

REQUEST TO ESTABLISH DOCKET  
(PLEASE TYPE)

Date January 21, 2000

Docket No. 000067-TC

1. Division Name/Staff Name Communications/Isler

2. OPR Communications/Isler

3. OCR Legal Services

4. Suggested Docket Title Request for Cancellation of Pay Telephone Certificate No. 6080 by  
Coinphone Plus Communications, Inc., Effective 12/31/99

5. Suggested Docket Mailing List (attach separate sheet if necessary)

- A. Provide NAMES ONLY for regulated companies or ACRONYMS ONLY regulated industries,  
as shown in Rule 25-22.104, F.A.C.
- B. Provide COMPLETE name and address for all others. (Match representatives to clients.)

1. Parties and their representatives (if any)

<u>Stephen M. Weiss</u>	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Interested Persons and their representatives (if any)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. Check one:  
 Documentation is attached.  
 Documentation will be provided with recommendation.

I:\PSC\RAR\WP\ESTDKT.  
PSC/RAR 10 (Revised 01/96)

00928-00  
DOCUMENT NUMBER-DATE  
00928 JAN 21 8  
FPSC-RECORDS/REPORTING

# Weiser

DIVISION OF  
ADMINISTRATION

2000 JAN 18 AM 9:41

FLORIDA  
PUBLIC SERVICE COMMISSION

M.R.Weiser & Co.LLP  
Certified Public Accountants  
and Consultants

399 Thornall Street  
Edison, NJ 08837-2246  
Tel 732-549-2800  
Fax 732-549-2898

January 11, 2000

Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, FL 32399-0850  
Attn: Fiscal Services

**Re: Coinphone Plus Communications, Inc.**  
**Fed ID#: 65-0751554**  
**Form: Pay Telephone Service Provider Regulatory Assessment Fee Return**  
**Tax Period: May 21, 1999 to December 31, 1999**

Dear Sir or Madam:

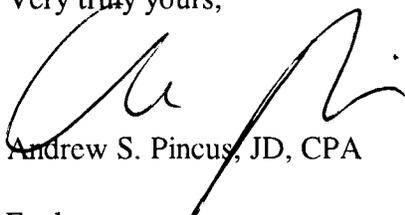
We are the accountants for the above-captioned taxpayer. This is in response to the enclosed return for the period May 21, 1999 through December 31, 1999.

Please be advised that the above captioned taxpayer had no operating revenue for the above tax period. The taxpayer has disposed of all of its payphones and is no longer engaged in business. A final income tax return for tax year 1999 will be filed this year.

Please process the enclosed form with the minimum annual fee and remove the taxpayer from your records.

Thank you for your anticipated cooperation concerning this matter.

Very truly yours,



Andrew S. Pincus, JD, CPA

Enclosure

cc: Coinphone Plus Communications, Inc.

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# Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

TG524  
Coinphone Plus Communications, Inc.  
6244 N.W. 21st Court  
Boca Raton, FL 33496-2649

DEPOSIT DATE  
D 2 2 9 JAN 1 8 2000

PERIOD COVERED:

05/21/1999 TO  
12/31/1999

FOR PSC USE ONLY	
Check# <u>2072</u>	
\$ <u>50.00</u>	0603002
	003001
	P
	0603002
	004011
	I
Postmark Date <u>1/14/00</u>	
Initials of Preparer <u>mc</u>	

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 (Florida)	\$ <u>NONE</u>
2.	Gross Intrastate Revenue	_____
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	( _____ )
4.	<b>TOTAL REVENUES for Regulatory Assessment Fee Calculation</b> (Line 2 less Line 3)	\$ <u>NONE</u>
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)	_____
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.	<b>TOTAL AMOUNT DUE</b>	\$ <u>50</u>

*J.P. Isler  
ROR*

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 \_\_\_\_\_

STEPHEN M. WEISS

2072  
63-643/670

1/11/00 \$2000

Pay to the order of Florida Public Service Commission \$50.00

Twenty Dollars

FIRST UNION NATIONAL BANK  
OF FLORIDA  
BOCA RATON, FL

*[Signature]*

Security features included. Details on back.

I hereby certify that the above is a true and correct copy of the original and best of my knowledge and belief the above vingly makes a false statement in writing with second degree.

(Date)

Fax Number ( )