1011110	Pay Telep	hone Service Provide	r Regulator	y Assessment Fe	ee Return RIGINA	
UTAT2	s: P.Jsle/	Florida Public	Service Comp rection on Back of Fo	_	FOR PSC USE ONLY Checker 0305/06.3463	
	Actual Return Estimated Return Amended Return	TG488 Advance Telephone USA 12336 N.W. 98th Avem Hialent Garden, FL 33	16	010557-70	\$ 62.00 0603002 \$ 2.50 0603002 0603002 \$ 50 11 412	
01/01/	D COVERED: 12000 TO 12/31/2000 2001 to 12/21/2001		L 3 1 2001	To Charai	Postmark Date 7/30/0/ post Initials of Prepares MC	
Jesu:	Sole / ABA A	<u> Wance Te le Phone</u>	(Address)	mp. 12331an	(City/State) Flograda (Zip)	
LINE NO.		ACCOUNT CLASSIF	ICATION		AMOUNT	
1.	Gross Operating Revenue (Florida)				\$	
2.	Gross Intrastate Revenue					
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)				()	
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3) \$ 50-00					
5 .	Regulatory Assessment Fee Due — (Multiply Line 4 by 0.0015)					
6.	Penalty for Late Payment (see *3. Failure to File by Due Date* on back)					
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)					
8.	TOTAL AMOUNT DUE				\$ (55.00	
		IN SECTION 364.336 FLORID OMPLETED AND RETURNED				
9.	9. Number of pay telephones in operation at close of period covered 55 by this Return					
* These amounts must be <u>intrastate only</u> and must be verifiable.						
is a truc M	nd correct statement. I see aware th	ut pursuant to Section 637.06, Florida official duty shall be guilty of a minde	Statutes, whoever i	knowingly makes a false stat	mowledge and belief the above information terrent in writing with the lovent to mislead 7/25/01 (Date)	
CMP	- Jesus S	sole			9Fax Number 305, 822,6011	
OTR T	Preparer of Form - Pleas 	e Print Name)	F.E.I. No.		•	
OPC I	1.000 to 1.0					
PG BECOMU	25 (Rev. 11/11/99)	û liji .	,	DOCUMENT NUMB		
SEC	O E D					
ОТН	<u>-</u>			09312 JUL315		

FPSC-COMMISSION CLERK

DOCKE/ #6017 Jesus Sole / DBA - ASVance le lephone 45A Comp 187605W3165T HomesTead F1 33030 I WILL LIKE TO ASK YOU TO PLS Change x14 Address To: P.O BOX 651309 Mani, Fl 33265 Dear MS. Blanca Bayo' IAM WRITING TO ASK YOU TO Please do not Cancel my Certificate, I didnot Pay my Regulatory Assessment fee Return. Bacause my mail was laking From my ABBress, my Company has laken step To PREVENT Future Payment of The Regulator ASSESSMENT Fee. I ASK YOU TO PLEASE donot CARREL MY CERTIFICATE. I Thank You For All your help. IF you have Any Brusstron Please Called At: 305-8224519/3057429053 Mank you!