

Alternative Local Exchange Company Regulatory Assessment Fee Return

ORIGINAL 030000

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

P. Isler
CCA

2001 P+I and 2002 RAF + P+I

- Actual Return
- Estimated Return
- Amended Return

TX538-02-0-R
 Intelogistics Corp.
 8411 W. Oakland Park Blvd., Suite 300
 Ft. Lauderdale, FL 33351-7357
 CC: P. Isler

DS45

MAY 02 2003

FOR PSC USE ONLY

Check# 3064

\$ 50.00 0603006

\$ 10.00 003001

\$ 2.00 0603006 004011

Postmark Date 4/28/03

Initials of Preparer MC

PERIOD COVERED:
01/01/2002 TO 12/31/2002

Please Complete Below If Official Mailing Address Has Changed

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

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA	
		GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$ 0	\$ 0
2.	Long Distance Services (IntraLATA only)**	\$ 0	\$ 0
3.	Access Services		
4.	Private Line Services		
5.	Leased Facilities & Circuits Services		
6.	Miscellaneous Services		
7.	TOTAL REVENUES		\$ 0
8.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)		
9.	Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015)		
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		
13.	TOTAL AMOUNT DUE		\$ 0

- 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 Provider

() Reseller

() Other: _____

BILLING INFORMATION

Complete below if billing agent if other than yourself.

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

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.

Gregory A. Cohen
 (Signature of Company Official)

Gregory A. Cohen
 (Preparer of Form - Please Print Name)

Telephone Number 813 240 1111

F.E.I. No. 65085104004 MAY-18

DOCUMENT NUMBER DATE

12/03

20