

Packet # 060462-TX

TX280-00-0-T ORIGINAL TOTAL 569.00

Paula Records

COMPANY IDENTIFICATION

Printed on 08/09/2006 at 12:40:51 by RRT

Complete Name: Telephone One Inc.

DEPOSIT DATE

672 AUG 10 2006

CK # 1423  
CK # 2.50 P  
.50 I  
8-8-06  
R

Mailing Name: Telephone One Inc.

Company Code: TX280

FEID Number: 65-0866624

RAF ACCOUNT FOR THE PERIOD 01/01/2000 THROUGH 12/31/2000

Reg. Date: 03/25/1999

Inactive Date:

Service: CLX - Competitive Local Exchange

Received: Actual RAF Form

Status: Pending

Amended: No

Extension: No

Frozen: No

Comments: No

Payment Count: 1 Payment Made to Date

Operating Rev: \$0.00

Interstate Rev:

RAF Rate: 0.0015

Net RAF Due:

RECEIVED-FPSC  
06 AUG 11 AM 8:14  
COMMISSION CLERK  
\$0.00  
\$50.00

Assessment	Due	Paid	Owe
RAF	\$50.00	\$50.00	\$0.00
Penalty	\$2.50	\$0.00	\$2.50
Interest	\$0.50	\$0.00	\$0.50
Extension Fee	\$0.00	\$0.00	\$0.00
Total	\$53.00	\$50.00	\$3.00

Last modification was made on Monday, February 19, 2001 at 9:35 AM by Jackie Knight

- CMP \_\_\_\_\_
- COM \_\_\_\_\_
- CTR \_\_\_\_\_
- ECR \_\_\_\_\_
- GCL \_\_\_\_\_
- OPC \_\_\_\_\_
- RCA \_\_\_\_\_
- SCR \_\_\_\_\_
- SGA \_\_\_\_\_
- SEC   1
- JTH \_\_\_\_\_

DOCUMENT NUMBER-DATE  
07210 AUG 11 06  
FPSC-COMMISSION CLERK

Total \$ 569.00

# Competitive Local Exchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:  
01/01/2005 TO 12/31/2005

*Paula Records*

(See Filing Instructions on Back of Form)

TX280-05-0-R  
Telephone One Inc.  
3805 S.W. 8th Street  
Coral Gables, FL 33134-3001

Docket No. 060462-TX  
- 672 AUG 10 2006

FOR PSC USE ONLY

Check # 1423

\$ 50.00 06-03-001  
003001

\$ 12.50 P 06-03-001  
004011

\$ 3.50 I

Postmark Date 8-8-06  
Initials of Preparer RE

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	\$ <u>28,247.81</u>	\$ <u>28,247.81</u>
2.	Long Distance Services (IntraLATA only) <sup>(1)</sup>	<u>0</u>	<u>0</u>
3.	Access Services	<u>0</u>	<u>0</u>
4.	Private Line Services	<u>0</u>	<u>0</u>
5.	Leased Facilities & Circuits Services	<u>0</u>	<u>0</u>
6.	Miscellaneous Services	<u>0</u>	<u>0</u>
7.	<b>TOTAL REVENUES</b>		\$ <u>28,247.81</u>
8.	LESS: Amounts Paid to Other Telecommunications Companies <sup>(2)</sup>		<u>22,217.91</u>
9.	<b>NET INTRASTATE OPERATING REVENUE</b> for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		\$ <u>6,029.90</u>
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0020)		<u>12.06</u>
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		
13.	Extension Payment Fee (see "4. Extension " on back)		
14.	<b>TOTAL AMOUNT DUE (\$50 MINIMUM)</b>		\$ _____ <sup>(3)</sup>

- (1) Other long distance revenue must be listed on the Interexchange Regulatory Assessment Fee Return.
- (2) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).
- (3) Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee of \$50 shall be imposed as provided in Section 364.336, Florida Statutes.

**CURRENT COMPANY STATUS**

- Facilities-Based Provider
- Reseller
- Other: \_\_\_\_\_

**BILLING INFORMATION**

Complete below if billing agent is 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: \_\_\_\_\_

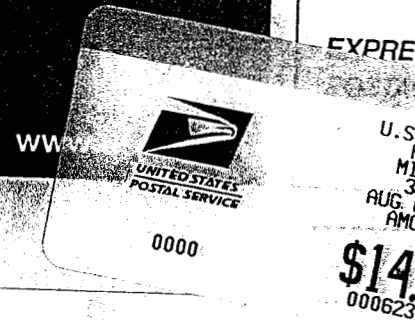
I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and belief the above information is a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

*[Signature]* \_\_\_\_\_ Director \_\_\_\_\_ 7-31-2006  
(Signature of Company Official) (Title) (Date)

*Paula Records* \_\_\_\_\_ Telephone Number (305) 444 3030 Fax Number (305) 974 4487  
(Preparer of Form - Please Print Name)

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

# FLAT RATE



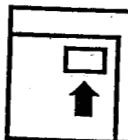
HOW TO USE:



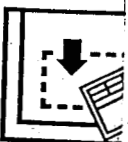
1



EQ 629900378 US



2



The efficient  
the Express Mail

PRESS HARD, YOU ARE MAKING 3 COPIES.

ORIGIN (POSTAL SERVICE USE ONLY)			
PO ZIP Code <b>33152</b>	Day of Delivery <input checked="" type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day	Postage <b>\$ 14.00</b>	
Date Accepted <b>08 08 06</b>	Scheduled Date of Delivery	Return Receipt Fee	
Time Accepted <b>11:00 AM</b>	Month Day <b>08 08</b>	\$	
<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Scheduled Time of Delivery <input checked="" type="checkbox"/> Noon <input type="checkbox"/> 3 PM	COD Fee	Insurance Fee
Flat Rate <input type="checkbox"/> or Weight <b>1.70</b> lbs. ozs.	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Total Postage & Fees <b>\$ 14.00</b>	
	Int'l Alpha Country Code	Acceptance Emp. Initials <b>AD</b>	

FROM: (PLEASE PRINT) PHONE **(315) 441-3030**  
**OSWALDO FERNANDEZ**  
 Telephone One, Inc.  
 9523 SW. 18th Trl.  
 Miami, Florida 33165

FOR PICKUP OR TRACKING

Visit [www.usps.com](http://www.usps.com)

Call 1-800-222-1811



Mailing Label  
Label 11-B, March 2004

UNITED STATES POSTAL SERVICE®

Post Office To Addressee

DELIVERY (POSTAL USE ONLY)		
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	

CUSTOMER USE ONLY

PAYMENT BY ACCOUNT  
Express Mail Corporate Acct. No.  
Federal Agency Acct. No. or Postal Service Acct. No.

WAIVER OF SIGNATURE  
Additional merchandise insurance is void if customer requests waiver of signature. If address or address is incorrect, employee judges that an attempt will be made to deliver and authorize that delivery employee's signature constitute valid proof of delivery.

NO DELIVERY  
 Weekend  Holiday  Mailer Signature

TO: (PLEASE PRINT) PHONE **850 413 6502**  
**PAULA ISLA**  
 Florida Public Service Commission  
 2540 SHIRAZ OAK BLVD.  
 TALLAHASSEE, FL

ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)  
**3 2 3 9 9 + 0 8 7 6**

FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.