020401-TC ORIGINAL

Name of company or name of	individual (not fictitious name or d/b/a):	
Name under which applicant w	vill do business (fictitious name, etc.):	
240 KM		
Official mailing address:		
Street:	590 South STate Road 7 Matgata FL 33068	
P.O. Box:	Mangara 76 33068	,
City:	U	
State:	Zip:	
Florida address:		
Street:	Came	
) 47.	
	Zip:	
Jule.		
Structure of organization:	•	8
() Individual		02 MAY
(X) Corporation		Ľ
() General Partnership		
() Limited Partnership		9.3
() Other:		
If incorporated in Florida, pro	ovide proof of authority to operate in Florida:	r.
Florida Secretary of Secretary of Secretary of Secretary Corporate Registration		nd
	forwarded to Fiscal for depo	

P960000 Check received with filing and forwarded to Fiscal for deposit. Fiscal to forward a copy of check to RAR with proof of deposit.

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

person who forwarded check: 2

CH 2666 \$ 100.00 4/36/02 m

02 MOI-TZ D212 MAY 082082

DATE

Name of company or name of 190 PETROLIEUM	individual (not fictitious name or d/b/a):ORIGIN
Name under which applicant w	vill do business (fictitious name, etc.):
Official mailing address:	
Street:	590 South STate Road 7
P.O. Box:	590 South STate Road 7 Matgata FL 33068
	<u> </u>
State:	Zip:
Florida address:	
Street:	Came
) av
	Zip:
Structure of organization:	
() Individual	
(X) Corporation	DIST 02
() General Partnership	3 20
() Limited Partnership	Ovide proof of authority to operate in Florida:
() Other:	A CE
Florida Secretary of St Corporate Registration	tate Number: P96000094405

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

DOCUMENT NUMBER-DATE 2

04920 MAY-78

7.		ing fictitious name d/b/a (doing business as), provide proof of compliance the fictitious name statute (Chapter 865.09, Florida Statutes) to operate in da:		
		Florida Fictitious Name Registration Number:		
8.	F.E.I	Number (if applicable): 65 - 071 0511		
9.	If individual, provide:			
		e:		
	Addı	ress:		
	City/	State/Zip:		
	Tele	phone No.:Fax No.:		
	Inter	net E-Mail Address:		
	Inter	net Website Address:		
10.	If 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.:		
		Internet E-Mail Address:		
		Internet Website Address:		

7.

10. Partnership (continued) b. Name: Address: City/State/Zip: _____ Telephone No.: _____ Fax No.: ____ Internet E-Mail Address: Internet Website Address: Who will serve as liaison to the Commission with regard to the following? 11. The application: a. Name: I SNY 590 Address: City/State/Zip: ____ A arg. Te Telephone No.: 954 - 974-7432 Fax No.: 954 - 917 - 2654 Internet E-Mail Address: Internet Website Address: Official Point of Contact for ongoing company operations including b. complaints and inquiries: Title: Address: ___ 59 o South STaTe City/State/Zip: Telephone No.: 954-974-7402 Fax No.: 954-917-2684

Internet E-Mail Address:

Internet Website Address:

s fe	ndicate if applicant or any subsidiary, partner, officers, directors, or any tockholder has been previously adjudged bankrupt, mentally incompetent, or bund guilty of any felony or of any crime, or whether such actions may result from pending proceedings.
11	so, provide explanation:
_	
e (las the applicant or any subsidiary, partner, officer, director, or any stockholder ver been granted or denied a pay telephone certificate in the State of Florida? This includes active and canceled pay telephone certificates.) If yes, provide xplanation and list the certificate holder and certificate number.
_	Na
_	
s C	the applicant or any subsidiary, partner, officer, director, or any stockholder a ubsidiary, partner, or officer in any other Florida certificated pay telephone ompany? If yes, give name of company and relationship. If no longer ssociated with company, give reason why not.
_	10
_	
_	

15.	List	other states in which the applicant:
	a.	Is currently providing pay telephone service.
		Nil
	b.	Has applications pending to be certified as a pay telephone provider.
	c.	Has been denied authority to operate as a pay telephone provider. Explain circumstances.
	d.	Has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders. Explain circumstances.
		Na
16.	Plea	se 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:
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 <u>0.15 of one percent</u> 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 <u>seven percent</u> sales tax must be paid on intraand interstate revenues.
- 4. APPLICATION FEE: I understand that a non-refundable application fee of \$100.00 must be submitted with the application.

UTILITY	OFFICIAL:			7.
KHALID	KHAN		/(Palis II
Print Name			Signature	
Ownz	/ Marager2		第4=	4-24-02
Title	3		Date	
	74-7402			917-2684
Telèphone N	0.		Fax No.	
Address:	590	jouth	STATC	Road #7
_	Marga	IE -	T L.	33068
	, , , , , , , , , , , , , , , , , , ,			3
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_				

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."

WHALL KHAN Print Name Signature Signature OWNCR Moregol2 Title Date 954-917-2654 Telephone No. Address: 99 South STate Road #7 Wangare TL. 33068

APPLICANT ACKNOWLEDGMENT

Applicant: 592 PETRO	LIEUM INC.
	understanding of the Florida Public Service
Service.	its relating to my provision of Pay Telephone
KHALID. KHAN	Llolid'Ma
Print Name	Signature
Owner / Marger	7-24-02 Date
Title	Date
954-974-7402	954-917-2684 Fax No.
Telephone No.	Fax No.
Address:	
	STate Road 7
Mat 9aTe	STATE Road 7 FL 33068
	· · · · · · · · · · · · · · · · · · ·

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.