ORIGINAL

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

TF365-01-0-R
J.K. Miami Corp.
2700 N.W. 5th Avenue, #13
Miami, FL 33127-4144
DEPOSIT   DATE
D184   MAR 06 2002

FOR PSC USE ONLY
Check# *1856*

$ *50.00*   0603002
$ *2.50*   003001 / P
                  0603002
$ *.50*   004011 / I
Postmark Date *2/27/02*
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)	$ 0
2.	Gross Intrastate Revenue	
3.	LESS: Amounts Paid to Other Telecommunica (see "2. Fees" on back)	( )
4.	**TOTAL REVENUES for Regulatory Assessi** (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)	2.50
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	0.50
8.	**TOTAL AMOUNT DUE**	$ 53.00

(handwritten note) The pay phone has been out of order since Dec, 2000. No operating revenue

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   1

* These amounts must be <u>intrastate only</u> 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.

AF ___
MP ___
OM ___
TR ___   (Signature of Company Official)
CR ___   BEEI CHERN WANG
CL ___   (Preparer of Form - Please Print Name)
PC ___
MS ___
EC _1_
TH ___

OFFICE MANAGER
(Title)   2/26/02
                                               (Date)

Telephone Number 305 576-1578 Fax Number 305 576-4166

F.E.I. No. _____

PSC/CMU-26 (Rev.11/11/99)

DOCUMENT NUMBER-DATE

02586 MAR -6 8

FPSC-COMMISSION CLERK