

**ORIGINAL**

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February, 25, 2003

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VIA OVERNIGHT DELIVERY

COMMISSION  
CLERK

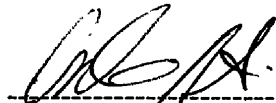
Florida Public Service Commission  
Division of Records and Reporting  
2540 Shumard Oak Blvd.  
Gunter Bldg.  
Tallahassee, Florida 32399-0850

RE: Application of Conextel, Inc. for Authority to Provide Alternative Local Exchange Services within the State of Florida.

Enclosed for filing are the original and six (6) copies of the above-referenced application of Conextel, inc. Also enclosed is a check in the amount of \$250.00 to cover the filing fee.

Please return a stamped copy of the extra copy of this letter in the enclosed preaddressed prepaid envelope. If you have any questions regarding this matter, please do not hesitate to contact me via phone (305-821-8863). or email ([tony@conextelonline.com](mailto:tony@conextelonline.com)). Thank you very much for your attention in this matter.

Sincerely,



ANTONIO M. PITA  
CONEXTEL, PRESIDENT

DISTRIBUTION CENTER  
04 FEB 27 AM 10:48

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FPSC-BUREAU OF RECORDS

Check received with filing and forwarded to Fiscal for deposit. Fiscal to forward deposit information to Records.

Initials of person who forwarded check:



DOCUMENT NUMBER-DATE

02904 FEB 27 3

FPSC-COMMISSION CLERK

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

**DIVISION OF COMPETITIVE MARKETS AND ENFORCEMENT**  
**CERTIFICATION**

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

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**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 the Commission Clerk and Administrative Services**  
**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 Competitive Markets and Enforcement**  
**Certification**  
**2540 Shumard Oak Blvd.**  
**Tallahassee, Florida 32399-0850**  
**(850) 413-6600**

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## 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:

CONEXTEL, INC.

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

CONEXTEL, INC.

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

801 WEST 49<sup>th</sup> ST., SUITE 103  
HIALEAH, FL 33012

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

801 WEST 49th St., SUITE 103  
HIALEAH, FL. 33012

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:

P 04000033909

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

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

\_\_\_\_\_

**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:

\_\_\_\_\_

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

(a) The Florida Secretary of State registration number:

\_\_\_\_\_

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

Name: \_\_\_\_\_

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

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

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: \_\_\_\_\_

**14. Provide F.E.I. Number(if applicable):** 20-0770821

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.

NO

(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.

NO

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

(a) The application:

Name:

ANTONIO M. PITA

Title:

PRESIDENT

Address:

801 WEST 49TH STREET SUITE 103

City/State/Zip:

HALEAH, FL 33012

Telephone No.:

(305) 821-8863

Fax No.:

(786) 621-0466

Internet E-Mail Address:

TONY@CONEXTELONLINE.COM

Internet Website Address:

WWW.CONEXTELONLINE.COM

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

Name: ADELA PITA  
Title: VICE-PRESIDENT  
Address: 801 W. 49th ST., SUITE 103  
City/State/Zip: HAIALEAH, FL. 33012  
Telephone No.: (305) 821-8863 Fax No.: (786) 621-0466  
Internet E-Mail Address: ADELA@CONEXTELOONLINE.COM  
Internet Website Address: CONEXTELOONLINE.COM

(c) Complaints/Inquiries from customers:

Name: ANTONIO J. PITA  
Title: OFFICE MANAGER  
Address: 801 W. 49th ST., SUITE 103  
City/State/Zip: HAIALEAH, FL. 33012  
Telephone No.: (305) 821-8863 Fax No.: (786) 621-0466  
Internet E-Mail Address: TONYJR@CONEXTELOONLINE.COM  
Internet Website Address: CONEXTELOONLINE.COM

17. List the states in which the applicant:

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

NO

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

NO

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

NO

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

NO

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

NO

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

NO

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**18. Submit the following:**

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

PLS. SEE ATTACHED RESUME.

**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.**

PLS. SEE ATTACHED RESUME



### 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: (New Company)
2. income statement: and (New Company)
3. statement of retained earnings. (New Company)

**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.

PLS. SEE ATTACHED EXPLANATIONS.

**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. **APPLICATION FEE:** I understand that a non-refundable application fee of \$250.00 must be submitted with the application.

**UTILITY OFFICIAL:**

ANTONIO M. PITA


Print Name

PRESIDENT

Title

(305) 821-8863 / (305) 498-7733

Telephone No.



Signature

02/25/2004

Date

(786) 621-0466

Fax No.

Address:

801 WEST 49TH STREET

SUITE 103

HIACLEAH, FL. 33012

**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

ANTONIO M. PITA  
Print Name

[Signature]  
Signature

PRESIDENT  
Title

02/25/2004  
Date

(305) 821-8863 / (305) 498-7733  
Telephone No.

(786) 621-0466  
Fax No.

**Address:**

801 WEST 49TH STREET  
SUITE 103  
HALEAH, FL. 33012

**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) <u>NONE</u> | 2) _____ |
| _____          | _____    |
| 3) _____       | 4) _____ |
| _____          | _____    |

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

- |                |          |
|----------------|----------|
| 1) <u>NONE</u> | 2) _____ |
| _____          | _____    |
| 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) <u>NONE</u>    | _____            |
| 2) _____          | _____            |
| 3) _____          | _____            |
| 4) _____          | _____            |

# CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT

I, (Name) \_\_\_\_\_  
(Title) \_\_\_\_\_ 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:

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Telephone No. \_\_\_\_\_

Fax No. \_\_\_\_\_

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

801 W 49 ST. STE. 103  
HIALEAH, FL 33012

Phone 305-821-8883  
Fax 786-621-0466  
E-mail  
TONY@CONEXTELONLINE.COM

# Antonio M. Pita

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## Summary of qualifications

### PROFESSIONAL BACKGROUND

**BEEPERS FORLESS, INC.** December – 1991 - Present  
Hialeah, Fla. Paging wireless, Telecommunication Company  
President.

