REQUEST TO ESTABLISH DOCKET ORIGINAL (Please Type)										
Date:	1/12/2007		Docket No.: 070043 - TC							
1. Divisio	ion Name/Staff Name: Division Of Competitive N		farkets & Enforcement/Isler							
2. OPR:	Division Of The Commission Clerk And Administrative Services									
3. OCR:	Office Of The General Counsel									
4. Suggested Docket Title: Request for cancellation of PATS Certificate No. 5914 by Kiss & Kis's, Inc., effective December 31, 2006.										
<ul> <li>5. Suggested Docket Mailing List (attach separate sheet if necessary)</li> <li>A. Provide NAMES OR ACRONYMS ONLY if a regulated company.</li> <li>B. Provide COMPLETE NAME AND ADDRESS for all others. (Match representatives to companies.)</li> <li>1. Parties and their representatives (if any):</li> </ul>										
2. Interested persons and their representatives (if any):										
6. Check	one:									
☑ Documentation is attached.										
☐ Documentation will be provided with recommendation.										
			DOCUMENT NUMBER-DATE							

00342 JAN 125

## Pay Telephone Service Provider Regulatory Assessment Fee Return

			Florida F	ublic Service Co	mmission	FOR	PSC USE ONLY				
	STATUS:  Actual Return Estimated Return Amended Return			Filing Instructions on Back of	Form)	Check #	<i>18</i> 8				
			TG382-06-0-R			\$50.C	0	6-03-001			
			Kiss & Kis's, Inc 13995 N.W. 7th			s	E	003001			
			North Miami, FI			<b>S</b>	P 0	6-03-001			
	PERIOD COVERED:		, , , , , , , , , , , , , , , , , , , ,	Loui was a	4 A D (L)		1 0	004011			
_	01/01/2006 TO 12/31/2006			701 101	4: A 2007	\$	I	İ			
R	2000	OS/FAMA		701 JAN	T % 5007		1-4-07				
			Please Complete Bel	ow If Official Mailing A	Address Has Changed	Initials of Prepa	rer RT				
	KIG	STKISS,	INC 129	C.C.N/117K a	ha	N. Hrami,	F1 3	3162			
		(Name of Company)	191	(Address)		(City/State)	$\frac{1L}{2}$	Zip)			
i	i-	·		<del></del>							
/2	LINE										
· ~	$\frac{\mathcal{O}_{NO.}}{\mathcal{O}_{NO.}}$		ACCOUNT CL	ASSIFICATION		<del></del> .	AMOUNT				
The	1.	Gross Operating Revenue (Florida)					0				
Me	· · · · · · · · · · · · · · · · · · ·	Gross Intrastate R	evenue			d'i	$\mathcal{O}$	ar with the			
7	3.	LESS: Amounts (see "2. Fees" on		communications	Companies (1)	3/2	0				
" A	4.	TOTAL REVEN (Line 2 less Line 3		ory Assessment	Fee Calculation	3 3 3	0	<del></del>			
.50	5.	Regulatory Assess	sment Fee Due - (1	Multiply Line 4 b	y 0.0020)	7 4	0	_			
<b>F</b>	6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)									
cf	7.	Interest for Late P	0	_							
ž	8. Extension Payment Fee (see "4. Extension" on back)							<del>_</del>			
ur crence	9. TOTAL AMOUNT DUE (MINIMUM \$50.00)										
S)	10.	Number of pay tel this Return	ephones in operati	on at close of pe	riod covered by	an					
3		this Return (1) These amounts must be	Please	10 Mance	home 1	ulling ~	_				
7		<ol> <li>These amounts must be</li> <li>Regardless of the gross Section 364.336, Florid</li> </ol>	operating revenue of a cor	e verifiable (see "2. Fees' npany, a minimum annua	" of back). al regulatory assessment	fee of \$50 shall be impo	sed as provided in	ı			
ı	I the u	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 statemer	it. I am aware that pursuai	it to Section 837.06, Flor	rida Statutes, whoever k	nowingly makes a false	statement in writi	e above ing with			
j	the intent to	mislead Apublic servant in th	e performance of his official			cond degree.	12-19	MA			
· -	n-10	(Signature of Company	Official)	- /	(Title)		(Date)	06			
		(Signature of Company)	omoiai)		(Tide)		(Date)				
-	(D=	eparer of Form - Please	Print Name	Telephone Number	( )	Fax Number (	)				
	(rr	cparer of rollii - Flease	trime (vainte)	F.E.I. No.				·			

## MCD Company Information for TG382

## Printed on 01/12/2007 at 11:21:00 by PJI

TG382

Company Code: Complete Name: Mailing Name:

Kiss & Kis's, Inc. Kiss & Kis's, Inc. 5914

Certificate No(s):

Status:

Active 09/22/1998

No

Regulation Date: Bankruptcy: Company Liaison #1:

Gyula E. Kis

Title:

President

Mailing Address:

13995 N.W. 7th Avenue

Physical Location:

North Miami, FL 33168-2907 13995 N.W. 7th Avenue

Phone: Fax:

North Miami, FL 33168-2907 (305) 654-8101 (305) 651-9636

Related Dockets:

980828-TC

Application for certificate to provide pay telephone service by

Kiss & Kis's, Inc.

010537-TC

Cancellation by Florida Public Service Commission of Pay Telephone Certificate No. 5914 issued to Kiss & Kis's, Inc. for violation of Rule 25-4.0161, F.A.C., Regulatory Assessment Fees; Telecommunications Companies.