

STATE OF FLORIDA

Commissioners:  
E. LEON JACOBS, JR., CHAIRMAN  
J. TERRY DEASON  
LILA A. JABER  
BRAULIO L. BAEZ  
MICHAEL A. PALECKI



DIVISION OF COMPETITIVE SERVICES  
WALTER D'HAESELEER  
DIRECTOR  
(850) 413-6600

# Public Service Commission

January 11, 2001

Mr. Aous Uweyda, President  
Florida Phone Service, Inc.  
17840 S. Dixie Hwy.  
Miami, FL 33157-5421

**Re: Docket No. 001492-TX**

Dear Mr. Uweyda:

This is a follow up to our telephone conversation concerning the above docket. The regulatory assessment fee (RAF) is due each year by January 30 for the previous year, unless the 30th falls on a weekend, then the due date is the next working day. For example, the 1999 fee was due January 31, 2000.

Commission records show that as of this date, the 1999 RAF has not been paid. The 1999 RAF return is attached. Please complete and return it along with your check for the past due amount in full. The RAF is .0015% of your total Florida gross revenues, or \$50.00, whichever is greater. However, if you owe only the minimum amount and if it is postmarked by January 25, 2001, the 1999 total is \$68.50 (\$50.00 fee, \$12.50 penalty, and \$6.00 interest).

Since the Commissioners have not yet voted on this docket, you have three options.

- (1) Cancel the certificate voluntarily - Pay all past due charges in full, pay the current year's RAF or provide a date certain that it will be paid (such as 30 days from the date of the Commission Order cancelling your certificate), and write a letter requesting cancellation. A copy of our rule is attached.
- (2) Do nothing - In this case, your certificate will be cancelled on the Commission's own motion. All outstanding RAFs, including penalty and interest charges, will be turned over to the Comptroller's Office for collection.
- (3) Propose a settlement - There is normally a \$500 fine imposed for this rule violation. It should be noted that just paying the past due amount will not prevent your certificate from being cancelled. You need to write the Commission a settlement letter that must include the following:

DOCUMENT NUMBER - DATE

00518 JAN 11 2001  
FPSC-RECORDS/REPORTING

Mr. Aous Uweyda, President

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January 11, 2001

- Docket number;
- A check for the past due amount in full;
- A statement that it has taken steps to prevent future late payments of the regulatory assessment fees and what those steps are; and
- Make a specific monetary settlement.

Any settlement offer should be addressed to Ms. Blanca Bayó, Director, Division of Records and Reporting, Florida Public Service Commission, 2540 Shumard Oak Blvd., Tallahassee, FL 32399-0850. The proposed settlement amount should **not** be paid at this time, instead only the past due regulatory assessment fee, plus penalty and interest charges should be paid. The settlement amount, if approved by the Commission, must be paid within 10 business days after the Commission Order is issued.

Please let me know what your decision is by January 25, 2001. If you have any questions, just let me know. I can be reached at (850) 413-6502-voice, (850) 413-6503-fax, and by internet e-mail at [pisler@psc.state.fl.us](mailto:pisler@psc.state.fl.us).

Sincerely,



Paula J. Isler, Research Assistant  
Bureau of Service Evaluation & Compliance

Enclosures

cc: Docket No. 001492-TX  
Division of Legal Services (K. Peña)

# Alternative Local Exchange Company Regulatory Assessment Fee Return

## Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- \_\_\_\_\_ Actual Return
- \_\_\_\_\_ Estimated Return
- \_\_\_\_\_ Amended Return

TX358

Florida Phone Service, Inc.  
17840 S. Dixie Hwy.  
Miami, FL 33157-5421

PERIOD COVERED:

12/02/99 TO 12/31/99

FOR PSC USE ONLY

Check# \_\_\_\_\_

\$ \_\_\_\_\_ 060300  
00300

\$ \_\_\_\_\_ P  
060300  
00401

\$ \_\_\_\_\_ I

Postmark Date \_\_\_\_\_

Initials of Preparer \_\_\_\_\_

Please Complete Below If Official Mailing Address Has Changed

\_\_\_\_\_  
(Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$ _____	\$ _____
2.	Long Distance Services (IntraLATA only)**	_____	_____
3.	Access Services	_____	_____
4.	Private Line Services	_____	_____
5.	Leased Facilities & Circuits Services	_____	_____
6.	Miscellaneous Services	_____	_____
7.	<b>TOTAL REVENUES</b>		\$ _____
8.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)		_____
9.	Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		_____
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015)		_____
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		_____
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		_____
13.	<b>TOTAL AMOUNT DUE</b>		\$ _____

\* These amounts must be intrastate only and must be verifiable.

\*\* Other long distance revenue must be listed on the Interexchange Regulatory Assessment Fee Return.

**AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50**

### CURRENT COMPANY STATUS

- ( ) Facilities-Based Provider      ( ) Reseller  
( ) Other: \_\_\_\_\_

### BILLING INFORMATION

Complete below if billing agent if other than yourself.

\_\_\_\_\_  
(Name) (Address: City/State/Zip) (Telephone)

### COMPANY INFORMATION

Do you lease telecommunications' facilities? ( ) YES ( ) NO

If YES, who do you lease these facilities from? Name: \_\_\_\_\_

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

I, the undersigned owner/officer of the above-named company, 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/her duty shall be guilty of a misdemeanor of the second degree.

