

1. Name of company or name of individual (not fictitious name or d/b/a):
590 PETROLIUM INC.

2. Name under which applicant will do business (fictitious name, etc.):
590 PETROLIUM INC.

3. Official mailing address:
Street: 590 590 South State Road 7
P.O. Box: Margate FL 33068
City: _____
State: _____ Zip: _____

4. Florida address:
Street: Same
P.O. Box: _____
City: _____
State: _____ Zip: _____

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: P96000094405

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]

02 MAY '77 AM 9:31
DISTRIBUTION CENTER
STATE-REVENUE-ENTRANCE
04920 MAY-78
FPSC-COMMISSION CLERK

CHK 2666
\$ 100.00
4/30/02
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020401-TZ

DEPOSIT

D212

DATE

MAY 08 2002

ORIGINAL

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590 PETROLEUM INC.

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

590 PETROLEUM INC.

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P.O. Box: Margate FL 33068

City:

State: Zip:

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Street: Same

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() Individual

(X) Corporation

() General Partnership

() Limited Partnership

() Other:

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Florida Secretary of State
Corporate Registration Number: P96000094405

DISTRIBUTION CENTER
02 MAY -7 AM 9:32

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: _____

8. F.E.I. Number (if applicable): 65-0710591

9. If individual, provide:

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet 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: _____

10. Partnership (continued)

b. Name: _____
Title: N/A
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?

a. The application:

Name: Tony KHAN
Title: Owner/Manager
Address: 590 South State Road 7
City/State/Zip: Margate FL 33068
Telephone No.: 954-974-7402 Fax No.: 954-917-2684
Internet E-Mail Address: _____
Internet Website Address: _____

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

Name: Tony KHAN
Title: Manager
Address: 590 South State Rd. 7
City/State/Zip: Margate FL 33068
Telephone No.: 954-974-7402 Fax No.: 954-917-2684
Internet E-Mail Address: _____
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: N/A

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:

a. Is currently providing pay telephone service.

Nil

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

No

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

No

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

No

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: _____ 2

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.

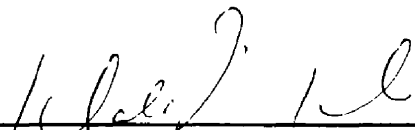
- Yes
 - No Explain: _____
- _____

****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:

KHALID KHAN
Print Name


Signature

Owner / Manager
Title

4-24-02
Date

954-974-7402
Telephone No.

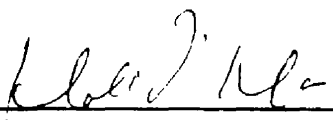
954-917-2684
Fax No.

Address: 590 South State Road #7
MARGATE FL. 33068

****APPLICANT ACKNOWLEDGMENT****

Applicant: 590 PETROLEUM INC.

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

<u>KHALID KHAN</u> Print Name	<u></u> Signature
<u>Owner / Manager</u> Title	<u>4-24-02</u> Date
<u>954-974-7402</u> Telephone No.	<u>954-917-2684</u> Fax No.

Address: _____
_____ 590 South State Road 7 _____
_____ Matgata 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.