

080172
COMMUNICATIONS CENTER
08 MAR 21 10 07:12

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 rather than apply for a new certificate.

Approval of Assignment of existing Certificate: Example, a certificated company purchases an existing company and desires to retain the existing certificate of authority and tariff.

Approval for transfer of control: Example, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

2. Name of company: Buddy's Cafe

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

in Iph Buddy's Cafe

4. Official mailing address: 2431 Beach Court Riviera Beach
33404

Street/Post Office Box:
City: Riviera
State: FL
Zip: 33404

5. Florida address: Same as Above

Street/Post Office Box:
City:
State:
Zip:

- CMP 1
- COM _____
- CTR _____
- SCR _____
- GCL _____
- OPC _____
- RCA _____
- CCR _____
- SGA _____

6. Structure of organization:

- Individual
- Foreign Corporation
- General Partnership
- Other,
- Corporation
- Foreign Partnership
- Limited Partnership

DOCUMENT NUMBER - DATE
02159 MAR 24 8
FPSC-COMMISSION CLERK

SEC _____
FORM PSC/CMP-32 (01/06)
Required by Commission Rule Nos. 25-24.511
and 25-24.512

Note: To complete this interactive form using your computer, use the tab key to navigate between data entry fields.

FLORIDA PUBLIC SERVICE COMMISSION

REQUEST TO BLOCK INCOMING CALLS

Original Request (check one) Subsequent Request

PAY TELEPHONE NUMBER: (ONE NUMBER PER REQUEST, NO EXCEPTIONS): _____
PHYSICAL LOCATION OF PAY TELEPHONE (ADDRESS): 2431 Beach Court
Riviera Beach Fl 33404
NAME OF BUSINESS WHERE PAY TELEPHONE IS LOCATED: _____

To deter criminal activity facilitated by individuals receiving incoming calls at the pay telephone listed above, I request that I be granted an exemption from the requirement that incoming calls be received at the pay telephone location (Rule 25-24.515(13), F.A.C. I agree to provide central office based intercept at no charge to the end-user and to prominently display a written notice directly above or below the telephone number which states: "Incoming calls blocked at request of law enforcement."

I, the undersigned owner or officer of the pay telephone company named below, 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.

SIGNATURE OF OWNER/OFFICER OF PAY TELEPHONE COMPANY: _____ DATE: _____
NAME OF OWNER/OFFICER OF PAY TELEPHONE COMPANY (PRINT OR TYPE): _____
NAME OF PAY TELEPHONE COMPANY: _____
MAILING ADDRESS & TELEPHONE NUMBER: _____

I, the undersigned owner of the above referenced pay telephone location, declare that to the best of my knowledge and belief, criminal activity is associated with and facilitated by incoming calls being received at the pay telephone number and location referenced above. It is my belief that allowing incoming calls to be blocked at the pay telephone will eliminate or help control that activity and attest to this fact by my signature below. 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.

SIGNATURE OF LOCATION OWNER: _____ DATE: _____
NAME OF PAY TELEPHONE LOCATION OWNER (PRINT OR TYPE): _____
MAILING ADDRESS & TELEPHONE NUMBER: _____

I, the undersigned Chief of the law enforcement agency in the jurisdiction in which the above-referenced pay telephone is located, declare that to the best of my knowledge and belief, criminal activity is associated with and facilitated by incoming calls being received at the pay telephone number and location referenced above. It is my belief that allowing incoming calls to be blocked at the pay telephone will eliminate or help control that activity and attest to this fact by my signature below. 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.

SIGNATURE OF CHIEF OF RESPONSIBLE LAW ENFORCEMENT AGENCY: _____ DATE: _____
NAME & POSITION/TITLE (PRINT OR TYPE): _____
NAME OF LAW ENFORCEMENT AGENCY: _____
MAILING ADDRESS & TELEPHONE NUMBER: _____

Do not block in coming calls

Ronald R. [Signature]

CERTIFICATE SALE, TRANSFER,
OR
ASSIGNMENT STATEMENT

As current holder of Florida Public Service Commission Certificate Number _____, I have reviewed this application and join in the petitioner's request for a

- sale
- transfer
- assignment

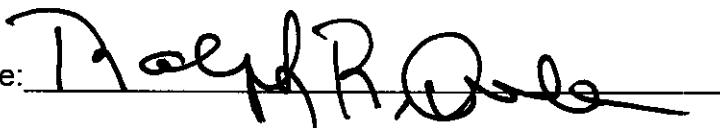
NA

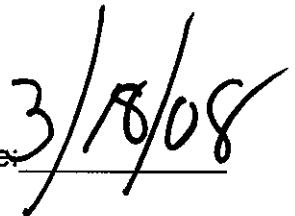
of the certificate.

