

REQUEST TO ESTABLISH DOCKET

(PLEASE TYPE)

Date 2/12/02

Docket No. 020114-TC

- 1. Division Name/Staff Name Division of Competitive Markets & Enforcement/McCoy
- 2. OPR CMP/McCoy DM
- 3. OCR Legal Services

4. Suggested Docket Title Request for Cancellation of Pay Telephone Certificate No. 3610 Habibi Corporation d/b/a The Rose Tattoo, effective 12/31/01.

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

- A. Provide NAMES ONLY for regulated companies or ACRONYMS ONLY regulated industries, as shown in Rule 25-22.104, F.A.C.
- B. Provide COMPLETE name and address for all others. (Match representatives to clients.)

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.

I:\PSC\RAR\WP\ESTDKT.

PSC/RAR 10 (Revised 01/96)

DOCUMENT NUMBER-DATE

01675 FEB 13 08

FPSC-COMMISSION CLERK

COMPANY IDENTIFICATION

Printed on 02/12/2002 at 12:01:23 by TJM

Complete Name: Habibi Corporation d/b/a The Rose Tattoo

Mailing Name: The Rose Tattoo

Company Code: TE958

FEID Number:

COMPANY INFORMATION

Address Line 1: 224 Duval Street

Address Line 2:

City: Key West

State: FL Zip Code: 33040-6569

Reg. Date: 11/16/1993

Inactive Date:

Transferred To:

Trans. From:

Certificate 1: 3610

Certificate 2:

Corporate Type:

Service 1: PAT - Pay Telephone

Service 2:

Service 3:

Service 4:

Class (WAW):

Phone Count: 2

County 1:

County 2:

County 3:

County 4:

Bankruptcy: No

COMPANY IDENTIFICATION

Printed on 02/12/2002 at 12:01:19 by TJM

Complete Name: Habibi Corporation d/b/a The Rose Tattoo

Mailing Name: The Rose Tattoo

Company Code: TE958 FEID Number:

MAILING INFORMATION

Attention:

Address Line 1: P. O. Box 4623

Address Line 2:

City: Key West State: FL Zip Code: 33041-4623

E-mail Address:

Web Address:

Liaison 1: Wade Ferrel

Liaison 2:

Title: President

Title:

Phone: (305) 296-4565

Phone:

E-mail:

E-mail:

Fax 1:

Fax 2:

County:

JFM
2/11/02

Habibi Corporation d/b/a

COMPANY NAME: The Rose Tattoo CO. CODE: TE958

COMPANY LIAISON: Wade Ferrel, President

DOCKET NO.: _____ CERTIFICATE NO.: 3610 EFFECTIVE: 11/16/93

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

01/10/02 - CCA provided me a copy of this company's 2001 RAF return

originally received in December 2001 with the hand-written note

"Pay phones have been discontinued."

01/16/02 - Wrote company and advised 2001 RAF must be paid in order to be

granted a voluntary cancellation. Response due 1/30/02.

2/5/02 - Item Co. - Proof of payment of 2001 RAF

(postmarked timely - 1/30/02).

See Pg. 2

Ag. 2

2/8/02 - Forwarded file to JG for handling.

Voluntary cancellation, EJJ 12/31/01.

Pay Telephone Service Provider Regulatory Assessment Fee Return

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

US: ✓
Actual Return
Estimated Return
Amended Return

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

TE958-0140-R
 The Rose Tattoo
 P. O. Box 4623
 Key West, FL 33041-4623

DEPOSIT
 FEB 06 2002

FOR PSC USE ONLY
 Check# 12878
 \$ 50.00 0603002
 003001
 P 0603002
 004011
 Postmark Date 1-30-02
 Initials of Preparer RT

Please Complete Below If Official Mailing Address Has Changed

(Name of Company)	(Address)	(City/State)	(Zip)
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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)	()
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)	
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	\$ 0

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.

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.

_____ (Signature of Company Official) _____ (Title) _____ (Date)

WADG FERRE (Preparer of Form - Please Print Name) Telephone Number (305) 296 4125 Fax Number ()
 F.E.I. No. 65-0743091

PAY PHONES HAVE BEEN DISCONTINUED

STATE OF FLORIDA

COMMISSIONERS:

LILA A. JABER, CHAIRMAN
J. TERRY DEASON
BRAULIO L. BAEZ
MICHAEL A. PALECKI
RUDOLPH "RUDY" BRADLEY



DIVISION OF COMPETITIVE SERVICES
WALTER D'HAESELEER
(850) 413-6600

Public Service Commission

January 17, 2002

Mr. Wade Ferrel, President
The Rose Tattoo
PO Box 4623
Key West, FL 33041-4623

Dear Mr. Ferrel:

The Commission has received your recent correspondence with what appears to be a request for cancellation.