\_\_\_\_\_  
(Signature of Company Official) (Title) (Date)

\_\_\_\_\_  
(Preparer of Form - Please Print Name) Telephone Number ( ) Fax Number ( )

F.E.I. No. \_\_\_\_\_

**FLORIDA PUBLIC SERVICE COMMISSION**  
Instructions For Filing Regulatory Assessment Fee Return  
(Alternative Local Exchange Company)

1. **WHEN TO FILE:** For companies which owed a total of \$10,000 or more of assessment fee for the preceding calendar year, this Regulatory Assessment Fee Return and payment must be filed or postmarked:

*On or before July 30 for the six-month period January 1 through June 30, AND  
On or before January 30 for the six-month period July 1 through December 31.*

For companies which owed a total of less than \$10,000 of assessment fee for the preceding calendar year, this Regulatory Assessment Fee Return and payment must be filed or postmarked:

*On or before January 30 for the prior twelve-month period January 1 through December 31.*

However, when July 30 or January 30 falls on a Saturday, Sunday, or holiday, the Regulatory Assessment Fee Return may be filed or postmarked on the next business day, without penalty or interest.

2. **FEES:** Each company shall pay 0.0015 of its gross operating revenues derived from intrastate business, as referenced in Rule 25.4.0161(1), F.A.C. Gross Operating Revenues are defined as the total revenues before expenses. Gross Intrastate Operating Revenues are defined as revenues from calls originating and terminating within Florida. Do not deduct any expenses, taxes, or uncollectibles from these amounts.

On Line 8, deduct any amounts paid to another telecommunications company for the use of any telecommunications network to provide service to its customers. Do not deduct any taxes, federal subscriber line charges, interstate long distance access charges, or amounts paid for nonregulated services such as voice mail, inside wire maintenance, or equipment purchases/rentals. **DEDUCTIONS MUST BE INTRASTATE ONLY AND MUST BE VERIFIABLE.**

3. **FAILURE TO FILE BY DUE DATE:** Failure to file a return by the established due date will result in a penalty being added to the amount of fee due, 5% for each 30 days or fraction thereof, not to exceed a total penalty of 25% (Line 11). In addition, interest shall be added in the amount of 1% for each 30 days or fraction thereof, not to exceed a total of 12% per year (Line 12). A Regulatory Assessment Fee Return must be completed, signed, and filed even if there are no revenues to report or if the minimum amount is due.

*When a company fails to timely file a Regulatory Assessment Fee Return, the Commission has the authority to order the company to pay a penalty and/or cancel the company's certificate. The company will have an opportunity to respond to any proposed Commission action.*

4. **EXTENSION:** A request for an extension of time up to 30 days may be made by filing the enclosed *Request for Extension to File Regulatory Assessment Fee Return* form (PSC/ADM-124), two weeks prior to the filing date. When an extension is granted, a charge shall be added to the amount due:

0.75% of the fee to be remitted for an extension of 15 days or less, or  
1.5% of the fee for an extension of 16 to 30 days.

In lieu of paying the charges outlined above, a company may file a return and remit payment based upon estimated gross operating revenues. If such return is filed by the normal due date, the company shall be granted a 30-day extension period in which to file and remit the actual fee due without paying the above charges, provided the estimated fee payment remitted is at least 90% of the actual fee due for the period. An automatic 30-day extension to file an actual return may be obtained by checking the "Estimated Return" space in the top left-hand corner on the reverse side.

5. **FEE ADJUSTMENTS:** You will be notified as to the amount and reason for any fee adjustment. Penalty and interest charges may be applicable to additional amounts owed the Commission by reason of the adjustment. The company may file a written request for a refund of any overpayments. The request should be directed to Fiscal Services at the below-referenced address.
6. **MAILING INSTRUCTIONS:** Please complete this form, make a copy for your files, and return the original in the enclosed preaddressed envelope. Use of this envelope should assure a more accurate and expeditious recording of your payment. Make your check payable to the Florida Public Service Commission. If you are unable to use the envelope, please address your remittance as follows:

Florida Public Service Commission 2540 Shumard Oak Boulevard Tallahassee, FL 32399-0850  <b>ATTENTION: Fiscal Services</b>
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7. **ADDITIONAL ASSISTANCE:** If you need additional assistance in preparing your Regulatory Assessment Fee Return, please contact the Division of Auditing and Financial Analysis at (850) 413-6480.

For assistance regarding telecommunications facilities, please contact the Division of Communications at (850) 413-6502.

Both divisions may be contacted at the above-referenced address, directing correspondence to the attention of the division.

**25-24.820 Revocation of a Certificate.**

(1) The Commission may on its own motion, after notice and opportunity for hearing, revoke a company's certificate for any of the following reasons:

- (a) Violation of a term or condition under which the authority was originally granted;
- (b) Violation of Commission rule or order;
- (c) Violation of Florida Statute; or
- (d) Violation of a price list standard.

(2) If a certificated company desires to cancel its certificate, it shall request cancellation from the Commission in writing and shall provide the following with its request. Cancellation of a certificate shall be ordered subject to the holder providing the required information.

- (a) A statement of intent and date certain to pay regulatory assessment fee.
- (b) A statement of why the certificate is proposed to be canceled.
- (c) A statement as to how customer deposits and final bills will be handled.
- (d) Proof of individual customer notice regarding discontinuance of service.

Specific Authority 350.127(2) FS.  
Law Implemented 364.335, 364 345 FS.  
History--New 12-27-95.

TRANSMISSION VERIFICATION REPORT

TIME : 01/11/2001 09:55  
NAME :  
FAX :  
TEL :

DATE, TIME	01/11 09:52
FAX NO./NAME	613052714772
DURATION	00:02:01
PAGE(S)	05
RESULT	OK
MODE	STANDARD ECM