

**REQUEST TO ESTABLISH DOCKET**

(Please Type)

<b>Date:</b>	8/3/2005	<b>Docket No.:</b>	050527-T1
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<b>1. Division Name/Staff Name:</b>	Division Of Competitive Markets & Enforcement/Isler
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<b>2. OPR:</b>	Division Of Competitive Markets & Enforcement
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<b>3. OCR:</b>	Office Of The General Counsel
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<b>4. Suggested Docket Title:</b>	Acknowledgment of cancellation of IXC Registration No. TJ721 by NETEL, INC., effective August 1, 2005.
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**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

07501 AUG-3 05

**Paula Isler**

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**From:** Paula Isler  
**Sent:** Tuesday, August 02, 2005 4:49 PM  
**To:** 'JCruzBustillo@aol.com'  
**Cc:** PTurner@nteraholdings.com  
**Subject:** RE: Netel and Radiant Telecom cancellation of IXC certificates

Dear Ms. Cruz-Bustillo:

Yes, I received the letters and will open a docket to cancel NETEL, Inc.'s IXC certificate (TJ721) and Radiant Telecom, Inc.'s IXC certificate (TJ230).

In addition, I've received the letter from Mr. Turner requesting cancellation of NTERA's CLEC certificate (TX579). However, payment of the past due CLEC balance (\$12.50) was not received. Also, we did not receive NTERA's payment of the \$7.00 IXC balance nor the IXC's 2004 RAF plus late payment charges. The docket for NTERA will not be opened at this time until payment is received.

Let me know if you have any questions.

Paula Isler  
Florida Public Service Commission  
2540 Shumard Oak Blvd.  
Tallahassee, FL 32399-0850  
(850) 413-6502-Phone  
(850) 413-6503-Fax  
[PIsler@psc.state.fl.us](mailto:PIsler@psc.state.fl.us)

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**From:** JCruzBustillo@aol.com [mailto:JCruzBustillo@aol.com]  
**Sent:** Tuesday, August 02, 2005 4:22 PM  
**To:** Paula Isler  
**Cc:** PTurner@nteraholdings.com  
**Subject:** Netel and Radiant Telecom cancellation of IXC certificates

Paula,

In following up with the cancellation of the above referenced entities certificate with the Florida PSC, please confirm if you have received the original signed letters requesting the cancellation of their IXC certificates.

Furthermore, should you require any additional information please let me know. You can reach me at 305-467-5519.

Sincerely,  
Jacqueline Cruz-Bustillo

# NETEL

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1020 NW 163<sup>rd</sup> Drive  
Miami, FL. 33169

June 23, 2005

VIA US MAIL

Florida Public Service Commission  
Ms. Paula Isler  
2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850

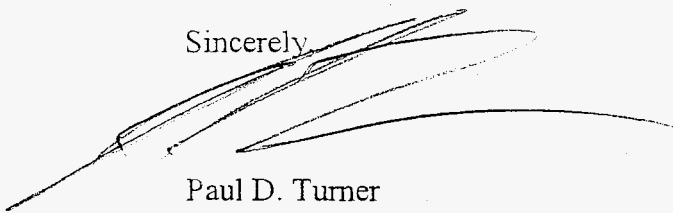
Re: NETEL, INC.  
TJ721

Dear Ms. Isler:

This correspondence shall serve as Netel, Inc.'s ("Netel") request to cancel its IXC certificate with the Florida Public Service Commission. Additionally, Netel hereby submits its 2004 and 2005 regulatory assessment fee returns with payments as required to cancel the certificate.

Should you have any additional questions please feel free to contact Jacqueline Cruz-Bustillo at 305-467-5519.

Sincerely,



Paul D. Turner  
General Counsel

COMPETITIVE SERVICES

2005 JUL 22 AM 10: 05

AUG 1

## Paula Isler

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**From:** Paula Isler  
**Sent:** Thursday, July 28, 2005 10:57 AM  
**To:** 'JCruzBustillo@aol.com'  
**Subject:** NETEL, INC. (TJ721)

Dear Ms. Cruz-Bustillo:

Here is another case where we received payment of the 2004 and 2005 Regulatory Assessment Fees but again, there was no letter enclosed requesting cancellation. I'll open a docket as soon as a letter requesting cancellation is received. Thanks for your help.

Paula Isler  
Florida Public Service Commission  
2540 Shumard Oak Blvd.  
Tallahassee, FL 32399-0850  
(850) 413-6502-Phone  
(850) 413-6503-Fax  
PIsler@psc.state.fl.us

COMPANY IDENTIFICATION

Printed on 07/27/2005 at 14:25:31 by PJI

Complete Name: NETEL, INC.

Mailing Name: NETEL, INC.

