

**REQUEST TO ESTABLISH DOCKET**  
(Please Type)

**Date:** 8/31/2004      **Docket No.:** 040996-TC

**1. Division Name/Staff Name:** Division Of Competitive Markets & Enforcement/Isler

**2. OPR:** Division Of Competitive Markets & Enforcement

**3. OCR:** Office Of The General Counsel

**4. Suggested Docket Title:** Compliance investigation of Quality Wholesale Florist Supply, Inc. for apparent violation of

**5. Suggested Docket Mailing List (attach separate sheet if necessary)**  
**A. Provide NAMES OR ACRONYMS ONLY if a regulated company.**  
**B. Provide COMPLETE NAME AND ADDRESS for all others. (Match representatives to companies.)**  
**1. Parties and their representatives (if any):**


**2. Interested persons and their representatives (if any):**


**6. Check one:**  
 Documentation is attached.  
 Documentation will be provided with recommendation.

DOCUMENT NUMBER-DATE

09544 SEP-13

G:\est.doc

FPSC-COMMISSION CLERK

STATE OF FLORIDA

COMMISSIONERS:  
BRAULIO L. BAEZ, CHAIRMAN  
J. TERRY DEASON  
LILA A. JABER  
RUDOLPH "RUDY" BRADLEY  
CHARLES M. DAVIDSON



DIVISION OF COMPETITIVE MARKETS &  
ENFORCEMENT  
BETH W. SALAK  
DIRECTOR  
(850) 413-6600

## Public Service Commission

May 26, 2004

Ms. Ana Martir, Manager  
Quality Wholesale Florist Supply, Inc. (TE643)  
7074 NW 50<sup>th</sup> Street  
Miami, FL 33166-5634

Dear Ms. Martir:

The Regulatory Assessment Fee (RAF) is due by January 30<sup>th</sup> of each year for the preceding calendar year. For certificate holders, the RAF is owed even if a telecommunications company may not have started operations or had any revenues. Since payment has not been made, statutory penalty and interest charges are now applicable.

Our records show that the 2003 RAF return notice was mailed on December 12, 2003, and a delinquent notice was mailed on February 20, 2004. As of this date, our records do not show receipt of the RAF return or payment. A copy of the 2003 RAF return form is enclosed. If full payment, including penalty and interest charges, along with the RAF return form, are not received by June 25, 2004, a docket may be established. Your company may be fined or your certificate cancelled if you do not respond. Please note that once a docket has been established, **just paying the delinquent RAF amount will not prevent your certificate from being cancelled.**

If you wish to cancel your certificate voluntarily and leave in good standing with the Commission, your company should pay the past due amount in full, complete the 2003 RAF return form, either pay the 2004 RAF or provide a date certain it will be paid, and comply with the requirements of Rule 25-24.514, Florida Administrative Code, copy enclosed. Any unpaid RAFs, including penalty and interest charges, are turned over to collections. When returning payment and a copy of the completed 2003 Regulatory Assessment Fee return form, please use the enclosed blue envelope, which will insure prompt processing.

If you have any questions, please contact me at (850) 413-6502, by fax at (850) 413-6503, by e-mail at [pisler@psc.state.fl.us](mailto:pisler@psc.state.fl.us), or by writing to me at the address below.

Sincerely,

A handwritten signature in black ink that reads "Paula J. Isler".

