

Clertech.com, Inc
12864 Biscayne Blvd # 213
North Miami, Florida 33181

Florida public services service commission
Division of record and reporting
2540 shumard oak Blvd.
Tallahassee, Florida 32399

020469-TX


To Whom It May Concern:

This letter is to inform that clertech.com, Inc gladly would like to become or certified alternative local exchange service with the state of Florida.

To resale local service from other network or wholesale services, our procedures is to provide good services and satisfactory, clertech.com, Inc will follow and respect the state fees and taxes.

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:



02 MAY 24 AM 8:55

DISTRIBUTION CENTER NUMBER-DATE

05567 MAY 24 8

FPSC-COMMISSION CLERK

**** FLORIDA PUBLIC SERVICE COMMISSION ****

DIVISION OF REGULATORY OVERSIGHT
CERTIFICATION SECTION

APPLICATION FORM
for
AUTHORITY TO PROVIDE
ALTERNATIVE LOCAL EXCHANGE SERVICE
WITHIN THE STATE OF FLORIDA

020469-TX

Instructions

This form is used as an application for an original certificate and for approval of the assignment or transfer of an existing certificate. In the case of an assignment or transfer, the information provided shall be for the assignee or transferee (See Page 12).

Print or type all responses to each item requested in the application and appendices. If an item is not applicable, please explain why.

Use a separate sheet for each answer which will not fit the allotted space.

Once completed, submit the original and six (6) copies of this form along with a non-refundable application fee of **\$250.00** to:

Florida Public Service Commission
Division of Records and Reporting
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6770

If you have questions about completing the form, contact:

Florida Public Service Commission
Division of Regulatory Oversight
Certification Section
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6480

APPLICATION

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:

ClerTech. Com, Inc

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

ClerTech. Com

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

8. NW 93RD Street
Miami, FL 33150

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

12864 Biscayne Blvd #213
North Miami, 33181

6. Structure of organization:

() Individual
() Foreign Corporation
() General Partnership
() Other _____

Corporation
() Foreign Partnership
() Limited Partnership

7. If individual, provide:

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

8. If incorporated in Florida, provide proof of authority to operate in Florida:

(a) The Florida Secretary of State corporate registration number:

P02000030992

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

(a) The Florida Secretary of State corporate registration number:

_____ *N/A* _____

10. **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:

_____ *501177900276* _____

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

(a) The Florida Secretary of State registration number:

_____ *N/A* _____

12. **If a partnership**, provide name, title and address of all partners and a copy of the partnership agreement.

Name: _____

Title: _____

Address: _____ *N/A* _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

13. **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: _____ *N/A* _____

14. **Provide F.E.I. Number**(if applicable): *593718678*

15. Indicate if any of the officers, directors, or any of the ten largest stockholders have previously been:

(a) adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. Provide explanation.

N/A

(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.

N/A

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

(a) The application:

Name: MANE Tracy Clairain
Title: General Manager
Address: 8 NW 92 RD Ste 11
City/State/Zip: Miami, FL 33150
Telephone No.: 305 758-0222 Fax No.:
Internet E-Mail Address: clairain@teltech.com
Internet Website Address: www.teltech.com

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

Name: MAVETrony Clervrain
Title: General manager
Address: 8. NW 93 RD Street
City/State/Zip: Miami FL 33150
Telephone No.: (305) 759-9852 Fax No.: _____
Internet E-Mail Address: clervrain@Tech.com
Internet Website Address: _____

(c) Complaints/Inquiries from customers:

Name: Charles Doré / André Jean Jacques
Title: networking Management / Billing management
Address: 2864 Biscayne Blvd #213
City/State/Zip: North Miami, FL 33181
Telephone No.: (305) 759-9852 Fax No.: _____
Internet E-Mail Address: cdorelus@ClerTech.com / jack@ClerTech.com
Internet Website Address: www.ClerTech.com

17. **List the states in which the applicant:**

(a) has operated as an alternative local exchange company.

Florida

(b) has applications pending to be certificated as an alternative local exchange company.

N/A

(c) is certificated to operate as an alternative local exchange company.

yes / Reseller

(d) has been denied authority to operate as an alternative local exchange company and the circumstances involved.

M/A

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

M/A

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

M/A

18. Submit the following:

A. Managerial capability: give resumes of employees/officers of the company that would indicate sufficient managerial experiences of each.

B. Technical capability: give resumes of employees/officers of the company that would indicate sufficient technical experiences or indicate what company has been contracted to conduct technical maintenance.

C. Financial capability.

The application **should contain** the applicant's audited financial statements for the most recent 3 years. If the applicant does not have audited financial statements, it shall so be stated.

The unaudited financial statements should be signed by the applicant's chief executive officer and chief financial officer **affirming that the financial statements are true and correct** and should include:

1. the balance sheet:
2. income statement: and
3. statement of retained earnings.

