

A-2019-3012657

Secretary PA Public Utility Commission
400 North Street, Second Floor
Harrisburg, PA 17120
717.787.3834
www.puc.pa.gov

Application for Motor Common Carrier of Persons in Paratransit Service

THIS APPLICATION IS TO BE USED FOR COMMON CARRIER PASSENGER SERVICE WHEN PROVIDING TRANSPORTATION ON A NONEXCLUSIVE, ADVANCE RESERVATION BASIS.

RECEIVED

SEP 24 2019

1. **Legal Name of Applicant** (Individual, Partnership or Corporation)

JUAN I PERALTA

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

- If you are an individual who has not formed any type of corporate entity, you should enter your name **as it will appear on your insurance documents**.
- If you are filing for a partnership, but **not a limited liability partnership**, the names of all partners must be entered on this line. Those names should be entered **as they will appear on your insurance documents**. This includes husbands and wives filing jointly.
- If you are filing for a corporate entity (corporation, limited liability company, or limited liability partnership), **even if you are the sole shareholder member**, you must enter the name **exactly as it appears on the registration papers from the Corporation Bureau of the Pennsylvania Department of State**.

2. **Trade Name** (Attach a copy of fictitious name registration if applicable)

United express Limousine

This is any name which you will be operating under which differs from the **LEGAL NAME OF APPLICANT**. A **TRADE NAME** is considered a **FICTITIOUS NAME** if the identity of the applicant cannot be readily determined. *EXAMPLE: John Doe is the applicant and wants to use the name "Johnboy Vans" as his trade name. People cannot readily determine that John Doe is the actual operator; therefore, the name is fictitious and must be registered as such. Trade names such as "John Doe Vans" or "J. Doe Vans" are not considered fictitious and would not have to be registered.*

3. **Do you currently hold PUC Authority?** **NO** **Previous Authority?** **NO**

If YES, at PUC No. A- _____

4. **Are you a business entity registered with the PA Dept. of State?** **NO**

If NO, you must register (see checklist on how to register)

If YES, provide your PA Corporation Bureau Entity ID Number 6902413
(See checklist and indicate type of business entity registered)

5. If either a corporation or limited liability company please list members (LLC) or shareholders and officers (corporation).

JUAN PERALTA, I (President)
NADIA LUNA (Secretary)

6. Physical Address (do not use PO Box)

343 N. 8th Street
Street Address
Reading PA ~~19604~~ 19601
City, State and Zip Code
646-229-2317
Telephone Number
Bucks
County

The address entered here should be the actual location of the business. This is the address the Commission needs in order to dispatch Enforcement Officers to inspect equipment.

7. Mailing Address (if different from Physical Address)

Street Address
City, State and Zip Code

This is the address to which the Commission will send all official documents issued by the Commission. If left blank, it will be assumed that the MAILING ADDRESS is the same as the PHYSICAL ADDRESS.

8. Attorney (if applicable)

George Katsopoulos 610-953-3511
Attorney's Name & Telephone Number for this Filing
955 Ben Franklin Airshway west Suite 3
Attorney's Address DOUGLASSVILLE PA 19518

An attorney's name should only be entered if an attorney is filing the application for a client and the application is being sent under the attorney's cover letter.

9. Does applicant have a USDOT Number?

No Yes, at No. _____

10. **Describe the service area proposed by this application.**
(Use the space below or attach additional sheet if space provided is not sufficient).

OUR PURPOSE in the Company is Pick up
In BERKS County to point to point, and Return.
To Transport people between points to point,
in BERK County to Philadelphia, Connecticut,
Delaware etc. and return.

Examples:

- To transport people whose personal convictions prevent them from owning or operating motor vehicles from points in Lancaster County to points in PA, and return.
- To transport people from the city and county of Philadelphia to correctional facilities in PA, and return.
- To transport people in wheelchair and stretcher vans from points in the city of Pittsburgh to points in Allegheny County, and return.
- To transport people between points in Northumberland County.

11. **Certification:**

Applicant certifies that it is not now engaged in unauthorized intrastate transportation for compensation between points in Pennsylvania and will not engage in said transportation unless and until authorization is received from the Pennsylvania Public Utility Commission.