Responsible for the operation of the company, with gross sales of approximately \$400,000 for the last ten years.

Responsibilities include:

Sales Marketing – Technical Supervision – Purchasing – Policies  
Procedures – Strategic Management.

**RACAL – DATACOM** September 1972 to October 1991  
Sunrise Florida Data and Telecommunication Company  
Senior Test Engineer

Responsible for developing automated test equipment and test procedures to efficiently test, dial up and lease line modems, multiplexers, data encryptors, local area networks and telecommunication equipment.

Responsible for training and directing senior technical personnel and lower level engineers on test specifications and plans required for new products.

## Education

Electrical Engineering – Business Administration  
Miami Dade Community College  
Control Data Institute  
Degree in Computer Technology

## Languages

FLUENT IN ENGLISH AND SPANISH

## References

EXCELLENT REFERENCES WILL BE PROVIDED UPON REQUEST

801 W 49 ST. STE. 103  
HIALEAH, FL 33012

Phone 305-821-8863  
Fax 786-621-0466  
E-mail  
ADELA@CONEXTELONLINE.COM

# Adela Pita

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## Summary of qualifications

### PROFESSIONAL BACKGROUND

**BEEPERS FORLESS, INC.** December 1991 – Present  
Hialeah, Fla. Paging Wireless, Telecommunication Company  
Vice – President

#### Responsibilities Include:

Business Development and management – Strategic Planning – Contract  
Negotiations – Operations management – Budget Management –  
Maintained high level of client satisfaction – Supervision of account  
Receivables and accounts payables – Filing of Business taxes such as  
sales and use tax returns and communications service tax.

**HOME BUYERS AND RENTAL** Marketing Magazine  
Miami, Fla. October 1980 – June 1990

#### Responsibilities include:

Account Receivables – Account Payables – Billing – Reconciliations –  
Payroll – Payroll taxes (941- 940 – UCT 6) and others.

## Education

Miami Dade Community College 2 years  
Miami skill Center (18 months)  
Diplomas: Accounting and executive secretary.

## Languages

FLUENT IN ENGLISH AND SPANISH

## References

EXCELLENT REFERENCES WILL BE PROVIDED UPON REQUEST

801 w 48 st, ste 103  
Hialeah, FL 33012

Phone 3058218883  
Fax 7866210466  
E-mail  
tonyjr@conextelonline.com

# Antonio J. Pita

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**Education** 9/1998 – 5/2002 Monsignor Edward Pace H.S. Miami, FL

**High School Diploma**

Currently attending Miami-Dade Community College

**Experience**

- Built and administer a 20+ workstation network.
- Designed and maintain over 10 websites.
- Have setup a Windows Web Server.
- Have setup a Linux Web Server.
- Assembled over 50 computers.

**Languages**

English, Spanish

**Knowledge**

- Experience with all Microsoft Operating Systems from MS-DOS to present
- Acquainted with several Linux distributions.
- Advanced Windows networking knowledge.
- Advanced hardware knowledge of IBM Compatible PC's.
- Advanced Windows software knowledge.
- Basic understanding of telephone systems.
- Some programming knowledge in Visual Basic, C++, HTML, Java, and PHP.
- Experience with Telecommunication software



**CONEXTEL, INC**  
**801 W 49 ST. STE 103**  
**HIALEAH, FL 33012**  
**PH: 305-821-8863**  
**FAX: 786-621-0466**

**Antonio Pita & Adela Pita, Owners**  
**FEI #**

**Application for Alternative Local Exchange Service, State of Florida.**

**Question Number 18.**

- A. As Conextel, Inc. assembles its team of experts, Administrative expertise is led by Antonio M. Pita, Electronic Engineer and business owner for the past 13 years. Adela Pita Accountant and business owner for the past 13 years. Further expertise will be provided upon request and as team members are hired.**
- B. Resume of Antonio M. Pita, Adela Pita and Antonio J. Pita, are valuable assets for the newly formed company with the experience in electronic engineering, accounting and technical software, as well as sales and management experience. As the rest of the staff are hired further expertise will be provided upon request.**
- C. FINANCIAL CAPABILITY**
  - 1. Balance Sheet: Conextel, Inc., is a new Florida corporation and does not have financials available.**
  - 2. Income Statement: New company, income statement is not available**
  - 3. Statement of retained earnings: New company not available.**
- D. CONTINUE - WRITTEN EXPLANATION**
  - 1. Conextel, Inc. is owned by Antonio M. Pita and Adela Pita, Also owners of Beepers Forless, Inc. a Florida Corporation with approximate gross sales for the past ten years of \$400,000. Antonio M. Pita and Adela Pita, have the personal capital necessary to invest in this new company and to cover all cost associated with starting and running the company. (See personal balance sheet)**
  - 2. Conextel Inc., will do business from the same facilities as Beepers Forless, Inc., located at 801 W. 49 St. in Hialeah Florida.**
  - 3. Conextel Inc. has the financial capability necessary to meet all the necessary obligations as they are encountered. (See Personal balance sheet)**