NOTE: *This documentation may include, but is not limited to, financial statements, a projected profit and loss statement, credit references, credit bureau reports, and descriptions of business relationships with financial institutions.*

Further, the following (which includes supporting documentation) should be provided:

1. **written explanation** that the applicant has sufficient financial capability to provide the requested service in the geographic area proposed to be served.
2. **written explanation** that the applicant has sufficient financial capability to maintain the requested service.
3. **written explanation** that the applicant has sufficient financial capability to meet its lease or ownership obligations.

Form W-2 Wage and Tax Statement 2001

OMB NO 1545-0048

e Employer's name, address, and Zip code

STAFFAMERICA, INC.
6000 FAIRVIEW ROAD, SUITE 1500
CHARLOTTE NC 28210

e Employee's name, address, and Zip code

CHARLES DORELUS
PO BOX 510453
MIAMI FL 33151-0453

Form W-2 Wage and Tax Statement 2001 table with 20 columns: Social Security tips, Wages, tips, other compensation, Federal income tax withheld, Allocated tips, Social Security wages, Social Security tax withheld, Advanced EIC payment, Medicare wages and tips, Medicare tax withheld, Dependent care benefits, Non qualified plans, See instructions for box 12, Statutory Employee, Retirement plan, Third-Party sick pay, Other, Employer Identification Number, Employee's Social Security Number, State, Employer's State ID number, State wages, tips, etc, State income tax, Local wages, tips, etc, Local income tax, Name of locality.

Copy B to be filed with employee's FEDERAL income tax return this information is being furnished to the Internal Revenue Service

Dept. of the Treasury - IRS

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Form W-2 Wage and Tax Statement 2001

OMB NO 1545-0048

e Employer's name, address, and Zip code

STAFFAMERICA, INC.
6000 FAIRVIEW ROAD, SUITE 1500
CHARLOTTE NC 28210

e Employee's name, address, and Zip code

*****3-DIGIT 331



CHARLES DORELUS
PO BOX 510453
MIAMI FL 33151-0453

Form W-2 Wage and Tax Statement 2001 table with 20 columns: Social Security tips, Wages, tips, other compensation, Federal income tax withheld, Allocated tips, Social Security wages, Social Security tax withheld, Advanced EIC payment, Medicare wages and tips, Medicare tax withheld, Dependent care benefits, Non qualified plans, See instructions for box 12, Statutory Employee, Retirement plan, Third-Party sick pay, Other, Employer Identification Number, Employee's Social Security Number, State, Employer's State ID number, State wages, tips, etc, State income tax, Local wages, tips, etc, Local income tax, Name of locality.

Copy C for EMPLOYEE'S RECORDS (See notice on back)

Dept. of the Treasury - IRS

Form W-2 Wage and Tax Statement 2001

OMB NO 1545-0048

e Employer's name, address, and Zip code

STAFFAMERICA, INC.
6000 FAIRVIEW ROAD, SUITE 1500
CHARLOTTE NC 28210

e Employee's name, address, and Zip code

CHARLES DORELUS
PO BOX 510453
MIAMI FL 33151-0453

Form W-2 Wage and Tax Statement 2001 table with 20 columns: Social Security tips, Wages, tips, other compensation, Federal income tax withheld, Allocated tips, Social Security wages, Social Security tax withheld, Advanced EIC payment, Medicare wages and tips, Medicare tax withheld, Dependent care benefits, Non qualified plans, See instructions for box 12, Statutory Employee, Retirement plan, Third-Party sick pay, Other, Employer Identification Number, Employee's social security number, State, Employer's State ID number, State wages, tips, etc, State income tax, Local wages, tips, etc, Local income tax, Name of locality.

Copy 2 to be filed with EMPLOYEE'S State, City, or Local Income Tax Return

Dept. of the Treasury - IRS

Form W-2 Wage and Tax Statement 2001

OMB NO 1545-0048

e Employer's name, address, and Zip code

STAFFAMERICA, INC.
6000 FAIRVIEW ROAD, SUITE 1500
CHARLOTTE NC 28210

e Employee's name, address, and Zip code

CHARLES DORELUS
PO BOX 510453
MIAMI FL 33151-0453

Form W-2 Wage and Tax Statement 2001 table with 20 columns: Social Security tips, Wages, tips, other compensation, Federal income tax withheld, Allocated tips, Social Security wages, Social Security tax withheld, Advanced EIC payment, Medicare wages and tips, Medicare tax withheld, Dependent care benefits, Non qualified plans, See instructions for box 12, Statutory Employee, Retirement plan, Third-Party sick pay, Other, Employer Identification Number, Employee's social security number, State, Employer's State ID number, State wages, tips, etc, State income tax, Local wages, tips, etc, Local income tax, Name of locality.