The effective date of a voluntary cancellation is the date the Commission received the company's request for cancellation. In this case, the Commission received your request in December 2001, therefore, the company will only owe the 2001 Regulatory Assessment Fee (RAF). The 2001 RAF form is enclosed.

Once the 2001 RAF is paid (due by January 30, 2002), then the Commission will voluntarily cancel the certificate with an effective date of December 31, 2001. If you have any questions, just let me know. I can be reached at (850) 413-6502-voice, (850) 413-6503-fax, by internet e-mail at pisler@psc.state.fl.us, or at the address below.

Sincerely,

A handwritten signature in cursive script that reads "Paula J. Isler".

Paula J. Isler, Research Assistant
Bureau of Service Quality

Enclosure

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

- STATUS:
- Actual Return
- Estimated Return
- Amended Return

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

TE958-0140-R
 The Rose Tattoo
 P. O. Box 4623
 Key West, FL 33041-4623

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check# _____

\$ _____ 0603002
 _____ 003001

\$ _____ P
 _____ 0603002
 _____ 004011

\$ _____ I

Postmark Date _____

Initials of Preparer _____

(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)	()
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)	_____
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	\$ 0

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.

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.

[Signature]
(Signature of Company Official)

PREST
(Title)

11 DEC 01
(Date)

WADE FERRELL
(Preparer of Form - Please Print Name)

Telephone Number (25) 296 4125 Fax Number ()

F.E.I. No. (25) - 074 3091

PAY PHONES HAVE BEEN DISCONTINUED

COMPANY IDENTIFICATION

Printed on 01/11/2002 at 14:08:54 by PJI

Complete Name: Habibi Corporation d/b/a The Rose Tattoo

Mailing Name: The Rose Tattoo

Company Code: TE958 FEID Number:

RAF ACCOUNT FOR THE PERIOD 01/01/2000 THROUGH 12/31/2000

Reg. Date:	11/16/1993	Inactive Date:	
Service:	PAT - Pay Telephone		
Received:	Actual RAF Form		
Status:	Satisfied		
Amended:	No	Extension:	No
Frozen:	No	Comments:	No
Payment Count:	1 Payment Made to Date		
Operating Rev:	\$198.00	Interstate Rev:	\$0.00
RAF Rate:	0.0015	Net RAF Due:	\$50.00

Assessment	Due	Paid	Owe
RAF	\$50.00	\$50.00	\$0.00
Penalty	\$0.00	\$0.00	\$0.00
Interest	\$0.00	\$0.00	\$0.00
Extension Fee	\$0.00	\$0.00	\$0.00
Total	\$50.00	\$50.00	\$0.00

Last modification was made on Tuesday, February 6, 2001 at 11:06 AM by Jackie Knight

Period covered:	01/01/2000 through 12/31/2000	RAF rate:	0.0015
Operating revenue:	\$198.00		
Documents:	Actual RAF form received on 01/29/2001		
	RAF form mailed on 12/05/2000		
Postmarked	Trans Date	Date Posted-By	Dep # Check # Check Amount
01/29/2001	02/06/2001	02/06/2001-JIK	GH015 11151 \$50.00
	RAF paid		GH015 \$50.00

COMPANY IDENTIFICATION

Printed on 01/11/2002 at 14:08:45 by PJI

Complete Name: Habibi Corporation d/b/a The Rose Tattoo

Mailing Name: The Rose Tattoo

Company Code: TE958 FEID Number:

RAF ACCOUNT FOR THE PERIOD 01/01/2001 THROUGH 12/31/2001

Reg. Date:	11/16/1993	Inactive Date:	
Service:	PAT - Pay Telephone		
Received:	No RAF Form		
Status:	Pending		
Amended:	No	Extension:	No
Frozen:	No	Comments:	No
Payment Count:	0 Payments Made to Date		
Operating Rev:	\$0.00	Interstate Rev:	\$0.00
RAF Rate:		Net RAF Due:	\$0.00

Assessment	Due	Paid	Owe
RAF	\$0.00	\$0.00	\$0.00
Penalty	\$0.00	\$0.00	\$0.00
Interest	\$0.00	\$0.00	\$0.00
Extension Fee	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

Last modification was made on Thursday, December 6, 2001 at 3:27 PM by Jackie Knight

Period covered: 01/01/2001 through 12/31/2001
 Operating revenue: \$0.00
 Documents: RAF form mailed on 12/06/2001

RAF rate: