

ORIGINAL

DEPOSIT DATE

475 JUN 29 2004

040608-π

CHK# 1018  
CHK # 100  
6-25-04  
RT

1. Name of company or name of individual (not fictitious name or d/b/a):  
Erik Lerman

2. Name under which applicant will do business (fictitious name, etc.):  
Smart Tel

3. Official mailing address:

Street: 505 Heron Dr.

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

City: DeLray Beach

State: Florida

Zip: \_\_\_\_\_

COMMISSION  
CLERK

04 JUN 29 AM 9:26

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4. Florida address:

Street: 505 Heron Dr

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

City: DeLray Beach

State: Florida

Zip: \_\_\_\_\_

5. Structure of organization:

Individual

Corporation

General Partnership

Limited Partnership

Other: \_\_\_\_\_

CMP \_\_\_\_\_

COM 6 \_\_\_\_\_

CTR \_\_\_\_\_

ECR \_\_\_\_\_

GCL \_\_\_\_\_

OPC \_\_\_\_\_

MMS \_\_\_\_\_

RCA \_\_\_\_\_

SCR \_\_\_\_\_

SEC 1 \_\_\_\_\_

OTH \_\_\_\_\_

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

Florida Secretary of State

Corporate Registration Number: \_\_\_\_\_

Form PSC/CMU-32 (02/99)  
Required by Commission Rule Nos. 25-24.510 & 25-24.511  
File Name: cmu-32.doc

DOCUMENT NUMBER-DATE

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