located. I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

Rita Lionhart 7/19/01  
Signature of Owner Date

Phone Number: \_\_\_\_\_

**Section 4**

FOR CANCELLATION COMPLETE SECTION 4 ONLY:  
FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:

I (we) the undersigned, hereby cancel the fictitious name \_\_\_\_\_  
which was registered on \_\_\_\_\_ and was assigned registration number \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner Date

\_\_\_\_\_  
Signature of Owner Date

Mark the applicable boxes  Certificate of Status - \$10  Certified Copy - \$30  
Filing Fee: \$50

Check on the way

In July 27th Issue

**NOTICE UNDER FICTITIOUS NAME STATUTE TO WHOM IT MAY CONCERN**

Notice is hereby given that the undersigned pursuant to the "Fictitious Name Statute," Chapter 865.09, Florida Statutes will register with the Division of Corporations, Department of State, State of Florida, upon receipt of proof of the publication of this notice, the fictitious, name to wit:

COMPANY NAME ----->

L.O.M.

← FICTITIOUS NAME

under which the below named party/parties will engage in business at

Street ----->

6610 NW 32 Avenue

City, State, Zip ----->

Miami, Florida 33166

That the party/parties interested in said business enterprise is/are as follows:

Name ----->

Lienhart of Miami, Inc.

City, County, State ----->

Dated at Miami, Dade, Florida

Date ----->

7/19/2001

Your Name Robert Senah  
Phone 305. 591. 3911

Type of Business Telecommunications

If you'd like the affidavit sent to an address other than that above, please indicate here:

**COST:\$60 DEADLINE: Monday noon, prior to publication. Payment required.**

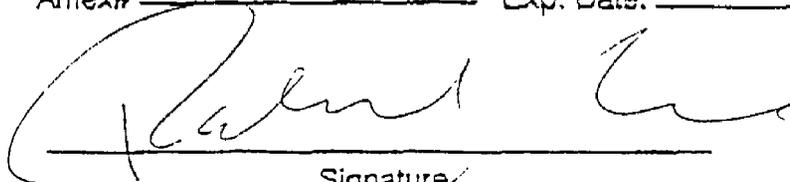
If you wish to pay by

VISA# \_\_\_\_\_ Exp. Date. \_\_\_\_\_

Mastercard# \_\_\_\_\_ Exp. Date. \_\_\_\_\_

Discover# \_\_\_\_\_ Exp. Date. \_\_\_\_\_

Amex# \_\_\_\_\_ Exp. Date. \_\_\_\_\_



Signature

Or mail check to: South Florida Business Journal  
4000 Hollywood Blvd., Ste. 695 South  
Hollywood, FL 33021  
954-559-7135

Attention Sadie Turner

L.O.M.

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## *Fax Transmission*

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To:	Ms. Kristen M. Craig	From:	JAMES
Company:	Public Service Commission	Date:	7/30/01
Fax Number:	1-850-413-6547	Telephone number:	305-391-3911 X-114
No. of pages (including cover sheet):	01	Fax number:	305-391-0717

### STATEMENT OF CONFIDENTIALITY

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Dear Ms Craig,

Please find included copy of the document received by us from the Department of State Div. Of Corporations with the registration number G01204900358 for the acknowledgement of the L.O.M. fictitious Name registration.

As soon as we get the certificate we will make it available to you.

James L. Vaello

If you have any problem with this transmission please call: 1-305-591-3911