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09 FEB -9 **REGULATORY BACK OFFICE, INC.**

COMMISSION
CLERK

RBO - Regulatory & Communications Consultants

7925 NW 12 Street, Miami, FL 33126
Tel: (305) 477-4780 Fax: (305) 477-4704
telecomstate@regnumgroup.com

DEPOSIT DATE

February 5, 2009

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CK# 1028
\$ 400.00

2-9-09

RT

Florida Public Service Commission
Division of Competitive Markets and Enforcement
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0850

Regarding: Lleida.Net USA, Inc.- CLEC Registration

To Whom It May Concern:

Enclosed please find an original and one (1) copy of Lleida.Net USA, Inc. filing for a Competitive Local Exchange Carrier (CLEC) Registration.

Questions regarding this filing may be directed to Miguel Veizaga at 305-477-4780 or emailed to telecomstate@regnumgroup.com.

Sincerely,



Miguel Veizaga
Regulatory Consultant

ab/mv
Enclosure

- COM
- ECR
- GCL
- OPC
- RCP
- SSC
- SGA
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- CLK

Tariffs forwarded to RCP. R.V.N.

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00984 FEB -98

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Enclosure List

Attachment A	Florida CLEC Registration Form
Attachment B	Florida Certificate of Authority
Attachment C	Initial Filing of CLEC Tariff
Attachment D	Financial Statements
Attachment E	Resumes of Management & Technical Staff

ATTACHMENT A
Florida CLEC Registration Form

By:

Jose Silvestre
1680 Michigan Avenue, Suite 914
Miami Beach, FL 33139
Telephone: +34.973.28.23.00 Facsimile: +34.93.107.10.80

FLORIDA PUBLIC SERVICE COMMISSION
DIVISION OF COMPETITIVE MARKETS AND ENFORCEMENT
APPLICATION FORM
for
AUTHORITY TO PROVIDE COMPETITIVE LOCAL EXCHANGE
TELECOMMUNICATIONS COMPANY SERVICE
WITHIN THE STATE OF FLORIDA

Instructions

- A. This form is used as an application for an original certificate and for approval of sale, assignment or transfer of an existing certificate. In the case of a sale, assignment or transfer, the information provided shall be for the purchaser, assignee or transferee (See Page 8).
- B. Print or type all responses to each item requested in the application. If an item is not applicable, please explain.
- C. Use a separate sheet for each answer which will not fit the allotted space.
- D. Once completed, submit the original and two (2) copies of this form along with a non-refundable application fee of **\$400.00** to:

**Florida Public Service Commission
Division of the Commission Clerk and Administrative Services
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6770**

- E. A filing fee of **\$400.00** is required for the sale, assignment or transfer of an existing certificate to another company (Chapter 25-24.815, F.A.C.).
- F. If you have questions about completing the form, contact:

**Florida Public Service Commission
Division of Competitive Markets and Enforcement
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6600**

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00984 FEB -98
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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 of 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.

2. Name of company: **Lleida.Net USA, Inc.**

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

Lleida.Net USA, Inc.

4. Official mailing address:

Street/Post Office Box: Rambla d Arago\, 35-3C, 25003 Catalunya

City: **25003 Catalunya**

State: **Lleida Province**

Zip: **Spain**

5. Florida address:

Street/Post Office Box: **1680 Michigan Avenue, Suite 914**

City: **Miami Beach**

State: **Florida**

Zip: **33139**

6. Structure of organization:

- Individual
- Foreign Corporation
- General Partnership
- Other,

- Corporation
- Foreign Partnership
- Limited Partnership

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: **P08000108467**

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): **263909202**

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

(a) The application:

Name: **Alonzo Beyene of Regulatory Back Office, Inc.**
Title: **Regulatory Consultant to Lleida.Net USA, Inc.**
Street name & number: **7925 NW 12 Street, Suite 300**
Post office box:
City: **Miami**
State: **Florida**
Zip: **33126**
Telephone No.: **305-477-7580**
Fax No.: **305-477-7504**
E-Mail Address: **telecomstate@regbackoffice.com**
Website Address: **www.regbackoffice.com**

