

1. This is an application for (Check One):

( ) Original Certificate

() Approval of Transfer of Existing Certificate

Example: a non-certificated company purchases a certificated company and desires to retain the original certificate of authority.

( ) Approval of Assignment of Existing Certificate

Example: a certificated company purchases a certificated 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 or name of individual (not fictitious name or d/b/a):

HEATHMAR INC

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

ONE PARK PLACE EXECUTIVE SUITES

4. Official mailing address (including street name & number, Post Office Box, City, State, and Zip code):

621 NW 53<sup>RD</sup> STREET

SUITE 240

BOCA RATON FL 33487

5. Florida address (including street name & number, Post Office Box, City, State, and Zip code):

621 NW 53<sup>RD</sup> STREET  
SUITE 240  
BOCA RATON FL 33487

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) Florida Secretary of State Corporate Registration

Number: PO4000119371

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

(a) Florida Secretary of State Corporate Registration

Number: \_\_\_\_\_

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

(a) Florida Secretary of State Fictitious Name Registration

Number: G04252700167

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

(a) Florida Secretary of State Registration

Number: \_\_\_\_\_

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

(a) Name: \_\_\_\_\_

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

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

City/State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

(b) 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, Florida Statutes):

(a) The Florida Registration

Number: \_\_\_\_\_

14. Provide F.E.I. Number (if applicable): 20-1518379

15. Who will bill for your services?

Name: ONE PARK PLACE EXECUTIVE SUITES

Address: 621 NW 53rd ST STE 240

City/State/Zip: BOCA RATON FL 33487

Telephone No.: 561-995-1401

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

(a) The application:

Name: MARK SPIELVOGEL

Title: President

Address: 621 NW 53rd ST STE 240

City/State/Zip: BOCA RATON FL 33487

Telephone No.: 561-995-1401 Fax No.: 561-995-1499

Internet E-Mail Address: MANAGER@OPPS.COM

Internet Website Address: WWW.OPPS.COM

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

Name: SAME AS ABOVE (ISA)

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

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

City/State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

(c) Complaint/Inquiries from Customers:

Name: Same as above. (16A)  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Internet E-Mail Address: \_\_\_\_\_  
Internet Website Address: \_\_\_\_\_

17. List the states in which the applicant:

(a) has applications pending to be certificated as a shared tenant service provider.

None  
\_\_\_\_\_  
\_\_\_\_\_

(b) is certificated to operate as a shared tenant service provider.

None  
\_\_\_\_\_  
\_\_\_\_\_

(c) has been denied authority to operate as a shared tenant service provider and the circumstances involved.

None  
\_\_\_\_\_  
\_\_\_\_\_

(d) has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders and the circumstances involved.

None  
\_\_\_\_\_  
\_\_\_\_\_

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

*none*

18. Indicate if any 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. If so, provide explanation:

*MARK SPIELVOGEL 1995 bankruptcy*  
*final discharge*

- (b) Officer, director, partner or stockholder and any other Florida certificated telephone company. If yes, give name of company and relationship. If no longer associated with company, give reason why not.

19. Submit the following:

**A. Managerial Capability**

Give resumes of employees and officers of the company that would indicate sufficient managerial experiences of each.

**B. Technical Capability**

Give resumes of employees and officers of the company that would indicate sufficient technical experience or indicate what company has been contracted to perform technical service.

**C. Financial Capability**

The application must 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 must be signed by the applicant's chief executive officer and chief financial officers affirming that the financial statements are true and correct and must 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 documentations) must be provided:**

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

**\*\*APPLICANT ACKNOWLEDGMENT 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:**

MARK Spielvogel  
Print Name

President  
Title

561-995-1401  
Telephone No.

Mark Spielvogel  
Signature

5/31/05  
Date

561-995-1499  
Fax No.

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



# 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 shared tenant 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.

I will comply with all current and future Commission requirements regarding shared tenant services. I understand that I am required to pay a regulatory assessment fee (minimum of \$50.00 per calendar year) and pay gross receipts tax. Furthermore, I agree to keep the Commission advised of any changes in the names or 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:

<u>MARK SPIELVOGEL</u>	<u>Mark Spielvogel</u>
Print Name	Signature
<u>President</u>	<u>5/31/05</u>
Title	Date
<u>561-995-1401</u>	<u>561-995-1499</u>
Telephone No.	Fax No.

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

# CERTIFICATE TRANSFER OR ASSIGNMENT STATEMENT

I, (Name) Neil Eisenband

(Title) President

of (Name of Company) JABS Real Estate Mgt. Corp.

and current holder of Florida Public Service Commission Certificate Number # 5463

have reviewed this application and join in the petitioner's request for a:

transfer

assignment

of the above-mentioned certificate.

## UTILITY OFFICIAL:

Neil Eisenband  
Print Name

President  
Title

561-241-3911  
Telephone No.

Address: 621 NW 53rd St.

Suite 240

Boca Raton, FL 33487

Neil Eisenband  
Signature

6/1/05  
Date

561-241-7056  
Fax No.