Company Owner or Officer

Print Name:
Title:
Street/Post Office Box:
City:
State:
Zip:
Telephone No.:
Fax No.:
E-Mail Address:

NA

Signature: 

Date: 

THIS PAGE MUST BE COMPLETED AND SIGNED

REGULATORY ASSESSMENT FEE: I understand that all telephone companies must pay a regulatory assessment fee. Regardless of the gross operating revenue of a company, a minimum annual assessment fee, as defined by the Commission, is required.

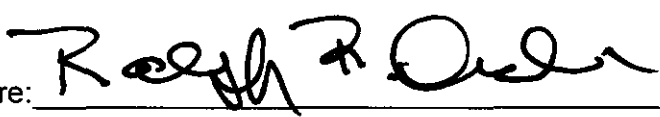
RECEIPT AND UNDERSTANDING OF RULES: I acknowledge receipt and understanding of the Florida Public Service Commission's rules and orders relating to the provisioning of pay telephone service (PATS) in Florida.

APPLICANT ACKNOWLEDGEMENT: 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 access vendor 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.**"

Company Owner or Officer

Print Name:
Title:
Telephone No.:
E-Mail Address:

Signature: 

Date: 3/18/08

17. Indicate if any of the officers, directors, or any of the ten largest stockholders have previously been:

(a) adjudged bankrupt, mentally incompetent (and not had his or her competency restored), or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. If so, provide explanation.

NO

(b) 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

(c) 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

7. If individual, provide:

Name: **Ralph Andrea**
Title: **Owner**
Street/Post Office Box: **2431 Beach Court**
City: **Riviera**
State: **FL**
Zip: **33404**
Telephone No.: **561 848-9033**
Fax No.: **561 848-7490**
E-Mail Address: **Buddy's cafe gifts . com**
Website Address:

8. If incorporated in Florida, provide proof of authority to operate in Florida. The Florida Secretary of State corporate registration number is: **N/A**

9. If foreign corporation, provide proof of authority to operate in Florida. The Florida Secretary of State corporate registration number is: **N/A**

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 is: **699168900137**
Documents enclosed

11. If a limited liability partnership, please proof of registration to operate in Florida. The Florida Secretary of State registration number is: **NA**

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

Name:
Title:
Street/Post Office Box:
City:
State:
Zip:
Telephone No.:
Fax No.:
E-Mail Address:
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 is: **NA**

14. Provide F.E.I. Number(if applicable): 650921206

15. Who will serve as liaison to the Commission in regard to the following?

(a) The application:

Name: Ralph Andrea
Title: owner
Street name & number: 2431 Beach Court
Post office box:
City: Riviera
State: FL
Zip: 33404
Telephone No.: 561.848.1506
Fax No.: 561.848.7490
E-Mail Address: Buddy's Cafe gifts.com
Website Address:

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

Name: Ralph Andrea
Title: owner
Street name & number: 2431 Beach Court
Post office box:
City: Riviera
State: FL
Zip: 33404
Telephone No.: 561.848.1506
Fax No.: 561.848.7490
E-Mail Address: Buddy's Cafe gifts.com
Website Address:


(c) Complaints/Inquiries from customers:

Name: Ralph Andrea
Title: owner
Street/Post Office Box: 2431 Beach Court
City: Riviera
State: FL
Zip: 33404
Telephone No.: 561.848.1506
Fax No.: 561.848.7490
E-Mail Address: Buddy's Cafe gifts.com
Website Address:

**FILE TO RENEW NOW:
FICTITIOUS NAME WILL EXPIRE ON 12/31/04**

**FILED
Apr 06, 2004 8:00 am
Secretary of State**

04-06-2004 90160 018 ****50.00
G04999012007

SECRETARY OF STATE  FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

APPLICATION FOR RENEWAL OF FICTITIOUS NAME

REGISTRATION # **G99168900137**

1. Name and Mailing Address
0054607 01 AT 0.292 **AUTO T3 0 0606 33404-47227
BUDDY'S CAFE
2427 BEACH COURT
RIVIERA BEACH FL 33404-4722

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.



