

ORIGINAL

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date April 16, 2002

Docket No. 020335-TC

- 1. Division Name/Staff Name Competitive Markets & Enforcement - Pruitt
- 2. OPR Pruitt
- 3. OCR _____

4. Suggested Docket Title Request for cancellation of pay telephone Certificate No. 7720 by
Guillermo Fuentes, effective 3/14/02.

- 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.

Pay Telephone Service Provider Regulatory Assessment Fee Return

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)

TG776-02-0-R	DEPOSIT	DATE
Guillermo Fuentes	D199	APR 01 2002
14243 S.W. 152nd Terrace		
Miami, FL 33177-1021		
cc: P. Isler		

FOR PSC USE ONLY	
Check#	858
\$	50.00
\$	2.50
\$.50
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)
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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.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (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)	3.00
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	
8.	TOTAL AMOUNT DUE	\$ 3.00 + 50.00 = 53.00

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

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. MY CERTIFICATE #7720 - NO LONGER IN BUSINESS.

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.

Guillermo Fuentes (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. _____

2002 APR 1 3:24
COMMISSION OF REGULATIVE SERVICES

Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS: Actual Return *P. Iskr CCA*
 _____ Estimated Return
 _____ Amended Return

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

TG776-01-0-R
 Guillermo Fuentes
 14243 S.W. 152nd Terrace
 Miami, FL 33177-1021
 DEPOSIT DATE
 0188 MIAMI 14 2002

FOR PSC USE ONLY
 Check # 837
 \$ 50.00 0603002
 \$ 2.50 003001
 \$ 50.00 0603002
 \$ 50.00 004011
 Postmark Date 3/6/02
 Initials of Preparer MC

PERIOD COVERED:
 01/26/2001 TO 12/31/2001

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)	\$ <u>50.00</u>
2.	Gross Intrastate Revenue	\$ <u>2.50</u>
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	\$ <u>0.00</u>
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ <u>2.50</u>
5.	Regulatory Assessment Fee Due – (Multiply Line 4 by 0.0015)	\$ <u>50.00</u>
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	\$ <u>2.50</u>
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	\$ <u>50.00</u>
8.	TOTAL AMOUNT DUE	\$ <u>53.00</u>

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

PLEASE CANCEL MY CERTIFICATE #7720

* 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)

OWNER/PRESIDENT 3-4-02
 (Title) (Date)

GUILLERMO FUENTES
 (Preparer of Form - Please Print Name)

Telephone Number 305-776-1111 Fax Number 305-251-9363

F.E.I. No. _____