Copy 2 to be filed with EMPLOYEE'S State, City, or Local Income Tax Return

0008979

Dept. of the Treasury - IRS

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 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:

MANE Tirony Clervain
Print Name

Gen. Manager
Title

(305) 759-9852.
Telephone No.

[Handwritten Signature]
Signature

02/16/02.
Date

Fax No.

Address:

2864 Biscayne Blvd #212
North Miami, FL 33181

8. NW 93RD Street
Miami, FL 33120

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 alternative local exchange company 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:

Margery Clavin
Print Name

[Signature]
Signature

Esen Manager
Title

05/16/02
Date

(305) 759-9852
Telephone No.

Fax No.

Address: 12864 Bis Esqum Blvd #215
North Miami, FL 33181

800 9311 Street
Miami, FL 33150

INTRASTATE NETWORK (if available)

Chapter 25-24.825 (5), Florida Administrative Code, requires the company to make available to staff the alternative local exchange service areas only upon request.

1. **POP:** Addresses where located, and indicate if owned or leased.

1) _____	2) _____
<i>Resale</i>	<i>from BellSouth</i>
3) _____	4) _____
_____	_____

2. **SWITCHES:** Address where located, by type of switch, and indicate if owned or leased.

1) _____	2) _____
<i>Resale</i>	<i>from BellSouth</i>
3) _____	4) _____
_____	_____

3. **TRANSMISSION FACILITIES:** POP-to-POP facilities by type of facilities (microwave, fiber, copper, satellite, etc.) and indicate if owned or leased.

<u>POP-to-POP</u>	<u>OWNERSHIP</u>
1) _____	_____
<i>Resale</i>	<i>from BellSouth</i>
2) _____	_____
3) _____	_____
4) _____	_____

CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT

I, (Name) MANE Tirony Clermain
(Title) Mr. Enzo Marquis - Clerlech. Com, Inc 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:

sale

transfer

assignment

of the above-mentioned certificate.

UTILITY OFFICIAL:

MANE Tirony Clermain
Print Name

GEN. MANAGER
Title

(305) 759 9852
Telephone No.

[Signature]
Signature

Date

Fax No.

Address:

12864 Biscayne Blvd #213
North Miami FL 33181

8.24 93RD Street
Miami, FL 33158



Financial capability

1-This is to stated that this company does not have statements for the most recent 3 years but we are sure that we are able to provide the services to the user because I will resale the service from the wholesale we have the capability to manage the business, economic, technical support, management and have good databases to store our customer database.

We provide all the financial information to support the company we will try to help our customer to save the money by resale the service from other companies.

BALANCE SHEEET

We provide a balance sheet with all the people that with this company, we send all taxes to make sure we been working to start this business

We also have all the information for the income statement and we will make money if we start the business we will respect state and taxes fees so that the company can have all the taxes information

We sending this application to inform that we have enough capability to maintain the request services

We send this application to inform that we have sufficient financial capability to meet its lease or ownership obligations.

For more information contact the following;

MANETIRONY clervrain:	Email:clervrain@clertech.com	305759-9852
Dorelus Charles	email: cdorelus@clertech.com	305 -957 -0811
Andre jean-Jacques	email:jack@clertech.com	305- 953- 2957

REDACTED

Label (See instructions on page 19.) Use the IRS label. Otherwise, please print or type.

MANETIRONY CLERVAIN
8 NW 93 STREET
MIAMI, FL 33150-0000

IMPORTANT! You must enter your SSN(s) above.

Presidential Election Campaign Note: Checking "Yes" will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want \$3 to go to this fund? Yes No

Filing Status 1 Single 2 Married filing joint return (even if only one had income) 3 Married filing separate return 4 Head of household (with qualifying person) 5 Qualifying widow(er) with dependent child

Exemptions 6a Yourself. 6b Spouse. 6c Dependents: (1) First Name Last Name (2) Dependent's social security number (3) Dependent's relationship to you (4) X if qualifying child for child tax credit. Total number of exemptions claimed 1

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 4331 8a Taxable interest. Attach Schedule B if required 8a 8b Tax-exempt interest. DO NOT include on line 8a. 9 Ordinary dividends. Attach Schedule B if required 9 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 22) 10 11 Alimony received 11 12 Business income or (loss). Attach Schedule C or C-EZ 12 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here 13 14 Other gains or (losses). Attach Form 4797 14 15a Total IRA distributions 15a 15b Taxable amount (see page 23) 15b 16a Total pensions and annuities 16a 16b Taxable amount (see page 23) 16b 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 18 Farm income or (loss). Attach Schedule F 18 19 Unemployment compensation 19 20a Social security benefits 20a 20b Taxable amount (see page 25) 20b 21 Other income. List type and amount (see page 27) 21 22 Add the amounts in the far right column for lines 7 - 21. This is your total income 22 4331

Adjusted Gross Income 23 IRA deduction (see page 27) 23 24 Student loan interest deduction (see page 28) 24 25 Archer MSA deduction. Attach Form 8853 25 26 Moving expenses. Attach Form 3903 26 27 One-half of self-employment tax. Attach Schedule SE 27 28 Self-employed health insurance deduction (see page 30) 28 29 Self-employed SEP, SIMPLE and qualified plans 29 30 Penalty on early withdrawal of savings 30 31a Alimony paid. b Recipient's SSN 31a 32 Add lines 23 through 31a. 32 33 Subtract line 32 from line 22. This is your adjusted gross income 33 1331

Attach Forms W-2 and W-2G here. Also attach Form 1099-R if tax was withheld. If you did not get a W-2, see page 21. Enclose, but do not attach, any payment. Also, please use Form 1040-V.