94045357

G99168900137

CHECK HERE IF MAKING CHANGES

2. Mailing Address change, if applicable:

Suite, Apt. #, etc.

City State Zip Code

3. County of Principal Place of Business
PALM BEACH

4. Date Registered
06/17/1999

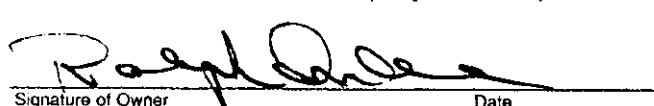
5. Certificate of Status Desired
 \$10 Additional Fee Required

**AN OWNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

6. CURRENT OWNER (S)		7. ADDITIONS / CHANGES TO OWNERS	
DOCUMENT # FEI # NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE ANDRE RALPH 2427 BEACH COURT RIVIERA BEACH FL 33404	DOCUMENT # FEI # NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DOCUMENT # FEI # NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	DOCUMENT # FEI # NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DOCUMENT # FEI # NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	DOCUMENT # FEI # NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DOCUMENT # FEI # NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	DOCUMENT # FEI # NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

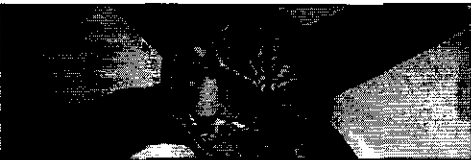
08 MAR 21 11 17:12

8. I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. I further certify that the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. (At least one signature required)

 Signature of Owner Date **2/2/04**

CR4E003 9/03

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



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Fictitious Name Detail

Fictitious Name

BUDDY'S CAFE

Filing Information

Document Number	G99168900137
Status	ACTIVE
Filed Date	06/17/1999
Expiration Date	12/31/2009
Current Owners	1
County	PALM BEACH
Total Pages	2
Events Filed	1
FEI Number	65-0921206

Mailing Address

2427 BEACH COURT
RIVIERA BEACH, FL 33404

Owner Information

ANDRE, RALPH
2427 BEACH COURT
RIVIERA BEACH, FL 33404
FEI Number: NONE
Document Number: NONE

Document Images

06/17/1999 -- REGISTRATION	<input type="button" value="View image in PDF format"/>
04/06/2004 -- RENEWAL	<input type="button" value="View image in PDF format"/>

Note: This is not official record. See documents if question or conflict.

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**APPLICATION FOR
REGISTRATION OF FICTITIOUS NAME**

FILED

**Jun 17 1999 8:00am
Secretary of State**

Section 1

1. BUDDY'S CAFE
Fictitious Name to be Registered

2. 2427 BEACH COURT
Mailing Address of Business
RIVIERA BEACH, FL 33404

3. County of PALM BEACH ✓

4. City of RIVIERA BEACH, Florida 33404
5. FEI Number: 65-0921206 Zip Code

G99168900137
-06/17/99--01085--020
***50.00

This space for office use only

Section 2

A. Owner(s) of Fictitious Name If Individual(s) (use additional sheets if necessary):

1. ANDRE RALPH
Last First M.I.
2427 BEACH COURT
Address
RIVIERA BEACH, FL 33404 ✓
City State Zip Code
SS# _____

2. _____
Last First M.I.

Address

City State Zip Code
SS# _____

B. Owner(s) of Fictitious Name If Corporation(s) (use additional sheets if necessary):

1. _____
Corporate Name

Address

City State Zip Code
Corporate Document Number: _____
FEI Number: _____
 Applied for Not Applicable

2. _____
Corporate Name

Address

City State Zip Code
Corporate Document Number: _____
FEI Number: _____
 Applied for Not Applicable

Section 3

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. I (we) further certify that the fictitious name shown in Section 1 of this form has been advertised at least once in a newspaper as defined in chapter 50, Florida Statutes, in the county where the applicant's principal place of business is located. I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

Ralph Andre 5/25/99 ✓
Signature of Owner Date
Phone Number: 561 266 0770

Signature of Owner Date
Phone Number: _____

Section 4

**FOR CANCELLATION COMPLETE SECTION 4 ONLY:
FOR FICTITIOUS NAME OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:**

I (we) the undersigned, hereby cancel the fictitious name _____
_____, which was registered on _____ and was assigned
registration number _____

Signature of Owner Date

Signature of Owner Date

Certificate of Status — \$10 Certified Copy — \$30
FILING FEE: \$50