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

Name: **Jose Silvestre**
Title: International **Department Manager**
Street name & number: **Rambla d Arago\, 35-3C**
Post office box:
City: **25003 Catalunya**
State: **Lleida Province**
Zip: **Spain**
Telephone No.: **+34.973.28.23.00**
Fax No.: **+34.93.107.10.80**
E-Mail Address: **jsilvestre@lleida.net**
Website Address: **www.lleida.net**

(c) Complaints/Inquiries from customers:

Name: **Marta Sesmero**
Title: International **Department Manager**
Street name & number: **1680 Michigan Avenue, Suite 914**
Post office box:
City: **Miami**
State: **Florida**
Zip: **33139**
Telephone No.: **(415) 517-2139**
Fax No.: **+34.93.107.10.80**
E-Mail Address: **msesmero@lleida.net**
Website Address: **www.lleida.net**

16. List the states in which the applicant:

(a) has operated as a Competitive Local Exchange Telecommunications Company.

None

(b) has applications pending to be certificated as a Competitive Local Exchange Telecommunications Company.

None except for this current CLEC application to FL PSC

(c) is certificated to operate as a Competitive Local Exchange Telecommunications Company.

None

(d) has been denied authority to operate as a Competitive Local Exchange Telecommunications 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

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.

None

(b) granted or denied a competitive local exchange certificate in the State of Florida (this includes active and canceled competitive local exchange certificates). If yes, provide explanation and list the certificate holder and certificate number.

None

(c) an officer, director, partner or stockholder in any other Florida certificated or registered telephone company. If yes, give name of company and relationship. If no longer associated with company, give reason why not.

None

18. Submit the following:

(a) Managerial capability: resumes of employees/officers of the company that would indicate sufficient managerial experiences of each. **See attachment A**

(b) Technical capability: resumes of employees/officers of the company that would indicate sufficient technical experiences or indicate what company has been contracted to conduct technical maintenance. **See attachment B**

(c) Financial Capability: applicant's audited financial statements for the most recent three (3) years. If the applicant does not have audited financial statements, it shall so be stated. 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: **See attachment C for requested financials**

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.

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.

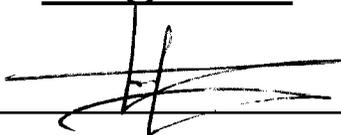
RECEIPT AND UNDERSTANDING OF RULES: I acknowledge receipt and understanding of the Florida Public Service Commission's rules and orders relating to the provisioning of competitive local exchange telecommunications company (CLEC) service in Florida.

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 competitive local exchange telecommunications company 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: **Francisco Sapena**
Title: **President, CEO and Director**
Telephone No.: **+34.973.28.23.00**
E-Mail Address: **sisco@lleida.net**

Signature: **X**  _____ Date: **September 16, 2008**

ATTACHMENT B

Copy of Certificate of Good Standing In Florida

By:

Jose Silvestre
1680 Michigan Avenue, Suite 914
Miami Beach, FL 33139
Telephone: +34.973.28.23.00 Facsimile: +34.93.107.10.80

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



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No Events No Name History

Detail by Entity Name

Florida Profit Corporation

LLEIDA.NET USA, INC.

Filing Information

Document Number P08000108467
FEI Number NONE
Date Filed 12/12/2008
State FL
Status ACTIVE

Principal Address

RAMBLA D ARAGO
35-3C
CATALUNYA CY 25003 ES

Mailing Address

RAMBLA D ARAGO
35-3C
CATALUNYA CY 25003 ES

Registered Agent Name & Address

REGULATORY BACK OFFICE, INC.
7925 NW 12 STREET
SUITE 300
MIAMI FL 33126 US

Officer/Director Detail

Name & Address

Title P
SAPENA, FRANCISCO
RAMBLA D ARAGO
35-3C CY 25003 ES

Annual Reports

No Annual Reports Filed

Document Images

[12/12/2008 -- Domestic Profit](#) [View image in PDF format](#)

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