Paula J. Isler, Research Assistant  
Bureau of Service Quality

Enclosures  
TMS #1281

## Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

- Actual Return  
 Estimated Return  
 Amended Return

**PERIOD COVERED:**  
01/01/2003 TO 12/31/2003

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TE643-03-0-R Quality Wholesale Florist Supply, Inc. 7074 N.W. 50th Street Miami, FL 33166-5634  cc: P. Isler
-----------------------------------------------------------------------------------------------------------------------------

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY	
Check# _____	
\$ _____	0603002
	003001
\$ _____	P
	0603002
	004011
\$ _____	I
Postmark Date _____	
Initials of Preparer _____	

(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>	\$ _____

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**

9. Number of pay telephones in operation at close of period covered by this Return \_\_\_\_\_

\* 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 of Company Official)

\_\_\_\_\_  
(Title) \_\_\_\_\_ (Date)

\_\_\_\_\_  
(Preparer of Form - Please Print Name)

Telephone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

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

**25-24.514 Cancellation of a Certificate.**

- (1) The Commission may cancel a company's certificate for any of the following reasons:
  - (a) Violation of the terms and conditions under which the authority was originally granted;
  - (b) Violation of Commission rules or orders;
  - (c) Violation of Florida Statutes; or,
  - (d) Failure to provide service for a period of six (6) months.
  
- (2) If a certificated company desires to cancel its certificate, it shall request cancellation from the Commission in writing and shall provide the following with its request.
  - (a) Statement of intent and date to pay Regulatory Assessment Fee.
  - (b) Statement of why the certificate is proposed to be cancelled.
  
- (3) Cancellation of a certificate shall be ordered subject to the holder providing the information required by subsection (2).

Specific Authority 350.127(2) FS.

Law Implemented 350.113, 350.127(1), 364.03, 364.285, 364.337, 364.345 FS.

History--New 1-5-87.

TE643-03-0-D

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>	<p>A. Received by (Please Print Clearly) <i>Charles D. P...</i> B. Date of Delivery <i>4/3/04</i></p> <p>C. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>TE643 Quality Wholesale Florist Supply, Inc. 7074 N.W. 50th Street Miami, Florida 33166-5634</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7002 0860 0003 1760 7292</p>
<p>PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424</p>	

COMPANY IDENTIFICATION

Printed on 04/26/2004 at 09:33:41 by PJI

Complete Name: Quality Wholesale Florist Supply, Inc.

Mailing Name: Quality Wholesale Florist Supply, Inc.

Company Code: TE643 FEID Number: 65-0037008

RAF ACCOUNT FOR THE PERIOD 01/01/2003 THROUGH 12/31/2003

Reg. Date: 07/23/1992 Inactive Date:  
 Service: PAT - Pay Telephone  
 Received: No RAF Form  
 Status: Pending  
 Amended: No Extension: No  
 Frozen: No Comments: No  
 Payment Count: 0 Payments Made to Date  
 Operating Rev: \$0.00 Interstate Rev: \$0.00  
 RAF Rate: Net RAF Due: \$0.00

Assessment	Due	Paid	Owe
RAF	\$0.00	\$0.00	\$0.00
Penalty	\$0.00	\$0.00	\$0.00
Interest	\$0.00	\$0.00	\$0.00
Extension Fee	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

Last modification was made on Wednesday, December 3, 2003 at 9:42 AM by David Brown.

Period covered: 01/01/2003 through 12/31/2003 RAF rate:  
 Operating rev: \$0.00 Gross intrastate rev: \$0.00  
 Documents: Delinquent letter mailed on 02/20/2004  
 Delinquent letter mailed on 02/19/2004  
 RAF form mailed on 12/03/2003

## MCD Company Information for TE643

Printed on 08/27/2004 at 12:52:11 by PJI

Company Code: TE643  
Complete Name: Quality Wholesale Florist Supply, Inc.  
Mailing Name: Quality Wholesale Florist Supply, Inc.  
Certificate No(s): 3079  
Status: Active  
Regulation Date: 07/23/1992  
Bankruptcy: No  
Company Liaison #1: Ana Martir  
Title: Manager  
Mailing Address: 7074 N.W. 50th Street

Physical Location: Miami, FL 33166-5634  
7074 N.W. 50th Street

Phone: Miami, FL 33166-5634  
Fax: (305) 594-1801

Related Dockets:

920575-TC

Application for certificate to provide pay telephone service by  
QUALITY WHOLESALE FLORIST SUPPLY, INC.