

*Bernard Mandel*

ATTORNEY AT LAW

1775 EAST 45TH STREET  
CLEVELAND, OHIO 44103  
TELEPHONE (216) 391-6680  
FAX (216) 431-8254

DISTRIBUTION CENTER

02 MAY 34 AM 8:24

May 10, 2002

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

Re: **North Coast Payphones, Inc.**  
**FL PUC Application**

020418-TC

Dear Sir/Madam:

Enclosed for processing is a completed application with two (2) copies, and the application fee of \$100.00. A copy of qualification and authorization to transact business in Florida, date April 15, 2002, is also enclosed.

If you have any questions I can be reached at (216) 391-6680. Please forward all documentation to my attention at the above-listed address.

Very truly yours,



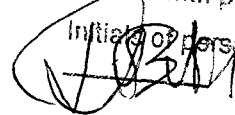
Bernard Mandel

BM/ms

Enc:

cc: North Coast Payphones, Inc.  
File

Check received with filing and  
forwarded to Fiscal for deposit.  
Fiscal to forward a copy of check  
to BAR with proof of deposit.  
Initials of person who forwarded check:



DOCUMENT NUMBER-DATE

05144 MAY 14 8

FPSC-COMMISSION CLERK

020418-TR

1. Name of company or name of individual (not fictitious name or d/b/a):  
\_\_\_\_\_ North Coast Payphones, Inc. \_\_\_\_\_

2. Name under which applicant will do business (fictitious name, etc.):  
\_\_\_\_\_ North Coast Payphones, Inc. \_\_\_\_\_

3. Official mailing address:

Street: \_\_\_\_\_ 3843 St. Clair Avenue \_\_\_\_\_

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

City: \_\_\_\_\_ Cleveland \_\_\_\_\_

State: \_\_\_\_\_ Ohio \_\_\_\_\_ Zip: \_\_\_\_\_ 44114 \_\_\_\_\_

4. Florida address:

Street: \_\_\_\_\_ N/A \_\_\_\_\_

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: \_\_\_\_\_ F02000001899 \_\_\_\_\_

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** \_\_\_\_\_ n/a  
**Registration Number:** \_\_\_\_\_

8. F.E.I. Number (if applicable): 34-1841779

9. If individual, provide:

**Name:** \_\_\_\_\_ n/a

**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:

1. **Name:** \_\_\_\_\_ n/a

**Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Telephone No.:** \_\_\_\_\_ **Fax No.:** \_\_\_\_\_

**Internet E-Mail Address:** \_\_\_\_\_

**Internet Website Address:** \_\_\_\_\_

10. Partnership (continued)

2. Name: \_\_\_\_\_ N/A \_\_\_\_\_  
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: \_\_\_\_\_ Bernard Mandel \_\_\_\_\_  
Title: \_\_\_\_\_ Secretary \_\_\_\_\_  
Address: \_\_\_\_\_ 1775 East 45th Street \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Cleveland, OH 44103 \_\_\_\_\_  
Telephone No.: 216-391-6680 Fax No.: 216-431-8254  
Internet E-Mail Address: \_\_\_\_\_ Mandel@IX.NETCOM.COM \_\_\_\_\_  
Internet Website Address: \_\_\_\_\_

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

Name: \_\_\_\_\_ Howard Meister \_\_\_\_\_  
Title: \_\_\_\_\_ President \_\_\_\_\_  
Address: \_\_\_\_\_ 3843 St. Clair Avenue \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Cleveland, OH 44114 \_\_\_\_\_  
Telephone No.: 216-881-1808 Fax No.: 216-881-1830  
Internet E-Mail Address: \_\_\_\_\_ HMEISTER@COINCALL.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: 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.

YES AmeriCall, Inc.  
Officer and Shareholder.  
AmeriCall, Inc. has sold all of its assets and is no longer  
an operating company.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

1. Is currently providing pay telephone service.

FL., GA., LA., MN., AL., MS

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

MI., IN., TN.

