

Pay Telephone Service Provider Regulatory Assessment Fee Return

ORIGINAL

STATUS:

*p. Isler
veca*

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
01/01/2001 TO 12/31/2001

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

TE374301-0-R US 330 10
Adolfo H. Gonzalez
3124 N.W. 18th Terrace
Miami, FL 33125-1002
DEPOSIT DATE
D150 DEC 27 2001
010000-PU

FOR PSC USE ONLY
Check# 1503
\$ 50.00 0603002
003001
P 0603002
004011
Postmark Date 12/20/01
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)	\$ - 0 -
2.	Gross Intrastate Revenue	- 0 -
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(- 0 -)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ - 0 -
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)	- 0 -
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	- 0 -
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	- 0 -
8.	TOTAL AMOUNT DUE	\$ 50.00

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 - 0 -

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

APP
CA, 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.

Signature of Company Official: Adolfo Gonzalez (Title) owner-operator (Date) 12-19-01

Preparer of Form - Please Print Name: ADOLFO GONZALEZ Telephone Number 305-634 8858 Fax Number ()

F.E.I. No. _____ DOCUMENT NUMBER-DATE
16106 DEC 27 01

OTHER: None

Adolfo H. Gonzalez

December 19, 2001

Florida Public Service Commission
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0876
Attn: Ms. Blanca Bayo
Director of Records & Reporting

Dear Ms. Bayo:

Please cancel my payphone Cert #TE374-01=0-R as soon as possible. I am no longer conducting business in the state of Florida.

Sincerely,



Adolfo H. Gonzalez

P.S. I LOST MY ORIGINAL DOCUMENT.