REDACTED

Tax and Credits Standard Deduction for Most People <ul style="list-style-type: none"> People who checked any box on line 35a or 35b or who can be claimed as a dependent, see page 31. All others: Single: \$4,550 Head of household: \$6,650 Married filing jointly or Qualifying widow(er): \$7,600 Married filing separately: \$3,800 	34 Amount from line 33 (adjusted gross income)	34	4331	
	35a Check if: <input type="checkbox"/> You were 65 or older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65 or older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here	35a		
	b If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see page 31 and check here	35b		
	36 Itemized deductions (from Schedule A) or your standard deduction (see left margin)	36		4550
	37 Subtract line 36 from line 34	37		-219
	38 If line 34 is \$99,725 or less, multiply \$2,900 by the total number of exemptions claimed on line 6d. If line 34 is over \$99,725, see the worksheet on page 32	38		2900
	39 Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-	39		0
	40 Tax. (See page 32.) Check if any tax from a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	40		
	41 Alternative minimum tax. Attach Form 6251	41		
	42 Add lines 40 and 41	42		
	43 Foreign tax credit. Attach Form 1116 if required	43		
	44 Credit for child and dependent care expenses. Attach Form 2441.	44		
	45 Credit for the elderly or the disabled. Attach Schedule R	45		
	46 Education credits. Attach Form 8863	46		
	47 Rate reduction credit. See the worksheet on page 36	47		
	48 Child tax credit (see page 37)	48		
	49 Adoption credit. Attach Form 8839	49		
	50 Other credits from: a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form (specify)	50		
	51 Add line 43 through 50. These are your total credits	51		
	52 Subtract line 51 from line 42. If line 51 is more than line 42, enter -0-	52		0
	53 Self-employment tax. Attach Schedule SE	53		
	54 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	54		
	55 Tax on qualified plans, including IRA's, and other tax-favored accounts. Attach Form 5329 if required	55		
	56 Advance earned income credit payments from Form(s) W-2	56		
	57 Household employment taxes. Attach Schedule H	57		
58 Add lines 52 through 57. This is your total tax	58			
59 Federal income tax withheld from Forms W-2 and 1099	59		405	
60 2001 estimated tax payments and amount applied from 2000 return.	60			
61a Earned income credit (EIC)	61a		331	
b Nontaxable earned income	61b			
62 Excess social security and RRTA tax withheld (see page 51)	62			
63 Additional child tax credit. Attach Form 8812	63			
64 Amount paid with request for extension to file (see page 51)	64			
65 Other payments. Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136	65			
66 Add lines 59, 60, 61a, and 62 through 65. These are your total payments	66		736	
67 If line 66 is more than line 58, subtract line 58 from line 66. This is the amount you overpaid	67		736	
68a Amount of line 67 you want refunded to you	68a		736	
b Routing number			c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
d Account number				
69 Amount of line 67 you want applied to your 2002 estimated tax	69			

Payments

Refund

Amount You Owe

70 Amount you owe. Subtract line 66 from line 58. For details on how to pay, see page 52

71 Estimated tax penalty. Also include on line 70

Do you want to allow another person to discuss this return with the IRS (see page 53)? Yes No

Designee's name: _____ Phone no: _____ Personal identification number (PIN): _____

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? Your signature _____ Date _____ Your occupation **COMPUTOR TCH** Daytime phone number **305**

See page 19.

Keep a copy for your records. Spouse's signature: If a joint return, BOTH must sign. _____ Date _____ Spouse's occupation _____

Paid Preparer's Use Only

Preparer's signature _____ Date 04/13/02 Check if self-employed Preparer's SSN or PTIN - -

Firm's name (or yours if self-employed) and address, and ZIP code _____ EIN - Phone no. _____

W-2's: 2

Date in: 02-07-2002

1099's: _____

New Client: Yes

Client Information

ANDRE JEAN JACQUES SAINNILIA JEAN JACQUES 1031 NE 151 TERRACE MIAMI FL 33162	REDACTED
---	-----------------

County	DADE	Home Phone	(305) 957-0811
Combat Zone		Member of Military	No
Filing status	MARRIED FILING JOINT		
Type of Return	Form 1040		

