

# Pay Telephone Service Provider Regulatory Assessment Fee Return **ORIGINA**

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:

01/01/2002 TO 12/31/2002

*P. Isler  
CCA*

Florida Public Service Commission

(See Filing Instructions on Back of Form)

**DEPOSIT**      **DATE**

TG776-02-0-R      **D199**      **APR 01 2002**

Guillermo Fuentes  
14243 S.W. 152nd Terrace  
Miami, FL 33177-1021

*020000-PU  
001743-JC*

*cc: P. Isler*

**FOR PSC USE ONLY**

Check# 858

\$ 50.00      0603002  
003001

\$ 2.50      P  
0603002  
004011

\$ .50      I

Postmark Date 3/27/02

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)	\$ _____
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</b> (Line 2 less Line 3)	\$ _____
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)	<u>3.00</u>
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____
8.	<b>TOTAL AMOUNT DUE</b>	\$ <u>3.00</u> <u>+ 50.00</u> <u>53.00</u>

**AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50.00 \$53.00**

**THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED**

AUS \_\_\_\_\_  
CAF \_\_\_\_\_  
CMP \_\_\_\_\_ Number of pay telephones in operation at close of period covered  
COM \_\_\_\_\_ by this Return  
CTR \_\_\_\_\_  
ECR \_\_\_\_\_

GCL \_\_\_\_\_ these amounts must be intrastate only and must be verifiable. *MY CERTIFICATE #7720 - NO LONGER IN BUSINESS*

DPC \_\_\_\_\_

MMS \_\_\_\_\_  
SEC \_\_\_\_\_ 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.

*Hong*  
\_\_\_\_\_  
(Signature of Company Official)

*OWNER*  
\_\_\_\_\_  
(Title)      3-25-02  
(Date)

*Guillermo Fuentes*  
\_\_\_\_\_  
(Preparer of Form - Please Print Name)

Telephone Number 305 251-9363 Fax Number 305 251-9363

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

DOCUMENT NUMBER-DA

**03668 APR-18**

FPS-COMMISSION CLERK