State of Florida



RECEIVED-FPSC

09 MAY 18 PM 4 Hublic Service Commission

CAPITAL CIRCLE OFFICE CENTER • 2540 SHUMARD OAK BOULEVARD
TALLAHASSEE, FLORIDA 32399-0850

CLERK

-M-E-M-O-R-A-N-D-U-M-

DATE:

May 18, 2009

TO:

Ann Cole, Commission Clerk - PSC, Office of Commission Clerk

FROM:

Paula Isler, Research Assistant, Division of Regulatory Compliance

RE:

Docket No. 090204-TX - Compliance investigation of CLEC Certificate No. 8558,

issued to Economic Telecom, Inc., for apparent first-time violation of Rule 25-4.0161, F.A.C., Regulatory Assessment Fees; Telecommunications Companies.

In reviewing my file, I found that a copy of the attached note and returned envelope were not included with the Request to Establish Docket. Therefore, please document the letter in Case Management System in Docket No. 090204-TX so that the docket file will be complete. Thanks.

Attachment

DOCUMENT NUMBER-DATE

04882 MAY 188

FPSC-COMMISSION CLERK





047J82004132

\$00.420 12/15/2008

Mailed From 32399 US POSTAGE

ATORY ASSESSMENT FEE NOTICE

BOX CLOSED NO ORDER

Economic Telecom, Inc. P. O. Box 831868 Miami, FL 33283-1868

Contained has sur many and many 2. I was sure the sure of the sure

Monday, December 29, 2008

STATE OF FLORIDA



TO:

Samir Moussa, President

Phone: Fax:

PUBLIC SERVICE COMMISSION

2540 SHUMARD OAK BOULEVARD TALLAHASSEE, FL 32399-0850

FROM:

Paula Isler

Phone: (850) 413-6502 Fax: (850) 413-6503

E-mail: PIsler@psc.state.fl.us

RE:

TX817 - Economic Telecom, Inc.

Dear Mr. Moussa:

The 2008 Regulatory Assessment Fee (RAF) return form that was originally mailed to you on December 15, 2008, was returned by the Post Office stamped "Box closed-no order." However, our records showed the physical address is 2796 S.W. 195th Terrace, Miramar, FL 33029-2471. In addition, the Division of Corporations has the address as 6490 SW 130th Avenue, #1611, Miami, FL 33183, therefore, I am resending the 2008 RAF return form to you at both addresses. Hopefully, at least one will reach you.

If your address and/or phones numbers have changed, please provide the Commission with the updated information as soon as possible.

Also, if you wish to cancel your certificate voluntarily, please write Ms. Ann Cole, Commission Clerk, a letter requesting cancellation and include the reason why you wish to

Mr. Samir Moussa - December 29, 2008 - Page 2
cancel the certificate. In addition, the 2008 RAF return form, along with payment of the fee, should be included and postmarked by the due date of January 30, 2009, to have an effective date of December 31, 2008. By having a 2008 effective date for the cancellation means that you would not be responsible for payment of the 2009 RAF.
Please let me know if you have any questions (my contact information is on the first page).
Paula Isler

Competitive Local Exchange Company Regulatory Assessment Fee Return

FOR PSC USE ONLY

-		Florida	Public Service Con	nmission	FOR	PSC USE ONLY			
STATUS	S:			ee Filing Instructions on Back of Form)		Check #			
Actı	ual Return	TX817-08-0-F				06-03-001			
Estimated Return Amended Return P. O. Box 83186 Miami, FL 332 PERIOD COVERED: 01/01/2008 TO 12/31/2008					003001 \$E				
							283-1868		\$P 06-03-001
					\$ 1				
Please Complete B			Below If Official Mailing Ac	dress Has Changed	Initials of Preparer				
					<u> </u>				
(Name of Company)			(Address)		(City/State) (Zip)				
Louis				FLORIDA GI	2088				
LINE NO.	AC	COUNT CLASSIFICATIO	N	OPERATING RE		RASTATE REVENUE			
1.	Basic Local Services			\$	\$				
2.	Long Distance Service	es (IntraLATA only)(1)							
3.	Access Services								
4. 5.	Private Line Services Leased Facilities & C				 _				
6.	Miscellaneous Servic								
7. TOTAL REVENUES					\$				
8. LESS: Amounts Paid to Other Telecommunicatio			ns Companies ⁽²⁾		- -				
9.	NET INTRASTATE	OPERATING REVENUE	E for Regulatory Assessment I	ee Calculation (Line 7	less Line 8) \$				
10.	Regulatory Assessme	nt Fee Due (Multiply Line 9	by 0.0020)		<u>-</u>				
11.	Penalty for Late Payn	nent (see "3. Failure to File nent (see "3. Failure to File ;	by Due Date" on back)		-				
12. 13.		ee (sec "4. Extension" on b			-				
14.	·	DUE (\$600.00 MINIMUM	•		• \$	(3)			
					-				
	(2) These amounts n	nust be intrastate only and m	n the Interexchange Regulator; oust be verifiable (see "2. Fees"	on back).					
	(3) Regardless of the	e gross operating revenue of	a company, a minimum annu	ıl regulatory assessmei	nt fee of \$600 shall be in	posed as provided in			
	Section 364.336,	riorida Statutes.							
			CURRENT COMPANY S	TATUS					
() Facilit	ies-Based Provider	() R () O							
			BILLING INFORMAT	TION					
Complete	below if billing agent is o	other than yourself.			()				
(Name)			(Address: Cit	(Address: City/State/Zip)		(Telephone)			
			COMPANY INFORMA	TION	·				
	ise telecommunications'		() NO						
If YES, wh	no do you lease these faci	ilities from? Name:							
Address:		· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u>-</u>					
[4]		and the above named as	npany, have read the foregoi	ng and declare that t	o the best of my knowl	adae and belief the above			
			rrsuant to Section 837.06, Flo						
the intent t	o mislead a public servar	nt in the performance of his	official duty shall be guilty of	a misdemeanor of the s	second degree.				
	(Signature of Com	pany Official)		(Title)		(Date)			
			Telephone Number	()	Fax Number	()			
(I	Preparer of Form - P	lease Print Name)		<u> </u>		· · · · · · · · · · · · · · · · · · ·			
,		•	F.E.1. No.						
DSC/DCD 007 (Pay, 04/07)			-	ME_1\nisler\LOCALS	~1\Temp\formaraa3262	1080\vymergeformyy doc			