

Justin Perryman

Attorney at Law

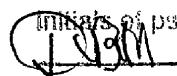
Florida Public Service Commission
Division of Records and Reporting
2540 Shumard Oak Blvd
Tallahassee, FL 32399-0850

RE: Touch-Tel USA, LLC

February 8, 2002

Dear Commission:

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;


020127-TI

Attached is the original application and six copies with a check for \$250.00 for registration before the PSC for a foreign telecommunications company. Please direct all correspondence to my office. If you should have any further questions please don't hesitate to contact me.

Sincerely Yours,



Justin Perryman
Attorney for Touch-Tel USA, LLC

DISTRIBUTION CENTER
02 FEB 15 AM 9:31

ORIGINAL

020127-

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:

TOUCH-TEL USA, LLC

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

TOUCH-TEL

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

5444 Westheimer Road, suite 2050

Houston, Texas 77056

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

6. Select type of business your company will be conducting (check all that apply):

- Facilities-based carrier** - company owns and operates or plans to own and operate telecommunications switches and transmission facilities in Florida.

DOCUMENT NUMBER-DATE
 01787 FEB 15 2008
 FPSC-COMMISSION CLERK

- () **Operator Service Provider** - company provides or plans to provide alternative operator services for IXCs; or toll operator services to call aggregator locations; or clearinghouse services to bill such calls.
- () **Reseller** - company has or plans to have one or more switches but primarily leases the transmission facilities of other carriers. Bills its own customer base for services used.
- () **Switchless Rebiller** - company has no switch or transmission facilities but may have a billing computer. Aggregates traffic to obtain bulk discounts from underlying carrier. Rebills end users at a rate above its discount but generally below the rate end users would pay for unaggregated traffic.
- () **Multi-Location Discount Aggregator** - company contracts with unaffiliated entities to obtain bulk/volume discounts under multi-location discount plans from certain underlying carriers, then offers resold service by enrolling unaffiliated customers.
- (X) **Prepaid Debit Card Provider** - any person or entity that purchases 800 access from an underlying carrier or unaffiliated entity for use with prepaid debit card service and/or encodes the cards with personal identification numbers.

7. Structure of organization;

- () Individual
- () Foreign Corporation
- () General Partnership
- (X) Other Limited Liability Company
- () Corporation
- () Foreign Partnership
- () Limited Partnership

8. **If individual**, provide

Name: _____
Title: _____
Address: _____
City/State/Zip: _____

Telephone No.: _____ Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

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

(a) **The Florida Secretary of State Corporate Registration number:**

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

(a) **The Florida Secretary of State Corporate Registration number:**

11. **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:**

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

(a) **The Florida Secretary of State registration number:** _____

- 13 **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: _____

- 14 **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:** _____

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

16. Provide the following (if applicable):

(a) Will the name of your company appear on the bill for your services?
 Yes (**No**

(b) If not, who will bill for your services?

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

(c) How is this information provided?

17. Who will receive the bills for your service?

- Residential Customers Business Customers
 PATs providers PATs station end-users
 Hotels & motels Hotel & motel guests
 Universities Universities dormitory residents
 Other (specify) pre-paid phone cards

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

(a) The application:

Name: Justin Perryman Attorney at Law

Title: Attorney for Company

Address: 2000 S. Dairy Ashford, Suite 170

City/State/Zip: Houston, Texas 77077

281-589-2900 530-618-6198

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

Internet E-Mail Address: justinperryman@yahoo.com

Internet Website Address: _____

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

Name: Mr. Amanul Syed

Title: President

Address: 5444 Westheimer Road, Suite 2050

City/State/Zip: Houston, Texas 77056

Telephone No.: 713-626-3280 Fax No.: 713-626-4012

Internet E-Mail Address: info@touch-tel.com

Internet Website Address: www.touch-tel.com

(c) Complaints/Inquiries from customers:

Name: Customer Service

Title: _____

Address: 5444 Westheimer Road, Suite 2050

City/State/Zip: Houston, Texas 77056

800-277-5246

Telephone No.: 713-626-3280 Fax No.: 713-626-4012

Internet E-Mail Address: info@touch-tel.com

Internet Website Address: www.touch-tel.com

19 List the states in which the applicant:

(a) has operated as an interexchange telecommunications company.

Texas

(b) has applications pending to be certificated as an interexchange telecommunications company.

FCC

(c) is certificated to operate as an interexchange telecommunications company
PSC/CMU 31 (12/96)

(d) has been denied authority to operate as an interexchange telecommunications company and the circumstances involved.

