

(020000)

Interexchange Company Regulatory Assessment Fee Return

ORIGINAL

STATUS:

P. Isler
CA

Florida Public Service Commission

(See Filing Instructions on Back of Form)

- Actual Return
- Estimated Return
- Amended Return

TJ503-01-0-R
 Globaltron Communications Corporation
 100 North Biscayne Blvd., Suite 2500
 Miami, FL 33132-2306

FOR PSC USE ONLY

Check# 7945

\$ 50.00 0603001
 003001

\$ _____ P 0603001
 004011

\$ _____ I

Postmark Date 6/11/02

Initials of Preparer MC

PERIOD COVERED:

05/03/2001 TO 12/31/2001

DEPOSIT

DATE CC: P. Isler

D224

JUN 17 2002

Please Complete Below If Official Mailing Address Has Changed

(Name of Company) _____ (Address) _____ (City/State) _____ (Zip) _____

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA	
		GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ 1,924,898	\$ N/A
2.	Access Services	N/A	N/A
3.	Private Line Services	N/A	N/A
4.	Leased Facilities & Circuits Services	N/A	N/A
5.	Miscellaneous Services	N/A	N/A
6.	TOTAL Telephone Services	\$ 1,924,898	\$
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	()	
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)		
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		
12.	TOTAL AMOUNT DUE		\$

* These amounts must be intrastate only and must be verifiable.

AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

NOTES: All revenue generated are from international long distance.

CURRENT COMPANY STATUS

Facilities-Based Carrier () Reseller () Call Aggregator
 Alternate-Operator Service () Rebiller () Other: _____

BILLING INFORMATION

Complete below if billing agent if other than yourself.

(Name) _____ (Address: City/State/Zip) _____ (Telephone) _____

What is the total amount of customer deposits collected? Amount: \$ _____ for 19 _____

What is the total amount of bond held (if applicable)? Amount: \$ _____ Expires: _____

COMPANY INFORMATION

Do you lease telecommunications' facilities? YES () NO

If YES, who do you lease these facilities from? Name: _____

US
 CAF Address: _____
 CMP
 PSC
 DTR

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/her duty shall be guilty of a misdemeanor of the second degree.

Signature of Company Official: [Signature] Title: C.F.O. Date: 6/5/02

Telephone Number () _____ Fax Number () _____

(Preparer of Form - Please Print Name) _____ F.E.I. No. _____ DOCUMENT NUMBER-DATE

06271 JUN 17 02
FPSC-COMMISSION