	Taxpayer	Spouse
Occupation	SECURITY	LABOR
Business Phone	(305) 957-0811	
Date of Birth	03/04/1963	12/06/1976
Age	38	25
Date of Death		
Age 65 or over	No	No
Retired	No	No
Disabled	No	No
Blind	No	No
Deaf	No	No

Name	YOB	SSN	Relationship	Mo	EIC	1040	2441	CTC
KEVIN JEAN JACQUES	2000		SON	12	Yes	Yes	No	Yes
WADLEY JEAN JACQUES	2001		SON	12	Yes	Yes	No	Yes

ITB: _____

Prep: 101

v.17.02

Use the IRS label. Otherwise, please print or type. For the year Jan. 1-Dec. 31, 2001, or other tax year beginning , 2001, ending , 20 OMB No. 1545-0074

ANDRE JEAN JACQUES
SAINNILIA JEAN JACQUES
 1031 NE 151 TERRACE
 MIAMI, FL 33162

Your social security number
REDACTED
 Spouse's social security no.
REDACTED

▲ You must enter your SSN(s) above. ▲

Presidential Election Campaign Note. Checking "Yes" will not change your tax or reduce your refund.
 Do you, or your spouse if filing a joint return, want \$3 to go to this fund? Yes No Yes No

Filing Status
 1 Single
 2 Married filing joint return (even if only one had income)
 3 Married filing separate return Enter spouse's SSN above & full name here. ▶
 4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter child's name here. ▶
 5 Qualifying widow(er) with dependent child (yr spouse died ▶). (See instructions.)

Exemptions
 6a Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a.
 b Spouse.

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see inst.)	No. of children on 6c who
KEVIN JEAN JACQUES			SON	<input checked="" type="checkbox"/>	2
WADLEY JEAN JACQUES			SON	<input checked="" type="checkbox"/>	

d Total number of exemptions claimed **4**

Income	7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	33,691.
8a Taxable interest. Attach Schedule B if required.	8a		8a	161.
b Tax-exempt interest. Do not include on line 8a.	8b			
9 Ordinary dividends. Attach Schedule B if required.	9		9	
10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	10		10	
11 Alimony received	11		11	
12 Business income or (loss). Attach Schedule C or C-EZ	12		12	
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13		13	
14 Other gains or (losses) Attach Form 4797.	14		14	
15a Total IRA distributions	15a		15b	
b Taxable amount (see inst.)			16b	
16a Total pensions and annuities	16a		17	
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17		18	
18 Farm income or (loss). Attach Schedule F.	18		19	
19 Unemployment compensation	19		20b	
20a Social security benefits	20a		21	
b Taxable amount (see inst.)			22	
21 Other income.	21		22	33,852.
22 Add the amounts in the far right column for lines 7 through 21. This is your total income ▶	22			

Adjusted Gross Income	23	IRA deduction (see instructions)	23	
24 Student loan interest deduction (see instructions)	24		25	
25 Archer MSA deduction. Attach Form 8853.	25		26	
26 Moving expenses. Attach Form 3903.	26		27	
27 One-half of self-employment tax. Attach Schedule SE.	27		28	
28 Self-employed health insurance deduction (see instructions).	28		29	
29 Self-employed SEP, SIMPLE, and qualified plans.	29		30	
30 Penalty on early withdrawal of savings.	30		31a	
31a Alimony paid b Recipient's SSN ▶	31a			

32 Add lines 23 through 31a.	32		33	0.
33 Subtract line 32 from line 22. This is your adjusted gross income ▶	33			33,852.

