

REQUEST TO ESTABLISH DOCKET  
(PLEASE TYPE)

Date 10/10/02

Docket No. 021045-TC

1. Division Name/Staff Name Division of Competitive Markets and Enforcement/McCoy

2. OPR Toni McCoy/CMP *JM*

3. OCR Legal

4. Suggested Docket Title Request for cancellation of Pay Telephone Services Certificate No. 5589 by Rogher Imports Corporation, effective 7/16/02.

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.

PSC/CCA010-C (Rev 10/01)  
G:\FORMS\DOCKETFORMPAT.wpd

DOCUMENT NUMBER DATE

11045 OCT 11 02

FPSC-COMMISSION CLERK

JEAN-MARC GERONIMO  
PRESIDENT OF  
ROGHER IMPORTS CORPORATION (TG262).

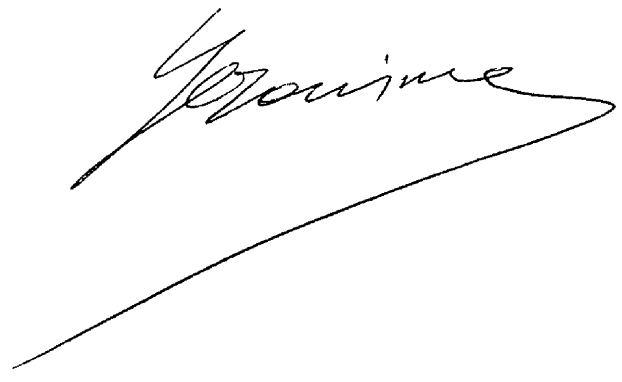
JGM  
7/16/02

06/24/02.

PUBLIC SERVICE COMMISSION  
ATT. MASS:  
PAULA ISLER,  
BUREAU OF SERVICE QUALITY.

THIS IS TO CONFIRM that I will like to  
cancell my CERTIFICAT.

THANK YOU.



Jackie -  
Here's another  
Co that has pd.  
in full thru 2002.

Vol. cancellation.  
Eff. 7/16/02.

Thanks,  
P

2002 JUL 16 AM 8:44  
DIVISION OF  
COMPETITIVE SERVICES

COMPANY IDENTIFICATION

Printed on 10/10/2002 at 11:21:58 by TJM

Complete Name: Rogher Imports Corporation

Mailing Name: Rogher Imports Corporation

Company Code: TG262 FEID Number:

COMPANY INFORMATION

Address Line 1: 8030 N.W. 96th Terrace, Apt. 103

Address Line 2:

City: Tamarac State: FL Zip Code: 33321-1355

Reg. Date: 03/21/1998 Inactive Date:

Transferred To:

Trans. From:

Certificate 1: 5589 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 11:22:33 by TJM

Complete Name: Rogher Imports Corporation

Mailing Name: Rogher Imports Corporation

Company Code: TG262                      FEID Number:

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

|                |                        |                 |         |
|----------------|------------------------|-----------------|---------|
| Reg. Date:     | 03/21/1998             | 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        |
| <b>Total</b>  | <b>\$50.00</b> | <b>\$50.00</b> | <b>\$0.00</b> |

Last modification was made on Thursday, July 18, 2002 at 10:41 AM by Jackie Knight

# Pay Telephone Service Provider Regulatory Assessment Fee Return

*P. Isler  
PCA*

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

STATUS:  
 Actual Return  
 Estimated Return  
 Amended Return

TG262-01-0-R  
Rogher Imports Corporation  
11562 Lakeview Drive  
Coral Springs, FL 33071-7871  
**cc: P. Isler**

| FOR PSC USE ONLY     |                |
|----------------------|----------------|
| Check#               | <u>2734</u>    |
| \$ <u>100.00</u>     | 0603002        |
| \$ <u>15.00</u>      | P 003001       |
| \$ <u>3.00</u>       | I 0603002      |
|                      | 004011         |
| Postmark Date        | <u>6/28/02</u> |
| Initials of Preparer | <u>MC</u>      |

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

DEPOSIT DATE  
1231 JUL 12 2002  
(Name of Company) (Address) (City/State) (Zip)

Please Complete Below If Official Mailing Address Has Changed

| LINE NO. | ACCOUNT CLASSIFICATION  | AMOUNT       |
|----------|---|--------------|
| 1.       | Gross Operating Revenue (Florida)   | \$ <u>10</u> |
| 2.       | Gross Intrastate Revenue  | <u>0</u>     |
| 3.       | LESS: Amounts Paid to Other Telecommunications Companies*<br>(see "2. Fees" on back)    | ( )          |
| 4.       | <b>TOTAL REVENUES for Regulatory Assessment Fee Calculation</b><br>(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.       | <b>TOTAL AMOUNT DUE</b>   | _____        |

DIVISION OF COMPETITIVE SERVICES  
2002 JUL 15 AM 10:00

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]*  
(Signature of Company Official)

PRESIDENT 06/24/02  
(Title) (Date)

\_\_\_\_\_  
(Preparer of Form - Please Print Name)

Telephone Number ( ) Fax Number ( )  
F.E.I. No. \_\_\_\_\_