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210 N. Park Ave.
Winter Park, FL
32789

P.O. Drawer 200
Winter Park, FL
32790-0200

Tel: 407-740-8575
Fax: 407-740-0613
tmi@tminc.com

May 27, 2004
Via Overnight

Blanca Bayo, Director
Division of the Commission Clerk & Administrative Services
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0870

040516-TX

RE: Application of **InterGlobe Communications** for authority to provide Alternative Local Exchange Service within the State of Florida

Dear Ms. Bayo:

Enclosed for filing are the original and six (6) copies of the above-referenced application of InterGlobe Communications. Also enclosed is a \$250 check to cover the filing fee.

Exhibit II of this application contains the financial statements of InterGlobe Communications, which are being filed, under separate cover, concurrently with this application.

Please acknowledge receipt of this filing by returning, filed stamped, the extra copy of this letter in the self-addressed stamped envelope.

I may be reached at (407) 740-8575 or via email at croesel@tminc.com with any questions, comments or correspondence regarding this application. Thank you for your assistance.

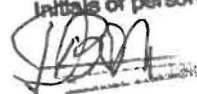
Sincerely,


Carey Roesel
Consultant to InterGlobe Communications

CR/gs
Enclosures

cc: Al Mayerhoff - InterGlobe
file: InterGlobe - FL Local
tms: FLL0400

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

06095 MAY 28 3

FPSC-COMMISSION CLERK

DIVISION OF REGULATORY OVERSIGHT
CERTIFICATION SECTION

APPLICATION FORM
for

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

Instructions

- This form is used as an application for a certificate and for approval of the assignment or transfer of an existing certificate. In 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
2450 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850
(850) 413-6770**

- If you have and questions about completing the form, contact:

**Florida Public Service Commission
Division of Regulatory Oversight
Certification Section
2450 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850
(850) 413-6600**

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 authority.
- Approval of assignment of existing certificate:** Example, a certificated company purchases an existing company and desires to retain the original certificate 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:**

InterGlobe Communications

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

InterGlobe Communications

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

Name: InterGlobe Communications
Street: 101 Tyrellan Avenue
P.O. Box:
City: Staten Island
State: New York
Zip Code: 10309

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

Name: InterGlobe Communications
Street: 101 Tyrellan Avenue
P.O. Box:
City: Staten Island
State: New York
Zip Code: 10309

6. Structure of organization:

- | | | | |
|--------------------------|---------------------|-------------------------------------|---------------------|
| <input type="checkbox"/> | Individual | <input checked="" type="checkbox"/> | Corporation |
| <input type="checkbox"/> | Foreign Corporation | <input type="checkbox"/> | Foreign Partnership |
| <input type="checkbox"/> | General Partnership | <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Other _____ | | |

7. If individual, provide:

Name: Not applicable
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:

The Florida Secretary of State corporate registration number:

F04000002211

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

The Florida Secretary of State corporate registration number:

13-3678261

10. If using fictitious name-d/b/a, provide proof of compliance with fictitious name statute (Chapter 865.09, FS) to operate in Florida:

The Florida Secretary of State fictitious name registration number:

Not applicable

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

The Florida Secretary of State registration Number:

Not applicable

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

Name: Not applicable

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.**

The Florida registration number: Not applicable

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

13-3678261

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.**

None

(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.**

None

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

(a) The application:

Name: Carey L. Roesel
Title: Consultant to InterGlobe Communications
Address: P.O. Drawer 200
City, State, Zip: Winter Park, FL 32790-0200
Telephone No.: 407-740-8575
Fax No.: 407-740-0613
Internet E-Mail Address: croesel@tminc.com
Internet Website Address: www.tminc.com

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

Name: Al Mayerhoff, President
Title: President
Address: 101 Tyrellan Avenue
City, State, Zip: Staten Island, NY 10309
Telephone No.: 718-967-7280
Fax No.: 718-967-7282
Internet E-Mail Address: Al_Mayerhoff@nyigc.com
Internet Website Address: www.nyigc.com

(c) Complaints/Inquiries from customers:

Name: Al Mayerhoff, President
Title: President
Address: 101 Tyrellan Avenue
City, State, Zip: Staten Island, NY 10309
Telephone No.: 718-967-7280
Fax No.: 718-967-7282
Internet E-Mail Address: Al_Mayerhoff@nyigc.com
Internet Website Address: www.nyigc.com

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

- (a) **has operated as an alternative local exchange company**

New York and New Jersey

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

Maryland and Pennsylvania

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

New York and New Jersey

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

None

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

None

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

None

18. **Submit the following:**

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

Please see Exhibit I.

