

# 971348-TC



ORIGINAL

January 06, 1998

Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850

Re: Certificate No: 4480  
Joey Sanchez / Rosemary Cortes

*Plse. place in  
docket file. Cert.  
is already can-  
celled, effective  
1/28/98.*

Dear Sirs,

I am enclosing the payments specified as per our telephone conversation.

At this time I would like to request cancellation of Pay Telephone Certificate No: 4480. I understand that I may reapply in the future should my situation change.

I appreciate your attention in this matter.

Sincerely,

*Rosemary A. Cortes*  
Rosemary A. Cortes, Pres.

RECEIVED  
FLORIDA PUBLIC  
SERVICE COMMISSION

JAN 13 1998  
MAIL ROOM

- ACK \_\_\_\_\_
- AFA \_\_\_\_\_
- APP \_\_\_\_\_
- CRF \_\_\_\_\_
- CRM \_\_\_\_\_
- CTR \_\_\_\_\_
- EAG \_\_\_\_\_
- LEG \_\_\_\_\_
- LIV \_\_\_\_\_
- OPD \_\_\_\_\_
- RIS \_\_\_\_\_
- SEL \_\_\_\_\_
- WAS \_\_\_\_\_
- OTH \_\_\_\_\_

cc: File  
/enclosure

DOCUMENT NUMBER-DATE

00994 JAN 16 98

# Pay Telephone Service Provider Regulatory Assessment Fee Return

## Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return  
 Estimated Return

TF544	P173 997 558
Joey Sanchez/Rosemary Cortez	
7963 N.W. 2nd Street	
Miami, FL 33126-8000	
DEPOSIT	DATE
D687	JAN 13 1998

PERIOD COVERED:  
01/01/1997 TO 12/31/1997

FOR PSC USE ONLY	
Check#	1351
\$	100.00 0603002
	003001
\$	12.00 P+I 0603002
	004011
\$	1
Postmark Date	1/7/98
Initials of Preparer	JP

Please Complete Below if Address Has Changed

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

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue	\$ _____
2.	Gross Intrastate Revenue	_____
3.	LESS: Amounts Paid for Services to Local Telephone Companies (Attach Listing)*	( _____ )
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ _____
5.	Regulatory Assessment Fee Due — (Multiply Line 4 by 0.0015)	_____
6.	Penalty for Late Payment	_____
7.	Interest for Late Payment	_____
8.	TOTAL AMOUNT DUE	\$ _____


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 \_\_\_\_\_

\*Each amount paid by a pay telephone company to a tele-communications company providing local service for use of the local network shall be deducted from intrastate revenue for purposes of determining the amount of the regulatory fee assessed the pay telephone company.

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to be 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)  
 ROSEMARY A. CORTES  
 \_\_\_\_\_  
 (Please Print Name)

\_\_\_\_\_  
 PRESIDENT  
 \_\_\_\_\_  
 (Title)  
 Telephone Number 305, 262-5799  
 \_\_\_\_\_  
 F.E.I. No. \_\_\_\_\_  
 \_\_\_\_\_  
 (Date)