No

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

No

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

No

20 Indicate if any of the officers, directors, or any of the ten largest stockholders have previously been

(1) adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime involving other such actions in connection with the company's business.

No

(b) an officer, director, partner or stockholder in any other Florida certificated telephone company. If yes, give name of company and relationship. If no longer associated with company, give reason why not.

No

21 The applicant will provide the following interexchange carrier services $\sqrt{\quad}$ (check all that apply):

a. _____ **MTS with distance sensitive per minute rates**

- _____ Method of access is FGA
- _____ Method of access is FGB
- _____ Method of access is FGD
- _____ Method of access is 800

b. _____ **MTS with route specific rates per minute**

- _____ Method of access is FGA
- _____ Method of access is FGB
- _____ Method of access is FGD
- _____ Method of access is 800

c. _____ **MTS with statewide flat rates per minute (i.e. not distance sensitive)**

THIS PAGE MUST BE COMPLETED AND SIGNED
APPLICANT ACKNOWLEDGMENT 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 its 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 \$250.00 must be submitted with the application.

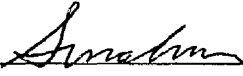
UTILITY OFFICIAL:

Amanul Sved

Print Name
President

Title
(713) 626-3280 (713) 626-4012

Telephone No. **Fax No.**



Signature
2-6-02

Date

Address: 5444 Westheimer Road, Suite 2050

Houston, Texas 77056

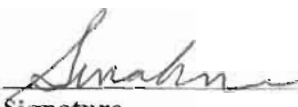
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CUSTOMER DEPOSITS AND ADVANCE PAYMENTS

A statement of how the Commission can be assured of the deposits and advance payments may be provided in one of the following ways (check one):

- (X) The applicant will **not** collect deposits nor will it collect payments for service more than one month in advance.
- () The applicant intends to collect deposits and/or advance payments for more than one month's service and will file and maintain a surety bond with the Commission in an amount equal to the current balance of deposits and advance payments in excess of one month.
(The bond must accompany the application.)

UTILITY OFFICIAL:

<u>Amanul Syed</u>	<u></u>
Print Name	Signature
<u>President</u>	<u>2-6-02</u>
Title	Date
<u>(713) 626-3280</u>	<u>(713) 626-4012</u>
Telephone No.	Fax No.
Address:	<u>5444 Westheimer Road</u>
	<u>Suite 2050</u>
	<u>Houston, Texas 77056</u>
	<u></u>


THIS PAGE MUST BE COMPLETED AND SIGNED

AFFIDAVIT

By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application and attached documents and that the applicant has the technical expertise, managerial ability, and financial capability to provide interexchange telecommunications service in the State of Florida. I 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.

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:

<u>Amanul Syed</u>	<u></u>
Print Name	Signature
<u>President</u>	<u>2-6-02</u>
Title	Date
<u>(713) 626-3280</u>	<u>(713) 626-4012</u>
Telephone No.	Fax No.
Address: <u>5444 Westheimer Road</u>	
<u>Suite 2050</u>	
<u>Houston, Texas 77056</u>	
<u></u>	

CURRENT FLORIDA INTRASTATE SERVICES

Applicant **has** (X) or **has not** () previously provided intrastate telecommunications in Florida.

If the answer is has, fully describe the following:

a) What services have been provided and when did these services begin?

The company was organized in May 14th, 2001. The company
issues and markets pre-paid phone cards in the State of
Texas. These cards are utilized in Florida on occaission.

b) If the services are not currently offered, when were they discontinued?

UTILITY OFFICIAL:

Amanul Syed

Print Name

President

Title

(713) 626-3280

Telephone No.

Address:

5444 Westheimer Road, Suite 2050

Houston, Texas 77056



Signature

2-6-02

Date

(713) 626-4012

Fax No.

CERTIFICATE TRANSFER, OR ASSIGNMENT STATEMENT

I, (Name) _____.

(Title) _____ of _____ (Name of Company)

and current holder of Florida Public Service Commission Certificate Number

_____, have reviewed this application and join in the petitioner's request for a:

() transfer

() assignment

of the above-mentioned certificate

UTILITY OFFICIAL:

AMANUL SYED
Print Name


Signature

PRESIDENT
Title

2-6-02
Date

713 626 3280
Telephone No.

713 626 4012
Fax No.

Address: 5444 WESTHEIMER RD #2050
HOUSTON TX 77056