

ORIGINAL

Super-Tel.Com, Inc.
16500 N.W. 7th Avenue
Suite 303
Miami, Florida 33169
(v) 305-628-9082 (f) 305-628-9332
April 23, 2002

CK
\$250.00
MC

State of Florida
Public Service Commission
Records Division
Capital Circle Office Center
2540 Shumard Oak Blvd.
Tallahassee, Fl., 32399-0850

Docket # 020261-TP

DEPOSIT DATE
D211 MAY 03 2002

Dear Sir or Madam:

In pursuance to an IXE and CLEC transfer referenced in the above case, I am enclosing the following documents:

1. Revised pages 1 and 2 Alternative Local Exchange Telecommunications Services FL. P.S.C. Price List No. 1 of S.F.M.&T., Inc. changed to Super-Tel.Com, Inc.
2. Revised pages 1 and 2 Inter Exchange Services Tariff, FL. P.S.C. Tariff No. 1 of S.F.M.&T., Inc. changed to Super-Tel.Com, Inc.
3. Ninety preprinted labels
4. One original and two copies of the Application Form for Authority to Provide Interexchange Telecommunications Services including attachments.
5. One original and two copies of the Application Form for Authority to Provide Alternative Local Exchange Service within the State of Florida, including attachments.
6. A check in the amount of \$250.00 for the requisite fees to transfer ALEC certificate No. 7696. It is our understanding that there is no fee required for the transfer of IXE Certificate No. 7695.

We appreciate this Commissions assistance and consideration in this transfer.

Sincerely,



David Vidal, president

AUS _____
CAF _____
CMP _____
COM _____
CTR _____
ECR _____
GCL _____
OPC _____
MMS _____
SEC 1 _____
OTH _____

DOCUMENT NUMBER-DATE

04819 MAY-3 02

FPSC-COMMISSION CLERK

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Super-Tel.Com

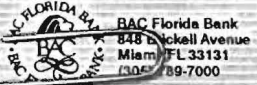
83-904/670
02

DATE April-23-2002

PAY TO THE ORDER OF Florida Public Service Commission \$ 250.00

two hundred and fifty

DOLLARS



119.07(1)(z), Florida Statutes: Bank account numbers or debit, charge, or credit card numbers given to an agency for the purpose of payment of any fee or debt owing are confidential and exempt from subsection (1) and s.24(a), Art. 1 of the State Constitution . . .

[Handwritten signature]

FOR