TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2001 ORIGINA Shared-Tenant Service Provider Regulatory Assessment Fee Return FOR PSC USE ONLY Florida Public Service Commission 6068 STATUS: (See Filling Instructions pa Back of Form) 0603003 Actual Return TS142-00-0-R 003001 01 MOV 15 M 9 10 Estimated Return Senator Building **Amended Return** 0603003 13899 Biscayne Blvd., #110 North Miami Beach, FL 33181-1637 DATE 004011 PERIOD COVERED: Docket No. U11099-TS 01/01/2000 TO 12/31/2000 NOV 2 9 2001 D7498 Initials of Preparer Please Complete Below If Official Malling Address Has Changed (City/State) (Zip) (Address) (Name of Company) LINE ACCOUNT CLASSIFICATION AMOUNT NO. 1. Gross Intrastate Operating Revenue LESS: Amounts Paid to Other Telecommunications Companies* 2. 52377. PA (see "2. Fees" on back) 3. Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 1 less Line 2) 4. Regulatory Assessment Fee Due (Multiply Line 3 by 0.0015) 5. Penalty For Late Payment (see "3. Failure to File by Due Date" on back) б. Interest For Late Payment (see "3. Failure to File by Due Date" on back) 7. TOTAL AMOUNT DUE These amounts must be intrastate only and must be verifiable. AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50 I, the undersigned owner/officer of the above-planed 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.

ignature of Company Official) GONZa47

(Preparer of Form - Please Print Name)

PSC/CMU-34 (Rev. 11/11/99)

PP Ą۶ MP

DM

2R

:G

эC

V

30 :C

9492333 Fax Number (

65-03060FHENDAL F.E.I. No.

14992 NOV 29 5