

Alternative Local Exchange Company Regulatory Assessment Fee Return

DIVISION OF 001492-TX
 Florida Public Service Commission
 (See Filing Instructions on Back of Form) 010000-PU

FOR PSC USE ONLY
 Check# 5012
 \$ 50.00 0603006
 003001
 \$ _____ P
 0603006
 004011
 \$ _____ I
 Postmark Date 7/9/01 No Postmark
 Initials of Preparer MC

STATUS:

- Actual Return
 Estimated Return
 Amended Return

TX358 2001 JUL -9 AM 8:35
 Florida Phone Service, Inc
 17840 South Dixie Highway
 Miami, DE 33157-5421
 D0880 JUL 10 2001

PERIOD COVERED:
 01/01/2001 TO 04/09/2001

Please Complete Below If Official Mailing Address Has Changed

Florida Phone Service, Inc 7177 SW. 117 AVE MIAMI, FL 33183
 (Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$ <u>0</u>	\$ <u>0</u>
2.	Long Distance Services (IntraLATA only)**	_____	_____
3.	Access Services	_____	_____
4.	Private Line Services	_____	_____
5.	Leased Facilities & Circuits Services	_____	_____
6.	Miscellaneous Services	_____	_____
7.	TOTAL REVENUES	_____	\$ <u>0</u>
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)	_____	<u>50.00</u>
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____	<u>0</u>
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____	<u>0</u>
13.	TOTAL AMOUNT DUE	_____	\$ <u>50.00</u>

* 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) President (Title) 6/28/01 (Date)

 (Preparer of Form - Please Print Name) Telephone Number 305 271-7797 Fax Number 305 271-4772
 F.E.I. No. 650908513

APP
 CAF
 CMP
 COM
 GTR
 ICR
 LEG
 OPC
 PAI
 RGO
 SEC
 SER
 OTH

08358 JUL -9

REGISTRATION