

Pay Telephone Service Provider Regulatory Assessment Fee Return

ORIGINAL

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

FOR PSC USE ONLY	
Check# <u>1944</u>	
\$ <u>50.00</u>	06-03-001 003001
\$ _____ P	06-03-001 004011
\$ _____ I	
Postmark Date <u>1-10-05</u>	
Initials of Preparer <u>RE</u>	

STATUS:

- Actual Return
- Estimated Return
- Amended Return

TG026-04-0-R	<u>050000-07</u>
Robert D. Egozi	
7557 Mutiny Avenue	
Miami Beach, FL 33141-4332	
	DEPOSIT DATE
	<u>5 20 JAN 14 2005</u>

PERIOD COVERED:
01/01/2004 TO 12/31/2004

Paula Records

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)	\$ <u>0.00</u>
2.	Gross Intrastate Revenue	<u>0.00</u>
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	<u>(0.00)</u>
CMP		
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation	\$ <u>0.00</u>
CTR	(Line 2 less Line 3)	
5.	Regulatory Assessment Fee Due -- (Multiply Line 4 by 0.0015)	<u>0.00</u>
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	\$ <u>50.00</u>
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	<u>0</u>

* 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.

<u><i>[Signature]</i></u> (Signature of Company Official)	_____ (Title)	<u>1-10-05</u> (Date)
<u>ROBERT EGOZI</u> (Preparer of Form - Please Print Name)	Telephone Number <u>(305) 521-5887</u>	Fax Number <u>(305) 868-0712</u>
F.E.I. No. _____	DOCUMENT NUMBER-DATE	

00488 JAN 13 05

F.P.S.C.-COMMISSION CLERK

1-10-05

ROBERT EGOZI
7557 MUTINY AVE.
N.B.V., FL 33141


FLORIDA PUBLIC SERVICE COMMISSION
2540 SHUMARD OAK BLVD.
TALLAHASSEE, FL 32399-0850

ATTN: FISCAL SERVICES
RE: CANCELATION OF LIC. # TG026-04-0-R

DEAR SIRs:

AT THE PRESENT TIME I WISH TO CANCEL MY PAY TELEPHONE SERVICE PROVIDER LICENSE REFERENCED ABOVE. IN THE LAST 2 OR SO YEARS I HAVE NOT HAD ANY PAY TELEPHONES IN OPERATION AND FEEL THAT I WILL NOT INSTALL ANY IN THE NEAR FUTURE. ENCLOSED YOU SHOULD FIND MY 2004 REGULATORY ASSESSMENT FEE RETURN ALONG WITH THE CHECK FOR THE MINIMUM FEE OF \$50.00. AS PER MY CONVERSATION WITH PAULA ISLER ON 1-6-05, I WAS INFORMED THAT IF THIS LETTER WAS FORWARDED TO YOUR OFFICES BY THE JANUARY 31, 2005 DUE DATE I WILL NOT BE HELD RESPONSIBLE FOR ANY FEES FOR THE 2005 RETURN. SHOULD THERE BE ANY QUESTIONS OR A NEED TO SPEAK WITH ME DIRECTLY PLEASE CALL (305) 527-5887. THANK YOU FOR YOUR ATTENTION TO THIS MATTER.

SINCERELY,



ROBERT EGOZI

05 JAN 12 AM 8 51

DISTRIBUTION CENTER