

DEPOSIT DATE

849 JUN 24 2006

Per H/icate # 5936

CK# 1015

080368

\$ 250.00

6/15/06
RT

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 that 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: Mansour Industries, Inc

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

GPE South east.

4. Official mailing address:

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

1902 W. Kennedy Blvd
Tampa FL 33606

5. Florida address:

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

same

6. Structure of organization:

- Individual
- Foreign Corporation
- General Partnership
- Other,

- Corporation
- Foreign Partnership
- Limited Partnership

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.

DOCUMENT NUMBER-DATE

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FPSC-COMMISSION CLERK

7. **If individual**, provide:

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

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

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

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:

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

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

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:

14. Provide **F.E.I. Number**(if applicable): 59-3053728

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

(a) The application:

Name: Jamal Mansour
Title:
Street name & number: 1902 W. Kennedy Blvd
Post office box:
City: Tampa
State: FL
Zip: 33606
Telephone No.: 813 258 6692
Fax No.: 813 258 6693
E-Mail Address: a1mansour@msn.com
Website Address:

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

Name: Asem Mansour
Title: manager
Street name & number: 1902 W. Kennedy Blvd
Post office box:
City: Tampa
State: FL
Zip: 33606
Telephone No.: 813 258 6692
Fax No.: 813 258 6693
E-Mail Address: a1mansour@msn.com
Website Address:

(c) Complaints/Inquiries from customers:

Name: Asem Mansour
Title: manager
Street/Post Office Box:
City: Same
State:
Zip:
Telephone No.:
Fax No.:
E-Mail Address:
Website Address:

16. List the states in which the applicant:

(a) has operated as a Pay Telephone Service provider.

FL

(b) has applications pending to be certificated as a Pay Telephone Service provider.

N/A

(c) is certificated to operate as a Pay Telephone Service provider.

FL

(d) has been denied authority to operate as a Pay Telephone Service provider and the circumstances involved.

N/A

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

N/A

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

N/A

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.

NA

(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.

NA

(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.

NA

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: Jamal Mansour
Title: owner
Telephone No.: 813 598 7560
E-Mail Address: mansour indust@aol.com

Signature: 

Date: 6/15/08

Certificate No. 5396

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

of the certificate.

Company Owner or Officer

Print Name: Samal Mansour
Title: President
Street/Post Office Box: 1902 W. Kennedy Blvd
City: Tampa
State: FL
Zip: 33606
Telephone No.: 813 258 6691
Fax No.: 813 258 6692
E-Mail Address: mansourindust@aol.com

Signature: _____

Date: 6-16-08

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

FILED
Feb 26, 2002 8:00 am
Secretary of State

1. GPE Southeast
Fictitious Name to be Registered (see instructions if name includes "Corp" or "Inc")

1902 West Kennedy Blvd.
Mailing Address of Business

Tampa FL. 33606
City State Zip Code

3. Florida County of principal place of business: Hillsborough
(see instructions if more than one county)

4. FEI Number: 59-3053728

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***50.00
This space for office use only

A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary):

1. Last _____ First _____ M.I. _____
Address _____
City _____ State _____ Zip Code _____

2. Last _____ First _____ M.I. _____
Address _____
City _____ State _____ Zip Code _____
SS# _____ (not mandatory)

B. Owner(s) of Fictitious Name If other than an individual: (Use attachment if necessary):

1. Mansour Industries, Inc
Entity Name
1902 West Kennedy Blvd
Address
Tampa FL 33606
City State Zip Code
Florida Registration Number SS0453
FEI Number: 59-3053728
 Applied for Not Applicable

2. Entity Name _____
Address _____
City _____ State _____ Zip Code _____
Florida Registration Number _____
FEI Number: _____
 Applied for Not Applicable

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. In accordance with Section 865.09, F.S., I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

[Signature] 2/26/2002
Signature of Owner Date

Phone Number: (813) 258-6692

**FOR CANCELLATION COMPLETE SECTION 4 ONLY:
FOR FICTITIOUS NAME OR 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

Mark the applicable boxes Certificate of Status — \$10 Certified Copy — \$30
FILING FEE: \$50

CRREV01 (8/01)

MPD
2/26/02