

State of Florida



ORIGINAL

Public Service Commission

CAPITAL CIRCLE OFFICE CENTER • 2540 SHUMARD OAK BOULEVARD
TALLAHASSEE, FLORIDA 32399-0850

-M-E-M-O-R-A-N-D-U-M-

DATE: November 12, 2004
TO: Blanca S. Bayó, Commission Clerk and Administrative Services Director
FROM: Paula Isler, Research Assistant, Division of Competitive Markets & Enforcement *PJI*
RE: Docket No. 040862-TX - Azul Tel, Inc.

On November 3, 2004, the Commission received the attached letter from Mr. Gaston Sastre, President, offering a \$500 settlement and proposing to pay future Regulatory Assessment Fees on a timely basis. In addition, the company included payment of the \$500 settlement. Please document the settlement proposal in Docket No. 040862-TX. Let me know if you have any questions.

cc: Office of the General Counsel (Rockette-Gray)
Attachment

CMP _____
 COM _____
 CTR _____
 ECR _____
 GCL _____
 OPC _____
 MMS _____
 RCA _____
 SCR _____
 SEC 1
 OTH _____

DOCUMENT NUMBER-DATE

12137 NOV 12 3

FPSC-COMMISSION CLERK

TX 730-03-0-R
500.00 Fine
RAF Paid 9/16/04

CK# 4477
\$ 500.00
11-2-04 VM



November 1st, 2004

Ms. Blanca Bayó
Director
Division of the Commission Clerk & Administrative Services
Florida Public Service Commission
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0850

RE: Docket No. 040862-TX

Ms. Bayó:

May this letter serve to inform the Public Service Commission of our intent to keep active Certificate TX730-03-0-R Docket No. 040862-TX, we have paid all the past due fees, including statutory late payment charges. We have also included the Five Hundred Dollar penalty payment.

We have taken the necessary steps to prevent this from happening in the future and prevent future late payments of the Regulatory Assessment Fees. AzulTel Inc. has assigned all Regulatory matters to be handled by the Tax Department from now on all the Public Service Commission forms and fees will be filed on time.

Please let us know if you have any questions.

Best Regards,

A handwritten signature in black ink, appearing to read 'Gaston Sastre'.

Gaston Sastre
President
AzulTel Inc.

Competitive Local Exchange Company Regulatory Assessment Fee Return

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
09/09/2003 TO 12/31/2003

Florida Public Service Commission
(See Filing Instructions on Back of Form)

TX730-03-0-R
Azul Tel, Inc.
2200 South Dixie Highway, Suite 506
Miami, FL 33133-2300

FOR PSC USE ONLY	
Check# _____	
\$ _____	06-03-001 003001
\$ _____ P	06-03-001 004011
\$ _____ I	
Postmark Date _____	
Initials of Preparer _____	

Please Complete Below If Official Mailing Address Has Changed

(Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA	
		GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$ _____	\$ _____
2.	Long Distance Services (IntraLATA only)**	_____	_____
3.	Access Services	_____	_____
4.	Private Line Services	_____	_____
5.	Leased Facilities & Circuits Services	_____	_____
6.	Miscellaneous Services	_____	_____
7.	TOTAL REVENUES		\$ _____
8.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)		_____
9.	Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		0.00
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015)		50.00
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		2.50
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		4.00
13.	TOTAL AMOUNT DUE		\$ 66.50

- * These amounts must be intrastate only and must be verifiable.
- ** Other long distance revenue must be listed on the Interexchange Regulatory Assessment Fee Return

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

CURRENT COMPANY STATUS

- Facilities-Based Provider
- Reseller
- Other: _____

BILLING INFORMATION

Complete below if billing agent if other than yourself.

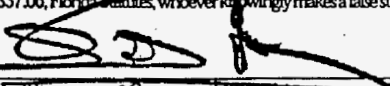
(Name) (Address: City/State/Zip) (Telephone)

COMPANY INFORMATION

Do you lease telecommunications' facilities? YES NO
If YES, who do you lease these facilities from? Name: _____

Address: _____

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/her duty shall be guilty of a misdemeanor of the second degree.


(Signature of Company Official)

PRESIDENT
(Title)

9/15/04
(Date)

(Preparer of Form - Please Print Name)

Telephone Number (786) 497-4050 Fax Number (786) 497-4057

F.E.I. No. 65-1138275