

Pay Telephone Service Provider Regulatory Assessment Fee Return

ORIGINAL

STATUS:

*P. Isler
PCA*

Florida Public Service Commission

(See Filing Instructions on Back of Form)

FOR PSC USE ONLY	
Check# <u>95</u>	
\$ <u>50.00</u>	0603002 003001
\$ _____	P 0603002 004011
\$ _____	I
Postmark Date <u>8/21/01</u>	
Initials of Preparer <u>MC</u>	

TF135-01-0-R	<u>010446-TC</u>
Diversified Voice	
23 Cedar Ridge Lane	
Dix Hills, NY <u>11746-7937</u>	DEPOSIT
	DATE
<u>D1130</u>	<u>AUG 31 2001</u>
<u>CC: P. Isler</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>0</u>
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	\$ <u>50.00</u>

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

PAI 1 Number of pay telephones in operation at close of period covered
RGO 1 by this Return
SEC 1
SER _____

*Amounts must be intrastate only and must be verifiable.

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.

Michael Einstein
(Signature of Company Official)
Michael Einstein
(Preparer of Form - Please Print Name)

President
(Title)
8/20/01
(Date)
Telephone Number 212-404-5164 Fax Number ()
F.E.I. No. 056-56-618 DOCUMENT NUMBER-DATE

10798 AUG 30 2001

FPSC-COMMISSION CLERK

ORIGINAL

*P. Isler
CEA*

August 17, 2001

DISTRIBUTION CENTER

01 AUG 28 AM 9:14

*CK 95
\$150.00
50.00-R
100.00 Settlement
MC*

Paula J. Isler, Research Assistant
Bureau of Service Quality
Public Service Commission
Capital Circle Office Center
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

*TF135
Docket 010446*

Dear Paula,

I am requesting a voluntary cancellation of the Pay Telephone Certificate for Diversified Voice due to the fact that I am longer in the payphone business. As per our phone conversation, enclosed is a check for \$150.00, (\$100.00 for the agreed upon settlement and \$50.00 for the 2001 Regulation Assessment Fee).

Please call me at 212-404-5164 or Connie Good at 212-404-5165 if you need further information. Thank you for your assistance in this matter.

Sincerely,



Michael Einstein
President
Diversified Voice
23 Cedar Ridge Lane
Dix Hills, NY 11746-7937

DEPOSIT DATE
D1188 AUG 31 2001

- APP _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- LEG _____
- OPC _____
- PAI _____
- RGO _____
- SEC _____
- SER _____
- OTH _____