



**ADEPTEL**  
A TELECOM COMPANY®

ORIGINAL

238 North Westmonte Drive, Suite 101  
Altamonte Springs, FL 32714

Phone: 407.682.3022

Fax: 407.682.7244

Web Site: www.adeptel.com

01 JAN 12 11:03:02

Ms. Blanca Bayó  
Director  
Division of Records and Reporting  
Florida Public Service Commission  
2540 Shumard Oak Blvd.  
Tallahassee, Florida 32399-0850

January 11, 2001

Subject: Docket No. 001344-TI

Dear Ms. Bayó:

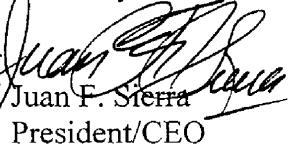
This letter is to ask for a settlement for Docket No. 001344-TI. I realize now that I should have filed the regulatory assessment fee (RAF) for 1999 last year. I am not dodging any responsibility in this matter; however, and for the record I would like to state that Adeptel, Inc. has not conducted any business, derived any revenues, or otherwise engage in any activity that would be taxable.

We have spent all this time trying to work out the operational logistics of such an enterprise. We are hopefully very close to an operational reality. During this time, I simply did not realize that Adeptel, Inc. had to file a 1999 RAF. In the future the RAF will be put along side all the other documents that legally and operationally we have to file every year. I can assure you that in the future it shall not be overlooked.

I found out about the 1999 RAF a few days ago when we called the Florida Public Service Commission and spoke with Paula Isler and Jackie Knight. At that time we had not seen the notice of proposed agency action. We immediately FedEx to Paula Isler's attention a filled out RAF for 1999 accompanied by a check for \$68.50, (Adeptel's check #138), and a filled out RAF for 2000 accompanied by Adeptel's check #139 for \$50.00.

I respectfully ask that you consider a settlement of \$100.00 for the proposed agency action, in view that Adeptel has not conducted any business to date, and that we have now properly filed and paid the RAF minimums for years 1999 and 2000.

Sincerely Yours,

  
Juan F. Sierra  
President/CEO

- APP \_\_\_\_\_
- CAF \_\_\_\_\_
- CMP \_\_\_\_\_
- COM \_\_\_\_\_
- CTR \_\_\_\_\_
- ECR \_\_\_\_\_
- LEG \_\_\_\_\_
- OFC \_\_\_\_\_
- PAJ \_\_\_\_\_
- ACC \_\_\_\_\_
- SEC \_\_\_\_\_
- LRM \_\_\_\_\_
- OTL \_\_\_\_\_

DOCUMENT NUMBER-DATE

00540 JAN 12 01

FPCC-RECORDS-REPORTING

# Interexchange Company Regulatory Assessment Fee Return

007

STATUS:

- Actual Return
- Estimated Return
- Amended Return

## Florida Public Service Commission

(See Filing Instructions on Back of Form)

TJ261 01 JUN 12 AM 8 57  
 Adeptel, Inc.  
 238 North Westmonte, Suite 100  
 Altamonte Springs, FL 32714-3363

**FOR PSC USE ONLY**  
 Check# \_\_\_\_\_  
 \$ \_\_\_\_\_ 0603001  
 \_\_\_\_\_ 003001  
 \$ \_\_\_\_\_ P  
 \_\_\_\_\_ 0603001  
 \_\_\_\_\_ 004011  
 \$ \_\_\_\_\_ I  
 Postmark Date \_\_\_\_\_  
 Initials of Preparer \_\_\_\_\_

PERIOD COVERED:

01/01/2000 TO  
 12/31/2000

Please Complete Below If Official Mailing Address Has Changed

\_\_\_\_\_ 238 N. WESTMONTE DR, STE 101 \_\_\_\_\_  
 (Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ _____	\$ _____
2.	Access Services	_____	_____
3.	Private Line Services	_____	_____
4.	Leased Facilities & Circuits Services	_____	_____
5.	Miscellaneous Services	_____	_____
6.	TOTAL Telephone Services	\$ _____	\$ _____
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	( _____ )	( _____ )
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation	_____	_____
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)	_____	_____
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
12.	TOTAL AMOUNT DUE	_____	\$ 50.00

ad ch # 139

\* These amounts must be intrastate only and must be verifiable.

AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

### CURRENT COMPANY STATUS

- Facilities-Based Carrier
- Alternate-Operator Service
- Reseller
- Rebiller
- Call Aggregator
- Other: \_\_\_\_\_

### BILLING INFORMATION

Complete below if billing agent if other than yourself.  
 \_\_\_\_\_ (Name) \_\_\_\_\_ (Address: City/State/Zip) \_\_\_\_\_ (Telephone)  
 What is the total amount of customer deposits collected?  
 Amount: \$ \_\_\_\_\_ for 19 \_\_\_\_\_  
 What is the total amount of bond held (if applicable)?  
 Amount: \$ \_\_\_\_\_ Expires: \_\_\_\_\_

### COMPANY INFORMATION

Do you lease telecommunications' facilities?  YES  NO  
 If YES, who do you lease these facilities from? Name: SPRINT  
 Address: 450 SANFORD AVE ALTAMONTE SPRINGS FL 32701

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/her duty shall be guilty of a misdemeanor of the second degree.

Eugenie C. Sierra (Signature of Company Official) OFFICE MANAGER (Title) 1/10/01 (Date)  
EUGENIE C. SIERRA (Preparer of Form - Please Print Name)  
 Telephone Number (407) 682-3072 Fax Number (407) 682-7244  
 F.E.I. No. 59-3534995

COPY

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/31/2000

# Interexchange Company Regulatory Assessment Fee Return

### STATUS:

- Actual Return
- Estimated Return
- Amended Return

## Florida Public Service Commission

(See Filing Instructions on Back of Form)

TJ261 01 JAN 19 1999  
 Adeptel, Inc.  
 238 North Westmonte, Suite 100  
 Altamonte Springs, FL 32714-3363

**PERIOD COVERED:**  
 08/30/1999 TO 12/31/1999

**FOR PSC USE ONLY**

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

\$ \_\_\_\_\_ 0603001  
 \_\_\_\_\_ 003001  
 \$ \_\_\_\_\_ P  
 \_\_\_\_\_ 0603001  
 \_\_\_\_\_ 004011  
 \$ \_\_\_\_\_ I

Postmark Date \_\_\_\_\_  
 Initials of Preparer \_\_\_\_\_

Please Complete Below If Official Mailing Address Has Changed

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

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ 0	\$ 0
2.	Access Services	0	0
3.	Private Line Services	0	0
4.	Leased Facilities & Circuits Services	0	0
5.	Miscellaneous Services	0	0
6.	TOTAL Telephone Services	\$ 0	\$ 0
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	( 0 )	( 0 )
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation	0	0
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)	0	0
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	0	< 18.50
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	0	\$ 68.50
12.	<b>TOTAL AMOUNT DUE</b>	0	\$ 68.50

\* These amounts must be intrastate only and must be verifiable.

pd ck # 138

**AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50**

**CURRENT COMPANY STATUS**

Facilities-Based Carrier      ( ) Reseller      ( ) Call Aggregator  
 ( ) Alternate-Operator Service      ( ) Rebiller      ( ) Other: \_\_\_\_\_

**BILLING INFORMATION**

Complete below if billing agent if other than yourself.

\_\_\_\_\_  
 (Name) (Address: City/State/Zip) (Telephone)

What is the total amount of customer deposits collected?  
 Amount: \$ 0 for 19 \_\_\_\_\_

What is the total amount of bond held (if applicable)?  
 Amount: \$ 0 Expires: \_\_\_\_\_

**COMPANY INFORMATION**

Do you lease telecommunications facilities? ( ) YES ( ) NO NOT YET IN 1999  
 If YES, who do you lease these facilities from? Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

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 337.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her duty shall be guilty of a misdemeanor of the second degree.

Eugene C. Sierra      OFFICE MANAGER      1/10/01  
 (Signature of Company Official)      (Title)      (Date)

EUGENIE C. SIERRA      Telephone Number 407 682-3022 Fax Number 407 682-7244  
 (Preparer of Form - Please Print Name)

F.B.I. No. 59-353 4995