

REQUEST TO ESTABLISH DOCKET  
(PLEASE TYPE)

Date 22  
1/22/02

Docket No. 020061-TC

1. Division Name/Staff Name Division of Competitive Markets and Enforcement/McCoy

2. OPR Toni McCoy/CMP *JM*

3. OCR Legal

4. Suggested Docket Title Request for cancellation of Pay Telephone Certificate No. 2746 by Leasorte Enterprises, Inc., effective 12/31/01.

5. Suggested Docket Mailing List (attach separate sheet if necessary)

A. Provide NAMES OR ACRONYMS ONLY if a regulated company.

B. Provide COMPLETE NAME AND ADDRESS for all others. (Match representatives to companies.)

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.

DOCUMENT NUMBER-DATE  
00753 JAN 22 8  
FPSC-COMMISSION CLERK

JGM

COMPANY NAME: Leasorte Enterprises, Inc. CO. CODE: TE388

COMPANY LIAISON: \_\_\_\_\_

DOCKET NO.: \_\_\_\_\_ CERTIFICATE NO.: \_\_\_\_\_ EFFECTIVE: \_\_\_\_\_

RAF RETURN NOTICE: \_\_\_\_\_

DELINQUENT NOTICE: \_\_\_\_\_

OTHER RETURNED MAIL: \_\_\_\_\_

RAR'S RETURNED MAIL: \_\_\_\_\_

YEAR(s) RAFs NOT PAID: \_\_\_\_\_

YEAR(s) PENALTIES & INTEREST NOT PAID: \_\_\_\_\_

REVENUES/YEAR: \_\_\_\_\_

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

**OTHER INFORMATION**

01/16/02 - CCA provided me a copy of this company's 2001 RAF return (\$50.00

minimum payment included) with the notes "Out of business" and

"I would like to surrender my PSC license - out of business."

01/17/02 - Forwarded file to Jackie Gilchrist for handling.

Voluntary cancellation, Effective 12/31/01.

\_\_\_\_\_

\_\_\_\_\_

COMPANY IDENTIFICATION

Printed on 01/18/2002 at 12:03:49 by TJM

Complete Name: Leasorte Enterprises, Inc.

Mailing Name: Leasorte Enterprises, Inc.

Company Code: TE388 FEID Number:

COMPANY INFORMATION

Address Line 1: 673 S.W. 5th Street

Address Line 2:

City: Boca Raton State: FL Zip Code: 33486-4615

Reg. Date: 07/02/1991 Inactive Date:

Transferred To:

Trans. From:

Certificate 1: 2746 Certificate 2:

Corporate Type: Not Available

Service 1: PAT - Pay Telephone

Service 2:

Service 3:

Service 4:

Class (WAW):

Phone Count: 272

County 1: County 2:

County 3: County 4:

Bankruptcy: No

Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

*P. Isler  
CCA*

Florida Public Service Commission

(See Filing Instructions on Back of Form)

- Actual Return
- Estimated Return
- Amended Return

TE388-01-0-R  
 Leasorte Enterprises, Inc.  
 20953 Delagado Terrace  
 Boca Raton, FL 33433-1636  
 DEPOSIT DATE  
**D1550 JAN 16 2002**

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

FOR PSC USE ONLY  
 Check# 06039173675  
 \$ 50.00 0603002  
 003001  
 \$ \_\_\_\_\_ P 0603002  
 004011  
 \$ \_\_\_\_\_ I  
 Postmark Date 1/11/02  
 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)	\$ _____
2.	Gross Intrastate Revenue	\$ _____
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	\$ _____
4.	<b>TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)</b>	\$ _____
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.	<b>TOTAL AMOUNT DUE</b>	\$ <u>50.00</u>

*OUT OF BUSINESS*

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

\* These 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.

*Victor Bertolina*  
 (Signature of Company Official)

*President* (Title) *1/7/02* (Date)

*Victor Bertolina*  
 (Preparer of Form - Please Print Name)

Telephone Number *(561) 866 4999* Fax Number *(561) 852 9889*

F.E.I. No. \_\_\_\_\_

*I would like to Surrender my P.S.C. Licence out of business*