Applicant further certifies that it understands the requirements of the Pennsylvania Public Utility Commission, especially as they relate to safety and insurance and that it may be subject to civil penalties, suspension or cancellation of the Certificate for failure to comply with Commission requirements.


Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported gross Pennsylvania intrastate revenues; said assessment to help defray expenses incurred in regulating Motor Common Carriers of Persons in Paratransit Service; and acknowledges that failure to report revenue and pay its annual assessment may result in civil penalties, suspension or cancellation of the certificate.

Verification of Application

I/We hereby state that the statement(s) made in this application is/are true and correct to the best of my/our knowledge and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.

Juan I D malta President
(Print Name) (Position)

 9/24/19
(Signature) (Date)

The verification of the application must be completed by the applicant appearing on Line 1 of the application by the named individual, all partners if a partnership, a member (if a limited liability company), or by the President or Secretary (if a corporation).

RECEIVED

SEP 24 2019

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

VERIFIED STATEMENT OF APPLICANT

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THE APPLICANT'S FITNESS TO OPERATE. STATEMENTS SHOULD BE TYPED OR PRINTED. ILLEGIBLE STATEMENTS WILL DELAY YOUR APPLICATION.

Juan E Peralta
Legal Name of Applicant

United Express Limousine
Trade Name, if any

343 N. 8th St Reading PA 19601
Street Address (principal place of business) City or Municipality State Zip Code

The Verified Statement of the Applicant factual details about your proposed transportation service. Your Verified Statement must answer all of the items listed below and on the following pages. Provide as much information as possible to prevent delay in processing your application. If you need more space to provide your answer, please attach additional pages identifying the appropriate item number.

1. Identify the person making the Verified Statement on behalf of the applicant. If an employee/officer of applicant is making the statement, give name, title, business address and telephone number.

NADIA A LUNA, Secretary to the Corporation

2. List the applicant's affiliation (owner, manager, controls) with any other carrier, with the description of affiliation.

Manager of the Corporation

RECEIVED

SEP 24 2019

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

3. Describe your facilities, record maintenance plan and your communication network. Please include a description of your physical location, to including office machines that will be utilized, and the facility to house vehicles. As a carrier of household goods in use, applicant should include a description of storage facilities, if applicable. Please include an explanation of your plan to maintain records required by the PUC, as well as normal business records. In regard to your communication network, please explain how you will receive customer requests for transportation, how you will dispatch the vehicles to fulfill the request, and how you will maintain continuous communication with your drivers.

our company has a communication system which provide a program (called) IT communication, is an application that transmitted through our app. when the customer calls by phones to us to pick up, we put the call in the system, then the driver receive's the call through the smart phone.

4. Please state the number of drivers you intend to use or hire in your business and explain why that number of drivers is appropriate for the size of the territory you will be serving. In addition, please explain:

- a. Your hiring standards for drivers;
- b. Your system for conducting criminal background checks;
- c. Your driver training program;
- d. Your system for conducting driver license checks;
- e. Your policies regarding alcohol and drug use by your drivers.

we are going to hire 20 - up, drivers depending on the level of call, we will also order drivers background check, licenses checks, drug check, and training programs.

5. Please state the number of vehicles you plan to use in your business and why that number is appropriate to provide reasonable and efficient service to the territory you will be serving. If you have already obtained vehicles for your business, please list them in the chart below.

YEAR	MAKE	MODEL	SEATING CAPACITY*	VEHICLE ID #	MILEAGE
2011	SIENA	TOYOTA	7	D5044391	200100
2013	Honda	SORATA	5	710 98591002	140250
2009	Honda	Pilot	7	102 9150	188108
2012	MAZDA	cx9	5	CO 339313	112050
2012	KIA	OUTLINA	5	5XX 9M4A75	149105
2015	Honda	CRV	5	FH 645033	114203
2010	Ford	Fusion	5	AL 284532	213100

*Vehicles with seating capacity of more than 15 passengers, including driver, can't be used in paratransit service.

6. Describe your vehicle safety program. Please include the following in your explanation:

- a. Your periodic vehicle maintenance plan
- b. Your system for ensuring your vehicles will continuously comply with applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175).