Tax and Credits	34	Amount from line 33 (adjusted gross income)	34	33,852.
	35a	Check if: <input type="checkbox"/> You were 65/older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65 or older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here ▶ 35a		
Standard Deduction for --	b	If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see instructions and check here ▶ 35b <input type="checkbox"/>		
• People who checked any box on line 35a or 35b or who can be claimed as dependent, see inst	36	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	36	12,272.
• All others.	37	Subtract line 36 from line 34.	37	21,580.
Single \$4,550	38	If line 34 is \$99,725 or less, multiply \$2,900 by the total number of exemptions claimed on line 6d. If line 34 is over \$99,725, see the worksheet in the instructions	38	11,600.
Head of household, \$6,650	39	Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-	39	9,980.
Married filing jointly or Qualifying widow(er), \$7,600	40	Tax (see inst.). Check if any tax is from a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	40	1,496.
Married filing separately, \$3,800	41	Alternative minimum tax (see instructions) Attach Form 6251	41	
	42	Add lines 40 and 41. ▶	42	1,496.
	43	Foreign tax credit Attach Form 1116 if required.	43	
	44	Credit for child & dependent care expenses. Attach Form 2441	44	
	45	Credit for the elderly or the disabled Attach Schedule R	45	
	46	Education credits. Attach Form 8863	46	
	47	Rate reduction credit See the worksheet in the instructions	47	
	48	Child tax credit (see instructions)	48	1,200.
	49	Adoption credit Attach Form 8839	49	
	50	Other credits from: a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form	50	
	51	Add lines 43 through 50. These are your total credits	51	1,200.
	52	Subtract line 51 from line 42. If line 51 is more than line 42, enter -0- ▶	52	296.
Other Taxes	53	Self-employment tax. Attach Schedule SE.	53	0.
	54	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	54	
	55	Tax on qualified plans, including IRAs, & other tax-favored accts Attach Form 5329 if required	55	
	56	Advance earned income credit payments from Form(s) W-2.	56	
	57	Household employment taxes. Attach Schedule H.	57	
	58	Add lines 52 through 57. This is your total tax ▶	58	296.
Payments	59	Federal income tax withheld from Forms W-2 and 1099	59	3,347.
	60	2001 estimated tax payments & amt applied from 2000 return	60	
If you have a qualifying child, attach Schedule EIC.	61a	Earned Income credit (EIC)	61a	
	b	Nontaxable earned income 61b		
	62	Excess social security and RRTA tax withheld (see instructions)	62	
1 104012	63	Additional child tax credit Attach Form 8812	63	
NTF 2554185	64	Amount paid with request for extension to file (see instructions)	64	
Copyright 2001 Greatland/Netco LP - Forms Software Only	65	Other payments. Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136	65	
	66	Add lines 59, 60, 61a, and 62 through 65. These are your total payments ▶	66	3,347.
Refund	67	If line 66 is more than line 58, subtract line 58 from line 66. This is the amount you overpaid	67	3,051.
Direct deposit? See inst. and fill in 68b, 68c, and 68d.	68a	Amount of line 67 you want refunded to you ▶	68a	3,051.
	b	Routing no. <input type="text"/> ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account no. <input type="text"/>		
	69	Amt. of line 67 you want applied to your 2002 estimated tax ▶ 69	69	
Amount You Owe	70	Amount you owe. Subtract line 66 from line 58. For details on how to pay, see instructions. ▶	70	
	71	Estimated tax penalty. Also include on line 70	71	
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? . . . <input type="checkbox"/> Yes. Complete the following. <input checked="" type="checkbox"/> No			
Sign Here	Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶	
Joint return? See instructions. Keep a copy for your records.	Your signature	Date	Your occupation SECURITY	Daytime phone number (305) 957-0811
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation LABOR	
Paid Preparer's Use Only	Preparer's signature ▶	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, & ZIP code		EIN	Phone no.
	DANIEL DALGE 12850 NW GREEN AVENUE MIAMI, FL 33167			(305) 544-7724

**SCHEDULE A
(Form 1040)**

Schedule A -- Itemized Deductions

OMB No. 1545-0074

2001

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040. ▶ See Instructions for Schedule A (Form 1040).

Name(s) shown on Form 1040

ANDRE & SAINNILIA JEAN JACQUES

Your social security no.

REDACTED

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others			
	1	Medical and dental expenses		
	2	Enter amount from Form 1040, line 34 ...	2	33,852.
	3	Multiply line 2 above by 7.5% (.075) ...	3	2,539.
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	0.
Taxes You Paid	5	State and local income taxes	5	
	6	Real estate taxes (see instructions)	6	1,542.
	7	Personal property taxes	7	600.
	8	Other taxes ▶	8	
	9	Add lines 5 through 8	9	2,142.
Interest You Paid	10	Home mortgage interest and points reported to you on Form 1098	10	7,052.
	11	Home mortgage interest not reported to you on Form 1098. If paid to seller, show that person's name, ID no., & address ▶		
	12	Points not reported to you on Form 1098. See inst. for special rules.	12	
	13	Investment interest. Attach Form 4952 if required. (See instructions.)	13	
	14	Add lines 10 through 13	14	7,052.
Gifts to Charity	15	Gifts by cash or check Cash/check contribution 910.	15	910.
	16	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	16	
	17	Carryover from prior year	17	
	18	Add lines 15 through 17	18	910.
Casualty and Theft Losses	19	Casualty or theft loss(es). Attach Form 4684. (See instructions)	19	0.
Job Expenses and Most Other Miscellaneous Deductions	20	Unreimbursed empl. exp. You must attach Form 2106 or 2106-EZ if required ▶ Form 2106-EZ 1,725.	20	1,725.
	21	Tax preparation fees	21	230.
	22	Other expenses ▶	22	
	23	Add lines 20 through 22	23	1,955.
	24	Enter amount from Form 1040, line 34 ...	24	33,852.
	25	Multiply line 24 above by 2% (.02)	25	677.
	26	Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-	26	1,278.
Other Miscellaneous Deductions	27	Other -- from list in instructions. List type and amount ▶ UNIFORMS, SHOES, EQUIPMENTS ETC 890.	27	890.
Total Itemized Deductions	28	Is Form 1040, line 34, over \$132,950 (over \$66,475 if married filing separately)? <input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 36 <input type="checkbox"/> Yes. Your deduction may be limited. See instructions for the amount to enter.	28	12,272.

