

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date 10/10/02

Docket No. 021039-TC

- 1. Division Name/Staff Name Division of Competitive Markets and Enforcement/McCoy
- 2. OPR Toni McCoy/CMP *DM*
- 3. OCR Legal
- 4. Suggested Docket Title Request for cancellation of Pay Telephone Services Certificate No. 7186 by Rudy B. Soriano, effective 7/30/02.

- 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.

.....

1861 Paulding Ave. Apt. 2
Bronx, NY 10462
Home: (718) 8246199
Fax : (718) 8246199
Cell: (305) 7948887

July 23, 2002

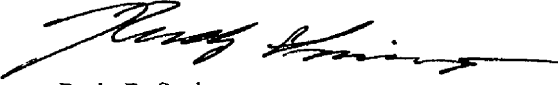
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

Attention: Paula J. Isler

Dear Paula,

This letter is to inform that I would like my certificate cancelled. I moved out of Florida. I did not install or operate the pay phones that I have purchased. I am also including in this letter a check for both 2001 and 2002 fees. I understand the fee for 2001 is higher due to penalty and interest. The "TG" code is TG617-01-0-R. Please let me know if you require additional information or have any questions. The best way to reach me is via cell phone (305) 7948887.

Sincerely,



Rudy B. Soriano

2002 JUL 30 AM 11:02
DIVISION OF
COMPETITIVE SERVICES

.....

COMPANY IDENTIFICATION

Printed on 10/10/2002 at 09:40:09 by TJM

Complete Name: Rudy B. Soriano

Mailing Name: Rudy B. Soriano

Company Code: TG617

FEID Number:

COMPANY INFORMATION

Address Line 1: 1861 Paulding Avenue, Apt. 2

Address Line 2:

City: Bronx

State: NY Zip Code: 10462-3176

Reg. Date: 11/12/1999

Inactive Date:

Transferred To:

Trans. From:

Certificate 1: 7186

Certificate 2:

Corporate Type:

Service 1: PAT - Pay Telephone

Service 2:

Service 3:

Service 4:

Class (WAW):

Phone Count:

County 1:

County 2:

County 3:

County 4:

Bankruptcy: No

COMPANY IDENTIFICATION

Printed on 10/10/2002 at 09:42:02 by TJM

Complete Name: Rudy B. Soriano

Mailing Name: Rudy B. Soriano

Company Code: TG617 FEID Number:

RAF ACCOUNT FOR THE PERIOD 01/01/2002 THROUGH 12/31/2002

Reg. Date:	11/12/1999	Inactive Date:	
Service:	PAT - Pay Telephone		
Received:	No RAF Form		
Status:	Satisfied		
Amended:	No	Extension:	No
Frozen:	No	Comments:	No
Payment Count:	1 Payment Made to Date		
Operating Rev:	\$0.00	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, July 30, 2002 at 4:21 PM by Jackie Knight

RAF's

7/30/02

JRM

COMPANY NAME: Rudy B. Soriano CO. CODE: TG617

COMPANY LIAISON: Same, Owner

DOCKET NO.: _____ CERTIFICATE NO.: 7186 EFFECTIVE: 11/12/99

RAF RETURN NOTICE: _____

2001
DELINQUENT NOTICE: Delivered: 03/11/02 Signed for by: Name illegible

OTHER RETURNED MAIL: _____

CCA'S RETURNED MAIL: _____

YEAR(s) RAFs NOT PAID: 2001

YEAR(s) PENALTIES & INTEREST NOT PAID: 2001

REVENUES/YEAR: Revenues: \$0 Year: 2000 Paid: 02/27/01

DATE LOTUS CHECKED FOR PAYMENT: _____

OTHER INFORMATION

06/06/02 - Wrote company (mailed) - Response due 06/27/02.

7/22/02 - RS called @ 3:49 pm - sd. he's just rec'd.
my letter. sd. he never installed any
payphones & wants to cancel cert. He
will pay 2001 RAF, P&I, & 2002 RAF &
req. cancellation. FU 8/12

7/30/02 - Tom Co. - Paym. of 2001 RAF, P&I, plus

Cont.

7/30/02 - 2002 RAF. Cs. included a letter

requesting Vol. Cancellation.

- Forwarded file to J. Gilchrist for handling.

Voluntary Cancellation, Eff. 7/30/02.

Pay Telephone Service Provider Regulatory Assessment Fee Return

2001 + 2002 Pymt

STATUS:

*J.P. Isler
CCA*

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

- Actual Return
- Estimated Return
- Amended Return

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

DEPOSIT

DATE

CC: P. Isler

TG617-01-0-R
Rudy B. Soriano
19370 Collins Avenue, #1412
Sunny Isles, FL 33160-2205

FOR PSC USE ONLY	
Check# <u>1237</u>	
\$ <u>100.00</u>	0603002
\$ <u>12.50</u>	003001
	P
\$ <u>3.00</u>	0603002
	004011
	I
Postmark Date <u>7/23/02</u>	
Initials of Preparer <u>MC</u>	

Please Complete Below If Official Mailing Address Has Changed

D237

JUL 30 2002

(Name of Company)

(Address)

(City/State)

(Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ <u>0</u>
2.	Gross Intrastate Revenue	<u>0</u>
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	<u>(0)</u>
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ <u>0</u>
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)	<u> </u>
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u> </u>
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u> </u>
8.	TOTAL AMOUNT DUE	\$ <u>50</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

* 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
(Title)

JULY 19, 2002
(Date)

RUDY B SORIANO
(Preparer of Form - Please Print Name)

Telephone Number (305) 794 8887 Fax Number ()

F.E.I. No. _____

STATE OF FLORIDA

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



DIVISION OF COMPETITIVE MARKETS &
ENFORCEMENT
WALTER D'HAESELEER
DIRECTOR
(850) 413-6600

Public Service Commission

June 6, 2002

Mr. Rudy B. Soriano (TG617)
19370 Collins Avenue, #1412
Sunny Isles, FL 33160-2205

Dear Mr. Soriano:

The Regulatory Assessment Fee (RAF) is due by January 30th of each year for the preceding calendar year. For certificate holders, the RAF is owed even if a telecommunications company may not have started operations or had any revenues. If payment is made after the due date, then statutory penalty and interest charges are applicable.