Each driver have to maintain their vehicle in good condition outside and inside, we going to inspect the vehicle each driver have to inspection their vehicle.

7. Please explain what steps you have taken to determine if you can obtain insurance and pay the required insurance premiums.

each driver have to have full cover insurance

8. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

YES NO

9. Financial Data. Complete the "Statement of Financial Position", which follows this page. Please feel free to also provide additional information explaining why you believe you have sufficient funds to ensure your transportation business can provide reliable service to the public in a safe manner.

Verification of Statement

The undersigned deposes and says that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and belief. The undersigned understands that false statements herein are made subject to penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

(Signature)

(Name and Title, printed or typed)

(Date)

[Handwritten Signature]
Juan Quarta (President)

9/24/19

Statement of Financial Position (Balance Sheet)

As of (date) 9-21-19

ASSETS

Current Assets

Cash

17,000

Other Current Assets (specify)

0

Total Current Assets

Tangible Assets

Motor Vehicle Equipment

Property (buildings, land, etc.)

2,500

Office Equipment

TOTAL ASSETS

19,500

LIABILITIES

Current Liabilities (Due within one year of date)

Loans

1,200

Credit cards/revolving credit

0.50

Other Liabilities (Attach schedule)

2,000

Total Current Liabilities

Long Term Liabilities (Due after one year of date)

Mortgage

900

Long term commercial loan

Other Liabilities (Attach Schedule)

Total Long-Term Liabilities

TOTAL LIABILITIES

4,750

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS
401 NORTH STREET, ROOM 206
P. O. BOX 8722
HARRISBURG, PA 17105-8722
WWW.CORPORATIONS.PA.GOV

NADIA LUNA
1235 ALSACE RD
Reading PA 19604

United Express Limousine

THE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS IS HAPPY TO SEND YOUR FILED DOCUMENT. THE BUREAU IS HERE TO SERVE YOU AND WE WOULD LIKE TO THANK YOU FOR DOING BUSINESS IN PENNSYLVANIA.

IF YOU HAVE ANY QUESTIONS PERTAINING TO THE BUREAU, PLEASE VISIT OUR WEBSITE AT www.dos.pa.gov/BusinessCharities OR YOU MAY CONTACT US BY TELEPHONE AT (717)787-1057. INFORMATION REGARDING BUSINESS AND UCC FILINGS CAN BE FOUND ON OUR SEARCHABLE DATABASE AT www.corporations.pa.gov/Search/CorpSearch.

ENTITY NUMBER : 6902413

Corporations ▾ Search Business Entities (corpsearch.aspx)

Search UCC Transactions (uccsearch.aspx) Forms ▾

Contact Corporations (<http://www.dos.pa.gov/BusinessCharities/Pages/default.aspx>)

Register (../Account/Register_account) Login (../Account/ValidateUser)

Search entity / **Select entity** / Order documents

Select Business Entity

Search Results for term 6902413 type: *Entity Number*

Show entries

Filter Records 

Business Entity Name	Name Type	Address	Entity Number	Entity Type	Status	Citizenship
United Express Limousine	Current Name	343 N 8th st Reading PA 19604	6902413	Fictitious Names	Active	Domestic

Showing 1 to 1 of 1 entries

Previous Next

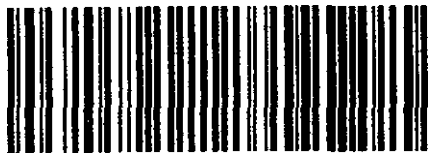
Please click on an entity name or number for viewing details

[<< Back to Search](#)

JUAN PUALTA
343 N 8th ST
Reading PA 19604

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

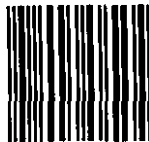
CERTIFIED MAIL®



7018 1130 0001 4043 4548



1000



17120

U.S. POSTAGE
FCM LG ENV
READING, PA
19612
SEP 24, 19
AMOUNT

\$4.65

R23039104398-2

Secretary PA Public Utility
Commission
400 North Street 2nd Floor
HARRISBURG PA 17120