

020750

ORIGINAL

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2001

Interexchange Company Regulatory Assessment Fee Return

STATUS:

- X Actual Return
Estimated Return
Amended Return

P. Isler
JPCA

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

TJ517-01-0-R
Quick Tel, Inc.
324 Trinity Place
Elizabeth, NJ 07201-1030
DEPOSIT DATE
D267 OCT 30 2002

FOR PSC USE ONLY
Check# 1665
\$ 50.00
0603001
003001
P
0603001
004011
Postmark Date 10/25/02
Initials of Preparer JMC

PERIOD COVERED:
6/15/2001 TO
12/31/2001

Please Complete Below If Official Mailing Address Has Changed

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

Table with columns: LINE NO., ACCOUNT CLASSIFICATION, FLORIDA GROSS OPERATING REVENUE, INTRASTATE REVENUE. Rows include Long Distance Services, Access Services, Private Line Services, Leased Facilities & Circuits Services, Miscellaneous Services, TOTAL Telephone Services, LESS: Amounts Paid to Other Telecommunications Companies\*, TOTAL REVENUES For Regulatory Assessment Fee Calculation, Regulatory Assessment Fee Due, Penalty for Late Payment, Interest for Late Payment, TOTAL AMOUNT DUE.

AUS
CAF
CMP
COM
CTR
ECR
GCL
OPC
MMS
SEC
OTH

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

CURRENT COMPANY STATUS

- ( ) Facilities-Based Carrier (X) 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 (X) NO
If YES, who do you lease these facilities from? Name:
Address:

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) Kimberly Massey (Preparer of Form - Please Print Name)
Secretary (Title) 10/25/02 (Date)
Telephone Number ( 678 775-2244 Fax Number ( 678 ) 775-2254
F.E.L. No: 31-1753429 S

PSC/CMU-133 (Rev. 11/11/99)

DOCUMENT NUMBER-DATE
11858 OCT 29 2002
FPSC-COMMISSION CLERK