

**REQUEST TO ESTABLISH DOCKET**  
(Please Type)

<b>Date</b>	January 31, 2003	<b>Docket No.</b>	030111-TC
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<b>1. Division Name/Staff Name:</b>	CMP/T.Williams
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<b>2. OPR:</b>	T.Williams
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<b>3. OCR:</b>	
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<b>4. Suggested Docket Title:</b>	Request by AS Realty Investment Corp. to cancel PATS Certificate No. 8021, effective 12/31/02
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<b>5. Suggested Docket Mailing List (attach separate sheet if necessary)</b>
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- 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.**

JEW  
1/30/03

COMPANY NAME: A S Realty Investment Corp. CO. CODE: TG862

COMPANY LIAISON: Angela Sambuco, Director

DOCKET NO.: \_\_\_\_\_ CERTIFICATE NO.: 8021 EFFECTIVE: 02/04/02

RAF RETURN NOTICE: \_\_\_\_\_

DELINQUENT NOTICE: \_\_\_\_\_

OTHER RETURNED MAIL: \_\_\_\_\_

CCA'S RETURNED MAIL: \_\_\_\_\_

YEAR(S) RAfs NOT PAID: 2002

YEAR(S) PENALTIES & INTEREST NOT PAID: \_\_\_\_\_

REVENUES/YEAR: \_\_\_\_\_

DATE LOTUS CHECKED FOR PAYMENT: \_\_\_\_\_

**OTHER INFORMATION**

01/07/03 - CCA provided me a copy of the company's 2002 RAF form with the  
note: "Please cancel this. We are out of business."

01/08/03 - Wrote company. Returned the RAF form and advised company to  
pay the 2002 RAF. Follow up 01/30/03

1/27/03 - A.S. called @ 9:30 am & sd. she will  
mail the check for \$50.

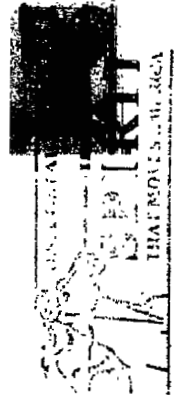
1/29/03 - From Co. - Paym. of \$50 for 2002 RAF.

1/30/03 - Forwarded file to J. Gilchrist for  
handling.

Voluntary cancellation, Eff. 12/31/02.

1st Commercial Plus Corp.

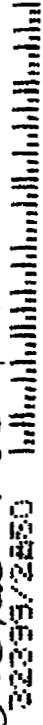
23035 Sunfield Dr.  
Boca Raton, FL 33433



COMPETITIVE SERVICES

State of Florida  
Public Service Commission  
Capital Circle Office Center  
2540 Stadium Oaks Boulevard  
Tallahassee, FL 32399-0850

Att: [unclear]  
Paula



2303

93-4630 FL 1356

DATE 7-20-03

23035 SUNFIELD DR.  
BOCA RATON, FL 33433

PAY TO THE ORDER OF Public Service Commission

\$50.00  
Fifty Dollars XX

DOLLARS

Bank of America

ACH RT 063100271

FOR Cancellation [unclear]

23035 SUNFIELD DR.  
BOCA RATON, FL 33433

GUARDIAN • SAFETY

STATE OF FLORIDA

COMMISSIONERS:  
LILA A. JABER, CHAIRMAN  
J. TERRY DEASON  
BRAULIO L. BAEZ  
RUDOLPH "RUDY" BRADLEY  
CHARLES M. DAVIDSON



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

## Public Service Commission

January 8, 2003

Ms. Angela Sambuco, Director  
A S Realty Investment Corp. (TG862)  
23035 Sunfield Drive  
Boca Raton, FL 33433-7964

Dear Ms. Sambuco:

The Commission received the 2002 Regulatory Assessment Fee return form with the handwritten note "Please cancel this. We are out of business." A copy of the form is attached. The Regulatory Assessment Fee of .0015% of a company's intrastate revenues, or \$50.00, whichever is greater, is assessed if a certificate is active for any one day during a calendar year. The fee and return form are due by January 30 of each year, unless the 30th falls on a weekend, then the fee is due by the next working day, for the previous year. If payment for the RAF is mailed after the due date, then statutory penalty and interest charges are applicable.

If the Commission receives payment of the fee by January 30, 2003, a docket will be established and the effective date of the cancellation will be December 31, 2002, so that you will not owe the 2003 Regulatory Assessment Fee.

Please respond in writing by January 30, 2003. In the meantime, if you have any questions, just let me know. I can be reached at (850) 413-6502-voice, (850) 413-6503-fax, by internet e-mail at [pisler@psc.state.fl.us](mailto:pisler@psc.state.fl.us), or at the address below.

Sincerely,

A handwritten signature in cursive script that reads "Paula J. Isler".

Paula J. Isler, Research Assistant  
Bureau of Service Quality

Enclosure

# 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

TG862-02-0-R  
 A S Realty Investment Corp.  
 23035 Sunfield Drive  
 Boca Raton, FL 33433-7964  
 cc: P. Isler

**FOR PSC USE ONLY**

Check# \_\_\_\_\_

\$ \_\_\_\_\_ 0603002  
 \_\_\_\_\_ 003001

\$ \_\_\_\_\_ P  
 \_\_\_\_\_ 0603002  
 \_\_\_\_\_ 004011

\$ \_\_\_\_\_ I

Postmark Date 12/18/02  
 Initials of Preparer JK

PERIOD COVERED:  
02/04/2002 TO 12/31/2002

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.	<b>TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)</b>	_____
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>	\$ _____

*Please cancel this we are out of business*

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 \_\_\_\_\_

*C: Paula Isler*