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Preparers Edition

Schedule A (Form 1040) 2001

Unreimbursed Employee Business Expenses

2001

Attachment
Sequence No **54A**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040.**

Your name ANDRE JEAN JACQUES	Occupation in which you incurred expenses SECURITY	Social security number
--	--	------------------------

You May Use This Form Only if All of the Following Apply.

REDACTED

- You are an employee deducting expenses attributable to your job.
- You **do not** get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 are not considered reimbursements).
- If you are claiming vehicle expense, you are using the standard mileage rate for 2001.
Caution: You can use the standard mileage rate for 2001 **only if:** (a) you owned the vehicle and used the standard mileage rate for the first year you placed the vehicle in service or (b) you leased the vehicle and used the standard mileage rate for the portion of the lease period after 1997.

Part I Figure Your Expenses

1 Vehicle expense using the standard mileage rate. Complete Part II and multiply line 8a by 34 1/2¢ (.345)	1	1,725.
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel or commuting to and from work	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment.	4	
5 Meals and entertainment expenses: \$ _____ x 50% (.50) (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses by 60% (.60) instead of 50%. For details, see instructions.)	5	
6 Total expenses. Add lines 1 through 5. Enter here and on line 20 of Schedule A (Form 1040). (Fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.)	6	1,725.

Part II Information on Your Vehicle. Complete this part **only** if you are claiming vehicle expense on line 1.

7 When did you place your vehicle in service for business use? (month, day, year) ▶ _____	01/20/2000
8 Of the total number of miles you drove your vehicle during 2001, enter the number of miles you used your vehicle for	
a Business _____ 5,000	b Commuting _____ 2,000
	c Other _____ 1,000
9 Do you (or your spouse) have another vehicle available for personal use?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10 Was your vehicle available for personal use during off-duty hours?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11a Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b If "Yes," is the evidence written?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

For Paperwork Reduction Act Notice, see Instructions.

❖ MANETIRONY CLERVRAIN

- Objective**
- ❖ To obtain Employment in progressive company relating to the development of management,
 - ❖ Computer devices, technical, software, customer service and sales
- Summary of qualifications**
- ❖ Sold computers products to end user set up customer accounts from the lagers distributors in the United States.
 - ❖ Gained extensive experience in cold calling and getting to the decision maker.
 - ❖ Background in quality control and new product start up.
 - ❖ Results –oriented professional who gets the job done.
 - ❖ Effective team player with strong communication and facilitation skills.
 - ❖ Developed new customer's thoughts trade shows and effectives sales marketing campaigns.
 - ❖ Managed all aspects of administration, purchasing, inventory management, quality control, cost controls and achieving revenue objectives.
 - ❖ Searching and sign contract with distributors to become authorize reseller.
 - ❖ Self motivated and focused ;comfortable working indenpendently with little supervision
 - ❖ Computer literate in windows ,MS word ,Ms office ,and the internet
 - ❖ Ambitious sales professional with more than two years of proven sales experience
- Education**
- ❖ Florida computer and business school Miami , Florida
 - ❖ Computer networking engineer : prepare for successful entry and advancement in the field of network computing and system integration .prepare to operate Microsoft windows 2000 ,Cisco and novel network operating systems
 - ❖ Learning the fundamentals of computers .application software and computer repair, troubleshoot network design and implement upgrades and make enhancements on network operating systems.
 - ❖ American intercontinental university Ft Lauderdale ,Florida
 - ❖ Bachelor of information technology & management: the development of appropriate business skills, the use of network, the development of programming skills, education in data administration and the completion of IT projects.
- Professional experience**
- ❖ Convergys's corporation Ft Lauderdale , Florida
 - ❖ Customer services: as well as sales experience involved selling ATT long distance and credit customer account for a period of time.
 - ❖ Radian telecom ,Inc Miami ,Florida

- ❖ Customer services and management: respond customer issue and credit customer calling account and technical problem.
- ❖ Talk .com, Inc Ft Lauderdale , Florida
- ❖ As a part of telecommunication experience full of customer services and management using their operating system and lens software .resale services from their origin number they have provide them discount and credit customer account

Interests and activities

- ❖ Procedures and perform routine maintenance on pc using windows utilities, network knowledge, Understand different type of protocols.

1031 NE 151 TERRACE • NORTH MIAMI BEACH, FL 33162
PHONE 305-957-0811 • E-MAIL JACK@CLERTECH.COM

➤ JEAN-JACQUES, ANDRE

OBJECTIVE

- To be established in an associate firm connected by similarities to process of development management and financing issue.

