

4114L

Pay Telephone Service Provider Regulatory Assessment Fee Return

REVENUE REGISTRATION

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS: FINAL
 _____ Actual Return
 _____ Estimated Return
 _____ Amended Return

PERIOD COVERED:
 01/01/2002 TO 12/31/2002

TG436-02-0-R
 Harris Chernoff
 20311 N.E. 2nd Avenue, 21-J
 Miami, FL 33179-2343
DEPOSIT **DATE**
0289 **JAN 14 2003**

ORIGINAL

FOR PSC USE ONLY
 Check# 0179
 \$ 50.00 0603002
 003001
 \$ _____ P 0603002
 004011
 \$ _____ I
 Postmark Date 1/8/03
 Initials of Preparer MC

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)	\$ 0
2.	Gross Intrastate Revenue	0
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(0)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ 0
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)	50
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	0
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	0
	TOTAL AMOUNT DUE	\$ 50

- BUS
- CAF
- CMP
- COM
- CTR
- ECR
- GCL
- OPC
- PMS
- SEC
- OTH

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

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

* 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

Harris R Chernoff
 (Signature of Company Official)
HARRIS R CHERNOFF
 (Preparer of Form - Please Print Name)

CEO 1-8-03
 (Title) (Date)
 Telephone Number 305 651 6335 Fax Number ()

F.E.I. No _____

DOCUMENT NUMBER-DATE

00402 JAN 13 8

FPSC-COMMISSION CLERK