Our records show the 2001 RAF return notice was mailed December 12, 2001, and a delinquent notice was mailed February 20, 2002. As of this date, our records do not show receipt of the RAF return or payment. A copy of the 2001 RAF return form is enclosed.

If full payment, including penalty and interest charges, along with the RAF return form, are not received by June 27, 2002, it is my intention to establish a docket and recommend that the Commission fine your company \$500 or cancel your certificate. Please note that once a docket has been established, **just paying the delinquent RAF amount will not prevent your certificate from being cancelled.**

If you wish to cancel your certificate voluntarily and leave in good standing with the Commission, your company should pay the past due amount in full, complete the 2001 RAF return form, either pay the 2002 RAF or provide a date certain it will be paid, and comply with the requirements of Rule 25-24.514, Florida Administrative Code, copy enclosed. Any unpaid RAFs, including penalty and interest charges, are turned over to the Comptroller's Office for collection if the Commission cancels a company's certificate on its own motion (involuntary cancellations).

Mr. Rudy B. Soriano (TG617)
Page 2
June 6, 2002

If you have any questions, please contact me at (850) 413-6502-voice, (850) 413-6503-fax,
at the address below, or via internet e-mail at pisler@psc.state.fl.us.

Sincerely,

A handwritten signature in black ink that reads "Paula J. Isler". The signature is written in a cursive style with a large initial "P".

Paula J. Isler, Research Assistant
Bureau of Service Quality

Enclosures

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

TG617-01-0-R
 Rudy B. Soriano
 19370 Collins Avenue, #1412
 Sunny Isles, FL 33160-2205

cc: P. Isler

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

FOR PSC USE ONLY	
Check# _____	
\$ _____	0603002
	003001
\$ _____	P
	0603002
	004011
\$ _____	I
Postmark Date _____	
Initials of Preparer _____	

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.	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)	_____
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____
8.	TOTAL AMOUNT DUE	\$ _____

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 _____

* 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)

 (Preparer of Form - Please Print Name)

Telephone Number (_____) Fax Number (_____)

F.E.I. No. _____

25-24.514 Cancellation of a Certificate.

- (1) The Commission may cancel a company's certificate for any of the following reasons:
 - (a) Violation of the terms and conditions under which the authority was originally granted;
 - (b) Violation of Commission rules or orders;
 - (c) Violation of Florida Statutes; or,
 - (d) Failure to provide service for a period of six (6) months.

- (2) If a certificated company desires to cancel its certificate, it shall request cancellation from the Commission in writing and shall provide the following with its request.
 - (a) Statement of intent and date to pay Regulatory Assessment Fee.
 - (b) Statement of why the certificate is proposed to be cancelled.

- (3) Cancellation of a certificate shall be ordered subject to the holder providing the information required by subsection (2).

Specific Authority 350.127(2) FS.

Law Implemented 350.113, 350.127(1), 364.03, 364.285, 364.337, 364.345 FS.

History--New 1-5-87.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TG617 Rudy B. Soriano
19370 Collins Avenue, #1412
Sunny Isles, Florida 33160-2205

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

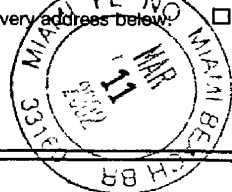
X 

- Agent
- Addressee

D. Is delivery address different from item 1?

Yes

If YES, enter delivery address below: No



Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number 7001 2510 0007 4216 4903
(Transfer from service label)

PSS

MCD Company Information for TG617

Printed on 07/18/2002 at 15:04:33 by PJI

Company Code: TG617
Complete Name: Rudy B. Soriano
Mailing Name: Rudy B. Soriano
Certificate No(s): 7186
Status: Active
Regulation Date: 11/12/1999
Bankruptcy: No
Company Liaison #1: Rudy B. Soriano
Title:
Mailing Address: 19370 Collins Avenue, #1412

Physical Location: Sunny Isles, FL 33160-2205
19370 Collins Avenue, #1412

Phone: Sunny Isles, FL 33160-2205
Fax: (305) 466-1188

Related Dockets:
991213-TC Application for certificate to provide pay telephone service by
Rudy B. Soriano.

COMPANY IDENTIFICATION

Printed on 06/05/2002 at 08:36:00 by PJI

Complete Name: Rudy B. Soriano

Mailing Name: Rudy B. Soriano

Company Code: TG617 FEID Number:

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

Reg. Date: 11/12/1999 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 3:24 PM by Jackie Knight

Period covered: 01/01/2001 through 12/31/2001 RAF rate:
 Operating rev: \$0.00 Gross intrastate rev: \$0.00
 Documents: Delinquent letter mailed on 02/20/2002
 RAF form mailed on 12/06/2001