Company Code: TJ721

FEID Number: 51-0362516

RAF ACCOUNT FOR THE PERIOD 01/01/2005 THROUGH 12/31/2005

Reg. Date: 03/31/2003 Inactive Date:  
 Service: IXC - Interexchange Telephone  
 Received: Actual RAF Form  
 Status: Satisfied  
 Amended: No Extension: No  
 Frozen: No Comments: No  
 Payment Count: 1 Payment Made to Date  
 Operating Rev: \$0.00 Interstate Rev: \$0.00  
 RAF Rate: 0.0020 Net RAF Due: \$50.00

Assessment	Due	Paid	Owe
RAF	\$50.00	\$50.00	\$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	\$50.00	\$50.00	\$0.00

Last modification was made on Tuesday, June 28, 2005 at 9:25 AM by David Brown

NETEL, INC. (TJ721)

Industry: Telecommunications, Service provided: IXC

Company type: Interexchange Telephone Companies

Regulation date: 03/31/2003, Inactive date:

Certificate number: N/A, County:

Company liaison: Hakan Koyuncu, President

Mailing address:

Location address:

1020 N.W. 163rd Drive

1020 N.W. 163rd Drive

Miami, FL 33169-5819

Miami, FL 33169-5819

E-mail address: customerservice@tel3.com

Web site: http://www.tel3.com

Phone number: (305) 914-3333

Fax number: (305) 914-3334

Period covered: 01/01/2005 through 12/31/2005

RAF rate: 0.0020

Operating rev:

\$0.00

Interstate rev:

\$0.00

Documents: Actual RAF form received on 06/24/2005

Postmarked	Trans Date	Date Posted-By	Dep #	Check #	Check Amount
06/24/2005	06/28/2005	06/28/2005-DBR	KLS67	1723	\$50.00
	RAF paid		KLS67		\$50.00

**COMPANY IDENTIFICATION**

Printed on 07/27/2005 at 14:25:22 by PJI

Complete Name: NETEL, INC.

Mailing Name: NETEL, INC.

Company Code: TJ721

FEID Number: 51-0362516

**RAF ACCOUNT FOR THE PERIOD 01/01/2004 THROUGH 12/31/2004**

Reg. Date:	03/31/2003	Inactive Date:	
Service:	IXC - Interexchange Telephone		
Received:	Actual RAF Form		
Status:	Pending		
Amended:	No	Extension:	No
Frozen:	No	Comments:	No
Payment Count:	1 Payment Made to Date		
Operating Rev:	\$0.00	Interstate Rev:	\$0.00
RAF Rate:	0.0015	Net RAF Due:	\$50.00

Assessment	Due	Paid	Owe
RAF	\$50.00	\$50.00	\$0.00
Penalty	\$12.50	\$10.00	\$2.50
Interest	\$2.50	\$2.00	\$0.50
Extension Fee	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>\$65.00</b>	<b>\$62.00</b>	<b>\$3.00</b>

Last modification was made on Tuesday, June 28, 2005 at 9:25 AM by David Brown

NETEL, INC. (TJ721)

Industry: Telecommunications, Service provided: IXC

Company type: Interexchange Telephone Companies

Regulation date: 03/31/2003, Inactive date:

Certificate number: N/A, County:

Company liaison: Hakan Koyuncu, President

Mailing address:

1020 N.W. 163rd Drive

Miami, FL 33169-5819

Location address:

1020 N.W. 163rd Drive

Miami, FL 33169-5819

E-mail address: customerservice@tel3.com

Web site: http://www.tel3.com

Phone number: (305) 914-3333

Fax number: (305) 914-3334

Period covered: 01/01/2004 through 12/31/2004

RAF rate: 0.0015

Operating rev: \$0.00 Interstate rev: \$0.00

Documents: Actual RAF form received on 06/24/2005

Delinquent letter mailed on 02/16/2005

RAF form mailed on 12/01/2004

Postmarked	Trans Date	Date Posted-By	Dep #	Check #	Check Amount
06/24/2005	06/28/2005	06/28/2005-DBR	KL567	1717	\$62.00
	RAF paid		KL567		\$50.00
	Penalty paid		KL567		\$10.00
	Interest paid		KL567		\$2.00

**Paula Isler**

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**From:** Paula Isler  
**Sent:** Thursday, June 02, 2005 4:22 PM  
**To:** 'jcrusbustillo@aol.com'  
**Subject:** RAF Form

**Attachments:** RAF-TJ721-05-0-R.pdf



RAF-TJ721-05-  
0-R.pdf (28 KB)

This e-mail was sent from The Florida Public Service Commission's Regulatory Assessment Fee (RAF) System.

Attached document type: Adobe Portable Document Format (PDF)

# Interexchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:

- Actual Return  
 Estimated Return  
 Amended Return

**PERIOD COVERED:**

01/01/2005 TO 12/31/2005

(See Filing Instructions on Back of Form)

TJ721-05-0-R  
 NETEL, INC.  
 1020 N.W. 163rd Drive  
 Miami, FL 33169-5819

Please Complete Below If Official Mailing Address Has Changed

**FOR PSC USE ONLY**

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

\$ \_\_\_\_\_ 06-03-001  
 \_\_\_\_\_ 003001

\$ \_\_\_\_\_ P \_\_\_\_\_  
 \_\_\_\_\_ 06-03-001  
 \_\_\_\_\_ 004011

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

Postmark Date \_\_\_\_\_  
 Initials of Preparer \_\_\_\_\_

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

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ _____	\$ _____
2.	Access Services	_____	_____
3.	Private Line Services	_____	_____
4.	Leased Facilities & Circuits Services	_____	_____
5.	Miscellaneous Services	_____	_____
6.	<b>TOTAL Telephone Services</b>	\$ _____	\$ _____
7.	LESS: Amounts Paid to Telecommunications Companies <sup>(1)</sup>	( _____ )	( _____ )
8.	<b>TOTAL REVENUES</b> For Regulatory Assessment Fee Calculation		\$ _____
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020)		_____
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		_____
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		_____
12.	Extension Payment Fee (see "4. Extension" on back)		_____
13.	<b>TOTAL AMOUNT DUE (\$50 MINIMUM)</b>		\$ _____ <sup>(2)</sup>

(1) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).

(2) Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee of \$50 shall be imposed as provided in Section 364.336, Florida Statutes.

**CURRENT COMPANY STATUS**

- Facilities-Based Carrier       Reseller       Call Aggregator  
 Alternate-Operator Service       Rebiller       Other: \_\_\_\_\_

**BILLING INFORMATION**

Complete below if billing agent is other than yourself.

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

What is the total amount of customer deposits collected? Amount: \$ \_\_\_\_\_ for 20 \_\_\_\_\_

What is the total amount of bond held (if applicable)? Amount: \$ \_\_\_\_\_ Expires: \_\_\_\_\_

**COMPANY INFORMATION**

Do you lease telecommunications' facilities?  YES  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) (Title) (Date)

\_\_\_\_\_  
 Telephone Number ( ) Fax Number ( )

(Preparer of Form - Please Print Name)

F.E.I. No. \_\_\_\_\_



**Paula Isler**

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**From:** Paula Isler  
**Sent:** Thursday, June 02, 2005 4:22 PM  
**To:** 'jcruzbustillo@aol.com'  
**Subject:** RAF Form

**Attachments:** RAF-TJ721-04-0-R.pdf



RAF-TJ721-04-  
0-R.pdf (28 KB)

This e-mail was sent from The Florida Public Service Commission's Regulatory Assessment Fee (RAF) System.

Attached document type: Adobe Portable Document Format (PDF)

# Interexchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:

- Actual Return  
 Estimated Return  
 Amended Return

(See Filing Instructions on Back of Form)

TJ721-04-0-R  
 NETEL, INC.  
 1020 N.W. 163rd Drive  
 Miami, FL 33169-5819

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

**FOR PSC USE ONLY**

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

\$ \_\_\_\_\_ 06-03-001  
 \_\_\_\_\_ 003001

\$ \_\_\_\_\_ P \_\_\_\_\_ 06-03-001  
 \_\_\_\_\_ 004011

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

Postmark Date \_\_\_\_\_  
 Initials of Preparer \_\_\_\_\_

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.	Long Distance Services	\$ _____	\$ _____
2.	Access Services	_____	_____
3.	Private Line Services	_____	_____
4.	Leased Facilities & Circuits Services	_____	_____
5.	Miscellaneous Services	_____	_____
6.	<b>TOTAL Telephone Services</b>	<b>\$ _____</b>	<b>\$ _____</b>
7.	LESS: Amounts Paid to Telecommunications Companies <sup>(1)</sup>	( _____ )	( _____ )
8.	<b>TOTAL REVENUES</b> For Regulatory Assessment Fee Calculation		<b>\$ _____</b>
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020)		_____
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		_____
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		_____
12.	Extension Payment Fee (see "4. Extension" on back)		_____
13.	<b>TOTAL AMOUNT DUE (\$50 MINIMUM)</b>		<b>\$ _____</b> <sup>(2)</sup>

(1) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).  
 (2) Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee of \$50 shall be imposed as provided in Section 364.336, Florida Statutes.

**CURRENT COMPANY STATUS**

- Facilities-Based Carrier       Reseller       Call Aggregator  
 Alternate-Operator Service       Rebiller       Other: \_\_\_\_\_

**BILLING INFORMATION**

Complete below if billing agent is other than yourself.

\_\_\_\_\_ (Name)      \_\_\_\_\_ (Address: City/State/Zip)      \_\_\_\_\_ (Telephone)  
 What is the total amount of customer deposits collected?      What is the total amount of bond held (if applicable)?  
 Amount: \$ \_\_\_\_\_ for 20 \_\_\_\_\_      Amount: \$ \_\_\_\_\_ Expires: \_\_\_\_\_

**COMPANY INFORMATION**

Do you lease telecommunications' facilities?  YES       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)      \_\_\_\_\_ (Title)      \_\_\_\_\_ (Date)  
 \_\_\_\_\_ (Preparer of Form - Please Print Name)      Telephone Number \_\_\_\_\_      Fax Number \_\_\_\_\_  
 F.E.I. No. \_\_\_\_\_