

REQUEST TO ESTABLISH DOCKET  
(PLEASE TYPE)

Date 8/31/00

Docket No. 001303-TC

1. Division Name/Staff Name Division of Regulatory Oversight/McCoy
2. OPR Division of Regulatory Oversight/McCoy *DM*
3. OCR Legal Services
4. Suggested Docket Title Request for Cancellation of Pay Telephone Certificate No. 5881 by H.T. Tehrani, effective 3/24/00.

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)

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

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

~~10909~~ SEP-18

FPSC-RECORDS/REPORTING

McLog  
8/30/00

COMPANY NAME: H.T. Tehrani CO. CODE: TG353

COMPANY LIAISON: Same, Owner

DOCKET NO.: \_\_\_\_\_ CERTIFICATE NO.: 5881 EFFECTIVE: 07/14/98

DATE USPS RETURNED RECEIPT: \_\_\_\_\_

DATE USPS RETURNED ENVELOPE: \_\_\_\_\_

DATE OF ADMIN'S MEMO: \_\_\_\_\_

DATE OF RAR'S MEMO: \_\_\_\_\_

YEAR(s) RAFs NOT PAID: 2000

YEAR(s) PENALTIES & INTEREST NOT PAID: 1999

OTHER RAF INFO: \_\_\_\_\_

DATE LOTUS CHECKED FOR PAYMENT: \_\_\_\_\_

RECEIVED

AUG 29 2000

Florida Public Services Commission  
Division of Regulatory Oversight

OTHER INFORMATION

03/24/00 - Company paid the 1999 RAF, but not the P&I and wrote on the form

"Please cancel my certificate, since I have sold my business on  
September 1, 1999."

04/05/00 - Wrote company and advised that I could not recommend voluntary

cancellation with the \$6.00 P&I past due for 1999 and 2000 will  
have to be paid. Response due by 4/20/00.

4/10/00 - H.T.T. called @ 9:50 & left v/m msg.

404 - 918 - 5200.

- I called HTT back @ 9:51. He will send  
OK for \$56.<sup>00</sup>

4/13/00 - Company pd. \$56 for 6.<sup>00</sup> P&I for '99 &  
\$50 for 2000 RAF.

8/28/00 - Forwarded to Jackie Gilchrist, RGO.

COMPANY IDENTIFICATION

Printed on 08/31/2000 at 12:29:55 by TJM

Complete Name: H.T. Tehrani

Mailing Name: H.T. Tehrani

Company Code: TG353

FEID Number:

COMPANY INFORMATION

Address Line 1: 4025 McGinnis Ferry Road, Apt. #725

Address Line 2:

City: Suwanee

State: GA Zip Code: 30024-8317

Reg. Date: 07/14/1998

Inactive Date:

Transferred To:

Trans. From:

Certificate 1: 5881

Certificate 2:

Corporate Type:

Service 1: PAT - Pay Telephone

Service 2:

Service 3:

Service 4:

Class (WAW):

Phone Count:

County 1:

County 2:

County 3:

County 4:

COMPANY IDENTIFICATION

Printed on 08/31/2000 at 12:29:47 by TJM

Complete Name: H.T. Tehrani

Mailing Name: H.T. Tehrani

Company Code: TG353

FEID Number:

MAILING INFORMATION

Attention:

Address Line 1: 4025 McGinnis Ferry Road, Apt. #725

Address Line 2:

City: Suwanee

State: GA

Zip Code: 30024-8317

E-mail Address:

Web Address:

Liaison 1: H.T. Tehrani

Liaison 2:

Title: Owner

Title:

Phone: (404) 918-5200

Phone:

Fax 1: (678) 482-7816

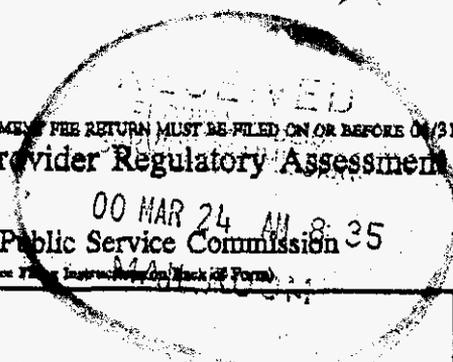
Fax 2:

County:

Updated 3-30-00

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 04/31/2000

### Pay Telephone Service Provider Regulatory Assessment Fee Return



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

STATUS:

- Actual Return
- Estimated Return
- Amended Return

*ML*

TG353  
 H.T. Tehrani  
 10625 Front Beach Road  
 Panama City Beach, FL 33407-3538  
 VD 268 MAR 27 2000

FOR PSC USE ONLY  
 Check# 2207  
 \$ 50.00 0603002  
 003001  
 \$ P  
 0603002  
 004011  
 \$  
 Postmark Date 3/22/00  
 Initials of Preparer MC

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

Please Complete Below if Official Mailing Address Has Changed

(Name of Company) 4025 McGinnis Ferry Rd APT # 725 Suwanee GA 30024-8317  
 (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida) P- 850) 234-2485	\$ 222.47
2.	Gross Intrastate Revenue	35.88
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)	\$ 258.35
5.	Regulatory Assessment Fee Due — (Multiply Line 4 by 0.0015)	.39
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	.04
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	.01
8.	TOTAL AMOUNT DUE	\$ 50.00

*None*

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 2

\* These amounts must be intrastate only and must be verifiable. (\* Please cancel my certificate, since I have sold my business on Sept 1, 1999.) H.T.

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.

H.T. TEHRANI (Signature of Company Official) OWNER (Title) 3-20-00 (Date)  
H.T. TEHRANI (Preparer of Form - Please Print Name) Telephone Number (404) 918-5200 Fax Number (678) 482-7816  
 F.E.I. No. \_\_\_\_\_

*3-30-00  
Cy To Chris Delev*