SUMMARY OF QUALIFICATIONS

- Proven track record of success in positions of increasing responsibility.
- Outstanding organizational and management skills; talent for seeing “the big picture.”
- Adept at establishing effective working relationships with clients, colleagues, and industry associations.
- Highly motivated with a strong commitment to delivering quality service.
- Skilled in contract negotiations; articulate and persuasive in written and verbal presentations.
- Dedicated professional who works until the job is done.
- Well-organized but flexible problem solver who enjoys being challenged.
- Effective team player with strong interpersonal and communication skills.
- Self-motivated and focused; comfortable working independently with little supervision.
- Computer literate in endows, Ms Word, Ms Office, and the internet.
- Self-motivated and using accounting software” quick book” financial problem, invoice, billing, and direct mail

EDUCATION

- Tertulien Lecler Port-au-prince, Haiti
- High school completed: knowledge different languages, Spanish, English, French and other high school courses.
- Laws School Port-au-prince, Haiti
- Laws Economies Environment, Social Study, management
Lindsey Hopkins: Miami, Florida
- Accounting: The role of accounting in decision making .concepts and techniques for analyzing corporate annual report, accounting methods for budgetary operations and long-long range planning are discussed.

- Miami-Dade Community College Miami, Florida
- Associate Degree in business Management: learning concept of business procedures and role of business.

PROFESSIONAL EXPERIENCE

- D S I Security Miami Florida
- Security Officer: Control safety area and providing High quality customer services.
- Immigration and Naturalization Services Miami Florida
- Security Officer: High quality customer services by monitoring customer via video cameras.

REFERENCES

- Available upon request

820 NW. 133 STREET
N. MIAMI, FL. 33168

Phone 305) 953-2957
Fax 305) 953-2957
E-mail
Cdorelus@clertech.com

Charles Dorelus

Objective

To be one of the most respected one by proving good services with reasonable prices in a progressive company that can be an example for others.

Peer Counselor with focus on developing a bridge for students of different cultures.

Summary of qualification

- ❖ Reliable and committed sales and marketing professional with 3 years of experience in the telecommunications industry we provided.
- ❖ Proven track record of success in positions of increasing responsibility.
- ❖ Outstanding, organizational, and management skills; talent for seeing the big picture.
- ❖ Adept at establishing effective working relationships with clients, colleagues, and industry associations.
- ❖ Highly motivated with a strong commitment to delivering quality service.
- ❖ Skill in contract negotiations is articulate and persuasive in written and verbal presentations.

Education

Bachelor of Information Technology & Management

- ❖ American Intercontinental University of South Florida
- ❖ Computer science associate with art

Miami Dade community College, North Campus

Computers: Lotus 1-2-3, MS word, power point, Access, IBM and Macintosh computers.

Professional

- ❖ Established network affiliates in the Southern Region

experience

through analysis of the marketplace, cold calling, and exceptional after sale service.

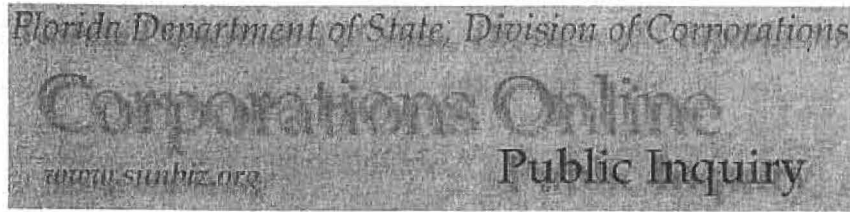
- ❖ Positioned niche network, negotiated contracts, and effected ongoing affiliate support with local add sales, promotions, and community outreach programs.
- ❖ Consistently exceeded annual goals by 22% percent; recipient of three "Region of the Year" awards.
- ❖ Negotiated more than 125 new client agreements were expanding national distribution and revenue.
- ❖ Collaborated with marketing department to create targeted marketing campaigns for new distribution outlets, were resulting in increased value, awareness, and sales.
- ❖ Organized participation in and worked trade shows.
- ❖ And networking administration

Languages

Working knowledge of English and French

Hobbies

Sport, Movies, and more



Florida Profit

CLERTECH.COM.INC.

PRINCIPAL ADDRESS

12864 BISCAYNE BLVD
 #213
 NORTH MIAMI FL 33181
 Changed 03/25/2002

MAILING ADDRESS

PO BOX 531128
 MIAMI FL 33153
 Changed 03/25/2002

Document Number
 P02000030992

FEI Number
 593718678

Date Filed
 03/15/2002

State
 FL

Status
 ACTIVE

Effective Date
 NONE

Registered Agent

Name & Address
CLERVRAIN, MANETIRONY 8 NW 93 RD STREET MIAMI FL 33150

Officer/Director Detail

Name & Address	Title
CLERVRAIN, MANETIRONY 8 NW 93 RD STREET	D