

# Pay Telephone Service Provider Regulatory Assessment Fee Return

**ORIGINAL**

STATUS:

*P. Isler  
CCA*

## Florida Public Service Commission

(See Filing Instructions on Back of Form)

TE388-01-0-R
Leasorte Enterprises, Inc.
20953 Delagado Terrace
Boca Raton, FL 33433-1636
DEPOSIT DATE <b>D1550 JAN 10 2002</b>

<b>FOR PSC USE ONLY</b>	
Check#	<u>06039173675</u>
\$	<u>50.00</u> 0603002
	003001
\$	P 0603002
	004011
\$	I
Postmark Date	<u>1/11/02</u>
Initials of Preparer	<u>MC</u>

- Actual Return
- Estimated Return
- Amended Return

**PERIOD COVERED:**  
01/01/2001 TO 12/31/2001

Please Complete Below If Official Mailing Address Has Changed

(Name of Company)

(Address)

(City/State)

(Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ _____
2.	Gross Intrastate Revenue	\$ _____
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	( _____ )
4.	<b>TOTAL REVENUES for Regulatory Assessment Fee Calculation</b> (Line 2 less Line 3)	\$ _____
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.	<b>TOTAL AMOUNT DUE</b>	\$ <u>50.00</u>

*out of business*

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

**THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED**

- CAF \_\_\_\_\_
- GMP \_\_\_\_\_
- COM \_\_\_\_\_
- CTR \_\_\_\_\_
- ECR \_\_\_\_\_
- GCL \_\_\_\_\_
- OBC \_\_\_\_\_
- MMS \_\_\_\_\_
- SEC \_\_\_\_\_
- OTH \_\_\_\_\_

Number of pay telephones in operation at close of period covered by this Return

Long some 1/10/02

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

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 official duty shall be guilty of a misdemeanor of the second degree.

[Signature]  
(Signature of Company Official)

[Signature] (Title) 1/7/02 (Date)

Victor Bertolina  
(Preparer of Form - Please Print Name)

Telephone Number (561) 866 4999 Fax Number (561) 852 9889

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

*I would like to Surrender my P.S.C. Licence out of business*

DOCUMENT NUMBER-DATE  
00561 JAN 15 20  
PSC COMMISSION CLERK