

030168-TC

1. Name of company or name of individual (not fictitious name or d/b/a):
Brothers Service Corp. / Belivar Baez

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

3. Official mailing address:
Street: 102 S. 4th St
P.O. Box: _____
City: Immokalee
State: FL Zip: 34142

4. Florida address:
Street: Same as above
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: PO1000080305

Check received with filing and forwarded to Fiscal for deposit. Fiscal to forward deposit information to Florida's.

Initials of person who forwarded check:

JB

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: Brothaus Service Corp

8. F.E.I. Number (if applicable): 65-1129883

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:

a. Name: Cesar Hinojosa

Title: Vice Pres.

Address: 117 W. Jefferson Av

City/State/Zip: Immokalee FL

Telephone No.: (239) 657-4373 Fax No.: (239) 657-9700

Internet E-Mail Address: N/A

Internet Website Address: N/A

10. Partnership (continued)

b. 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?

a. The application:

Name: Bolivar Baez
Title: President
Address: 117 W. Jefferson Ave.
City/State/Zip: Immokalee FL 34142
Telephone No.: 239-657-4373 Fax No.: 239-657-9700
Internet E-Mail Address: _____
Internet Website Address: _____

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

Name: Same as above
Title: _____
Address: _____
City/State/Zip: _____
Telephone No.: _____ Fax No.: _____
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: Cesar Hinojosa - Vice President

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.

None

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

None

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

None

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

None

16. Please check (✓) the services that will be provided:

- () LOCAL
- () LONG DISTANCE
- () COIN
- (x) CALLING CARD
- () CREDIT CARD
- () OTHER (Describe) _____

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 9

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 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. **APPLICATION FEE:** I understand that a non-refundable application fee of \$100.00 must be submitted with the application.

UTILITY OFFICIAL:

Bolivar Baez

Print Name



Signature

President

Title

2-7-03

Date

(239) 657-4373

Telephone No.

(239) 657-9700

Fax No.

Address:

117 W. Jefferson Av

Immokalee, FL 34142

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:

BOLIVAR BAEZ
Print Name


Signature

President
Title

2-7-03
Date

239-657-4373
Telephone No.

239-657-9700
Fax No.


Address: 117 W. Jefferson Av.
Immokalee FL 34142

****APPLICANT ACKNOWLEDGMENT****

Applicant: Brothers Service Corp.

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

Belivar Baez
Print Name


Signature

President
Title

2-7-03
Date

239-657-4373
Telephone No.

239-657-9700
Fax No.

Address: 117 W. Jefferson Ave.
Immokalee FL 34142

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.

FREQUENTLY ASKED QUESTIONS

PAY TELEPHONE SERVICE

Official requirements for pay telephone service can be found in the Rules Governing Pay Telephone Service. This document is provided as an aid to assist applicants who seek to provide pay telephone service and Florida Administrative Code prevails in the case of conflict.

Prepared by:

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

www.floridapsc.com

September, 2000

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

FIELD(1)

PERIOD COVERED:

FIELD(3)

FOR PSC USE ONLY

Check# _____

\$ _____ 060300
00300

\$ _____ P
060300
00401

\$ _____ 1

Postmark Date _____

Initials of Preparer _____

Please Complete Below If Official Mailing Address Has Changed

BROTHER SERVICES CORP. (Name of Company) 306 W MAIN ST. (Address) FLA. (City/State) 34142 (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ _____
2.	Gross Intrastate Revenue	_____
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(_____)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ _____
5.	Regulatory Assessment Fee Due — (Multiply Line 4 by 0.0015)	_____
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____
8.	TOTAL AMOUNT DUE	\$ _____

AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED

9. Number of pay telephones in operation at close of period covered by this Return 8

* These amounts must be intrastate only and must be verifiable.

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and belief the above information is a true and correct statement. I am aware that pursuant to Section 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.

BOLIVAR BAEZ
(Signature of Company Official)

PRESIDENT (Title) 02-12-03 (Date)

(Preparer of Form - Please Print Name)

Telephone Number (239) 657-4373 Fax Number (239) 657-9700

F.E.I. No. _____