

REQUEST TO ESTABLISH DOCKET

(Please Type)

E

1. Division Name/Staff Name: | Division Of Competitive Markets & Enforcement/Isler

2. OPR: | Division Of Competitive Markets & Enforcement

3. OCR: | Office Of The General Counsel

1. Suggested Docket Title: | Compliance investigation of Rose Manor, A.L.F., Inc. for apparent violation of Rule 25-4.0161, FAC, Regulatory Assessment Fees; Telecommunications Companies.

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.

DOCUMENT NUMBER-DATE

09763 SEP-8 3

FPSC-COMMISSION CLERK

STATE OF FLORIDA

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



DIVISION OF COMPETITIVE MARKETS &
ENFORCEMENT
BETH W. SALAK
DIRECTOR
(850) 413-6600

Public Service Commission

May 26, 2004

Ms. Carol Weiss, Owner
Rose Manor, A.L.F., Inc. (TG908)
840 SW 8th Street
Pompano Beach, FL 33060-8214

Dear Ms. Weiss:

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. Since payment has not been made, statutory penalty and interest charges are now applicable.

Our records show that the 2003 RAF return notice was mailed on December 12, 2003, and a delinquent notice was mailed on February 20, 2004. As of this date, our records do not show receipt of the RAF return or payment. A copy of the 2003 RAF return form is enclosed. If full payment, including penalty and interest charges, along with the RAF return form, are not received by June 25, 2004, a docket may be established. Your company may be fined or your certificate cancelled if you do not respond. 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 2003 RAF return form, either pay the 2004 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 collections. When returning payment and a copy of the completed 2003 Regulatory Assessment Fee return form, please use the enclosed blue envelope, which will insure prompt processing.

If you have any questions, please contact me at (850) 413-6502, by fax at (850) 413-6503, by e-mail at pisler@psc.state.fl.us, or by writing to me 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

Enclosures
TMS #1300

Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
01/01/2003 TO 12/31/2003

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TG908-03-0-R
Rose Manor, A.L.F., Inc.
840 S.W. 8th Street
Pompano Beach, FL 33060-8214

cc: P. Isler

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check# _____
\$ _____ 0603002
003001
\$ _____ P
0603002
004011
\$ _____ 1
Postmark Date _____
Initials of Preparer _____

(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.

TG908-03-0-D

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ 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.	A. Received by (Please Print Clearly) WEISS	B. Date of Delivery 2/23/04
1. Article Addressed to: 16908 Rose Manor, A.L.F., Inc. 840 S.W. 8th Street Pompano Beach, Florida 33060-8214	C. Signature X Co. Weiss <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, March 2001	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
	7002 0860 0001 1760 6622	

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

COMPANY IDENTIFICATION

Printed on 04/27/2004 at 09:10:19 by PJI

Complete Name: Rose Manor, A.L.F., Inc.

Mailing Name: Rose Manor, A.L.F., Inc.

Company Code: TG908 FEID Number: 65-0993259

RAF ACCOUNT FOR THE PERIOD 01/01/2003 THROUGH 12/31/2003

Reg. Date:	08/19/2002	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 Wednesday, December 3, 2003 at 9:46 AM by David Brown

Period covered:	01/01/2003 through 12/31/2003	RAF rate:	
Operating rev:	\$0.00	Gross intrastate rev:	\$0.00
Documents:	Delinquent letter mailed on 02/20/2004		
	Delinquent letter mailed on 02/19/2004		
	RAF form mailed on 12/03/2003		

MCD Company Information for TG908

Printed on 09/02/2004 at 09:14:18 by PJI

Company Code: TG908
Complete Name: Rose Manor, A.L.F., Inc.
Mailing Name: Rose Manor, A.L.F., Inc.
Certificate No(s): 8170
Status: Active
Regulation Date: 08/19/2002
Bankruptcy: No
Company Liaison #1: Carol Weiss
Title: Owner
Mailing Address: 840 S.W. 8th Street

Physical Location: Pompano Beach, FL 33060-8214
840 S.W. 8th Street

Phone: Pompano Beach, FL 33060-8214
(954) 943-4606
Fax: (954) 943-5016

Related Dockets:
020559-TC Application for certificate to provide pay telephone service by
Rose Manor, A.L.F., Inc.