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

NO

4. 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: 200

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: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

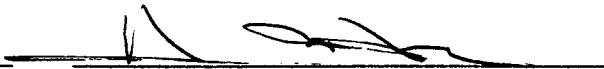
20. Will each of the installed pay telephones conform to subsections 4.28.8.4 and 4.29 of the American National Standard (CABO/ANSI A117.1-1992), Accessible and Usable Buildings and Facilities, approved December 15, 1992 by the American National Standards Institute, Inc.? See Rule 25-24.515(18), Florida 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:**

Howard Meister	
<b>Print Name</b>	<b>Signature</b>
President	May 9, 2002
<b>Title</b>	<b>Date</b>
(216) 881-1808	(216) 881-1830
<b>Telephone No.</b>	<b>Fax No.</b>
<b>Address:</b>	3843 St. Clair Avenue
	Cleveland, OH 44114



**\*\*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:**

Howard Meister

**Print Name**

President

**Title**

(216) 881-1808

**Telephone No.**

**Address:**

3843 St. Clair Avenue

Cleveland, OH 44114



**Signature**

May 9, 2002

**Date**

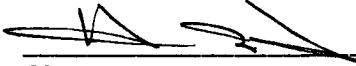
(216) 881-1830

**Fax No.**

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

**Applicant:** North Coast Payphones, 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>Howard Meister</u>	
<b>Print Name</b>	<b>Signature</b>
<u>President</u>	<u>May 9, 2002</u>
<b>Title</b>	<b>Date</b>
<u>(216) 881-1808</u>	<u>(216) 881-1830</u>
<b>Telephone No.</b>	<b>Fax No.</b>

**Address:** \_\_\_\_\_  
\_\_\_\_\_ 3843 St. Clair Avenue \_\_\_\_\_  
\_\_\_\_\_ Cleveland, OH 44114 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

April 17, 2002

BERNARD MANDEL  
1775 EAST 45TH STREET  
CLEVELAND, OH 44103

Qualification documents for NORTH COAST PAYPHONES, INC. were filed on April 15, 2002 and assigned document number F02000001899. Please refer to this number whenever corresponding with this office.

Your corporation is now qualified and authorized to transact business in Florida as of the file date.

The certification you requested is enclosed.

A corporation annual report/uniform business report will be due this office between January 1 and May 1 of the year following the calendar year of the file date. A Federal Employer Identification (FEI) number will be required before this report can be filed. If you do not already have an FEI number, please apply NOW with the Internal Revenue by calling 1-800-829-3676 and requesting form SS-4.

Please be aware if the corporate address changes, it is the responsibility of the corporation to notify this office.

Should you have any questions regarding this matter, please telephone (850) 245-6051, the Foreign Qualification/Tax Lien Section.

Lee Rivers  
Document Specialist  
Division of Corporations

Letter Number: 902A00022835

# State of Florida



## Department of State

I certify from the records of this office that NORTH COAST PAYPHONES, INC., is a corporation organized under the laws of Ohio, authorized to transact business in the State of Florida, qualified on April 15, 2002.

The document number of this corporation is F02000001899.

I further certify that said corporation has paid all fees due this office through December 31, 2002, and its status is active.

I further certify that said corporation has not filed a Certificate of Withdrawal.

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capitol, this the  
Seventeenth day of April, 2002



CR2EO22 (1-99)

*Katherine Harris*

Katherine Harris  
Secretary of State

# State of Florida



## Department of State

I certify the attached is a true and correct copy of the application by NORTH COAST PAYPHONES, INC., an Ohio corporation, authorized to transact business within the State of Florida on April 15, 2002 as shown by the records of this office.

The document number of this corporation is F02000001899.

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capitol, this the  
Seventeenth day of April, 2002



CR2EO22 (1-99)

*Katherine Harris*

Katherine Harris  
Secretary of State