

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 1/20/2014  
**Pay Telephone Service Provider Regulatory Assessment Fee Return**

Florida Public Service Commission

STATUS:  
 Actual Return  
 Estimated Return  
 Amended Return

PERIOD COVERED:  
1/1/2013 TO 12/31/2013

(See Filing Instructions on Back of Form)

TF802-13-T-0-R  
 Our Lady of Lourdes Academy  
 5525 S.W. 84th Street  
 Miami FL 33143-8398

**DATE DEPOSIT**

DEC 30 2013 3 7 5

Please Complete Below If Official Mailing Address Has Changed

**FOR PSC USE ONLY**

Check # 55228

\$ 100.00 06-03-001  
003001

\$ \_\_\_\_\_ E

\$ \_\_\_\_\_ P 06-03-001  
004011

\$ \_\_\_\_\_ I

Postmark Date 12-23-13  
 Initials of Preparer ET

*Records*

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

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ <u>      </u>
2.	Gross Intrastate Revenue	_____
3.		_____
	<b>Less:</b> Amounts Paid to Other Telecommunications Companies <sup>(1)</sup> (see "2. Fees" on back)	( _____ )
4.	<b>TOTAL REVENUES for Regulatory Assessment Fee Calculation</b> (Line 2 less Line 3)	\$ _____
5.	<b>REGULATORY ASSESSMENT FEE DUE</b> - (Multiply Line 4 by 0.0016. If more than \$100, enter amount. If less, enter \$100.) <sup>(2)</sup>	_____
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.	Extension Payment Fee (see "4. Extension" on back)	_____
9.	<b>TOTAL AMOUNT DUE</b> (Add lines 5 through 8)	\$ <u>100-</u>
10.	Number of pay telephones in operation at close of period covered by this Return	<u>none</u>

(1) These amounts must be **intrastate only** and must be verifiable (see "2. Fees" on back).  
 (2) Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee of \$100 shall be imposed as provided in Section 364.336, Florida Statutes.

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.

*Gloria M. Acere* (Signature of Company Official)      Business Administrator (Title)      12/20/2013 (Date)

Gloria M. Acere (Preparer of Form - Please Print Name)      Telephone Number (305) 667-1623 #215      Fax Number (305) 284-7811

F.E.I. No. 59-1056323