

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date February 8, 2000

Docket No. 000159-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. 5095 by Upper Room Assembly, 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)

Rev. John P. Joseph _____

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)

DOCUMENT NUMBER - DATE
01743 FEB-8 00
FPSC-RECORDS/REPORTING

P. Isler

State of Florida

CK# 007950
6.00 P:1
2-3-00
vm



RECEIVED
FLORIDA PUBLIC
SERVICE COMMISSION

00 FEB -7 AM 9:26

Public Service Commission

2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0850

DEPOSIT

DATE

D244

FEB 08 2000

FOR YOUR INFORMATION

DATE: January 21, 2000
 TO: Rev. John P. Joseph, Business Administrator, Upper Room Assembly, Inc.
 FROM: *Djc* Paula Isler, (850) 413-6502-voice; 413-6503-fax; internet address is:
 pisler@psc.state.fl.us
 RE: Request for Cancellation of Pay Telephone Certificate No. 5095

This will acknowledge receipt of your recent request for cancellation of your pay telephone certificate. I cannot recommend voluntary cancellation of a company's certificate when there is an outstanding balance of the regulatory assessment fee and/or statutory penalty and interest charges.

According to the Commission's records, you have a past due balance of \$6.00. Our records show that you paid the 1998 fee on April 2, 1999, which was due February 1, 1999. However, you did not pay the \$5.00 penalty or \$1.00 interest, leaving a balance of \$6.00 for 1998.

As soon as your check is received for the \$6.00, I will open a docket to cancel your certificate.

ORIGINAL DOCUMENT IS PRINTED ON CHEMICAL REACTIVE PAPER & HAS A MICROPRINTED BORDER

UPPER ROOM ASSEMBLY OF GOD
19701 S.W. 127TH AVENUE
MIAMI, FLORIDA 33177-4803

TOTAL BANK
17945 FRANJO ROAD
PERRINE, FL 33157
63-915/660

007950

NO.

02/01/2000

\$6.00

DATE

AMOUNT

Six and 00/100

PAY
TO THE
ORDER
OF

PUBLIC SERVICE COMMISSION
2540 SHUMARD OAK BLVD
TALLAHASSEE FL 32399-0850

VOID AFTER 90 DAYS

Paulina Reyes

THE REVERSE SIDE OF THIS DOCUMENT INCLUDES AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW



Public Service Commission

2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0850

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As soon as your check is received for the \$6.00, I will open a docket to cancel your certificate with an effective date of December 31, 1999. Please let me hear from you by February 8, 2000.

If you have any questions, please let me know.

Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
01/01/1999 TO
12/31/1999

RECEIVED
Florida Public Service Commission
(See Filing Instructions on Back of Form)

TF993
Upper Room Assembly, Inc.
19701 S.W. 127th Avenue
Miami, FL 33177-4800

99 DEC 28 AM 8:34
MAIL ROOM
DATE
DEC 28 1999

FOR PSC USE ONLY

Check# 007769

\$ 50.00 0603002
003001
P
0603002
004011
I

Postmark Date N/A
Initials of Preparer MC

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)	\$ _____
2.	Gross Intrastate Revenue	_____
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(_____)
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 (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.	TOTAL AMOUNT DUE	\$ _____

NO Long-haul pay phone

RECEIVED
DEC 29 1999

J.P. Ester ROR

197

AS PROVIDED IN SECTION **GMU** FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

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TOTAL BANK
17945 FRANJO ROAD
PERRINE, FL 33157
63-915/660

007769
NO.

Fifty and 00/100

12/22/1999

\$50.00

DATE

AMOUNT

PAY TO THE ORDER OF FLORIDA PUBLIC SERVICE COMMISSION
2540 Shumard Oak Boulevard
Tallahassee FL 32399-0850

VOID AFTER 90 DAYS
[Signature]