



# Public Service Commission

**DATE:** March 5, 1999

**TO:** Division of Records and Reporting (Bayo)

**FROM:** Division of Communications (Isler) *Pij*

**RE:** Docket No. 981608-TC - Cancellation by Florida Public Service Commission of PATS Certificate No. 5514 issued to Semper Padron, for violation of Rule 25-4.0161, F.A.C., Regulatory Assessment Fees; Telecommunications Companies

Order No. PSC-99-0227-FOF-TC was issued February 9, 1999, and ordered the company to pay a \$500 fine plus past due regulatory assessment fees, along with statutory penalty and interest charges. The company had until March 2, 1999 to respond to the Order. On March 4, 1999, I received the attached letter, forwarded to me by the Division of Administration, which stated that the company requested voluntary cancellation of its certificate, and which was originally received by Administration on January 5, 1999. Since staff needs to take this back to Agenda, please use the attached from the company as its response to the Order.

**Attachment**

cc: Division of Communications (Isler)  
Division of Legal Services (J. Miller)

- WCK \_\_\_\_\_
- AFA \_\_\_\_\_
- APP \_\_\_\_\_
- CAF \_\_\_\_\_
- CMU \_\_\_\_\_
- CTR \_\_\_\_\_
- EAG \_\_\_\_\_
- LEG \_\_\_\_\_
- LIN \_\_\_\_\_
- OPC \_\_\_\_\_
- RCH \_\_\_\_\_
- SEC   1
- WAS \_\_\_\_\_
- OTH \_\_\_\_\_

DOCUMENT NUMBER-DATE

**02988 MAR-89**

FPSC-RECORDS/REPORTING

# Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

FOR PSC USE ONLY

Check# \_\_\_\_\_

\$ \_\_\_\_\_ 0603002

003001

\$ \_\_\_\_\_ P

0603002

\$ \_\_\_\_\_ 004011

1

Postmark Date \_\_\_\_\_

Initials of Preparer \_\_\_\_\_

STATUS:

\_\_\_\_\_ Actual Return  
 \_\_\_\_\_ Estimated Return

TG200 99 JUN -5 11:29  
 Semper Padron  
 8980 S.W. 4th Street  
 Miami, FL 33174-2357

PERIOD COVERED:  
 01/01/1998 TO  
 12/31/1998

Please Complete Below If Official Mailing 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.	<b>TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)</b>	\$ _____
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)	_____
6.	Penalty for Late Payment	_____
7.	Interest for Late Payment	_____
8.	<b>TOTAL AMOUNT DUE</b>	\$ _____

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 telecommunications 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 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 of Company Official)

\_\_\_\_\_  
 (Title)

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Please Print Name)

Telephone Number ( \_\_\_\_\_ ) Fax Number ( \_\_\_\_\_ )

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