- 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.**

Please see Exhibit I.

- 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.

Please see Exhibit II.

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 this application.

UTILITY OFFICIAL:



Al Mayorhoff, President
President
101 Tyrellan Avenue
Staten Island, NY 10309
Phone: 718-967-7280

3/31/04
Date

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 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, AWhoever 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:



Al Mayerhoff, President
President
101 Tyrellan Avenue
Staten Island, NY 10309
Phone: 718-967-7280

3/31/04

Date

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) |
| 3) | 4) |

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

- | | |
|----|----|
| 1) | 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.

Type of POP-to POP

OWNERSHIP

- 1)
- 2)
- 3)
- 4)

InterGlobe intends to offer service via the ILEC's Unbundled Network Elements Platform (UNE-P)

CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT

Not Applicable

I, (Name and 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:

Name, Title
Company
Street
City, State, Zip
Phone:
Fax:
Toll Free:

Date

InterGlobe Communications

Exhibit I

Management Profiles

Company Resumes
InterGlobe Communications

An experienced team of industry professionals will carry out InterGlobe's mission of achieving market leadership. The following summaries highlight the backgrounds of certain key personnel.

Alfred G. Mayerhoff

Mr. Mayerhoff is the founder of the Company and has served as the President since its inception in July 1992. Mr. Mayerhoff was a Vice President of Fidelity Telcom 1987 to 1989. Mr. Mayerhoff served on the Lucent Dealer Council 1999 as Lucent was transitioning from Manufacturer/Distributor to focus being Primarily Manufacturing.

Mr. Mayerhoff received a B.S. in Computer Science and a B.S. in Applied Mathematics and Statistics from Stony Brook University School of Engineering.

Steve Seitz

Mr. Seitz has served as Vice President – Sales Equipment Division since 1995. Mr. Seitz founded and served as President of Crossland Communications 1989 to 1994 and prior that from 1987 to 1989 he was National Account Manager for Fidelity Telecom. Mr. Seitz received his B.S. in Business from Wagner College.

Peter Malvasio

Mr. Malvasio has served as Vice President – Network Services since 1995. Prior to that Mr. Malvasio was management and financial consultant with PJM Marketing , company that he founded. Mr. Malvasio received his B.S. in Business from Ratford University

InterGlobe Communications

Exhibit II

Financial Statements

State of Florida



Department of State

I certify the attached is a true and correct copy of the application by INTERGLOBE COMMUNICATIONS, INC., a New Jersey corporation, authorized to transact business within the State of Florida on April 15, 2004 as shown by the records of this office.

The document number of this corporation is F04000002211.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capitol, this the
Twenty-second day of April, 2004



CR2EO22 (2-03)

Glenda E. Hood
Glenda E. Hood
Secretary of State

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. INTERGLOBE COMMUNICATIONS, INC.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. New Jersey 3. 13-3678261
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. July 20, 1992 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 101 Tyrellan Street, Staten Island, NY 10309
(Principal office address)
(Current mailing address)

8. To provide telecommunication services
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: Edwin F. Blanton
Office Address: 825 Thomasville Road
Tallahassee, Florida 32303
(City) (Zip code)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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10. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[Handwritten signature]
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Alfred G. Mayerhoff

Address: 101 Tyrellan Avenue

Staten Island, NY 10309

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Alfred G. Mayerhoff

Address: 101 Tyrellan Avenue

Staten Island, NY 10309

Vice President: _____

Address: _____

Secretary: Alfred G. Mayerhoff

Address: 101 Tyrellan Avenue

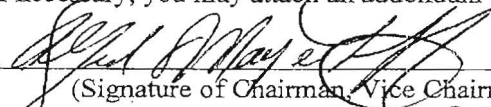
Staten Island, NY 10309

Treasurer: Alfred G. Mayerhoff

Address: 101 Tyrellan Avenue

Staten Island, NY 10309

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  Pres.
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. ALFRED G. MAYERHOFF PRESIDENT
(Typed or printed name and capacity of person signing application)