

State of Florida



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## Public Service Commission

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

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

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**DATE:** May 18, 2009  
**TO:** Ann Cole, Commission Clerk - PSC, Office of Commission Clerk  
**FROM:** Paula Isler, Research Assistant, Division of Regulatory Compliance *Pix*  
**RE:** Docket No. 090235-TC - Compliance investigation of PATS Certificate No. 3372, issued to Margarita R. Ching, for apparent first-time violation of Rule 25-4.0161, F.A.C., Regulatory Assessment Fees; Telecommunications Companies.

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In reviewing my file, I found that a copy of the attached note was not included with the Request to Establish Docket. Therefore, please document the letter in Case Management System in Docket No. 090235-TC so that the docket file will be complete. Thanks.

Attachment

DOCUMENT NUMBER-DATE

04885 MAY 18 09

FPSC-COMMISSION CLERK

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1E045 070255-14

Mailed to: 7481 NW 72 Ave  
Medley, FL  
35166-2432

Wednesday, February 25, 2009

**STATE OF FLORIDA**



**PUBLIC SERVICE COMMISSION**

**2540 SHUMARD OAK BOULEVARD  
TALLAHASSEE, FL 32399-0850**

**TO:**

Margarita Ching

Phone:  
Fax:

**FROM:**

Paula Isler

Phone: (850) 413-6502  
Fax: (850) 413-6503  
E-mail: PIsler@psc.state.fl.us

**RE:**

Margarita R. Ching (TE845)

Dear Ms. Ching:

On February 20, 2009, the Commission mailed, via certified mail, delinquent notices to all companies that either did not pay the 2008 Regulatory Assessment Fee (RAF) or did not pay it in full. Our records show your company has not paid the 2008 RAF. I wanted to give you a heads up because those certificate holders not complying with the delinquent notices will subsequently be fined \$500 for a first offense, \$1,000 for a second offense, and \$2000 for a third offense.

If the company owes the minimum and if payment is postmarked between now and March 1<sup>st</sup>, the total due is \$106, which is comprised of the \$100 minimum, \$5 penalty, and \$1 interest. If payment is postmarked between March 2<sup>nd</sup> and March 31<sup>st</sup>, the total due is \$112, which is comprised of the \$100 minimum, \$10 penalty, and \$2 interest. A copy of the 2008 RAF return form is attached. Please complete it and return it with full payment, including the late charges. Just as information, late payment charges (penalty and interest) continue to accrue until the RAF is paid.

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If the company is interested in cancelling its certificate, we need a letter from you requesting cancellation as soon as possible. There are two types of cancellation, one is voluntary, which is granted if a company leaves in good standing and does not owe any fees. The other is involuntary, which is when a certificate is cancelled on the Commission's own motion for violation of a rule, order, or statute. The Regulatory Assessment Fee is owed if a certificate is active during any portion of a calendar year. This means that the 2008 and 2009 RAFs are applicable. Either way, the company needs to write us a letter requesting cancellation. The letter should also include its intent on payment of the 2008 and 2009 fees even if it is unable to pay the fees, it should state that in the letter.

If that is the route you choose, as soon as we receive a letter requesting cancellation of the certificate, a docket will be opened to handle the cancellation request.

Please let me know if you have any questions (my contact information is on the first page).

Paula Isler

# Pay Telephone Service Provider Regulatory Assessment Fee Return

## Florida Public Service Commission

(See Filing Instructions on Back of Form)

**STATUS:**

- Actual Return
- Estimated Return
- Amended Return

**PERIOD COVERED:**  
01/01/2008 TO 12/31/2008

TE845-08-0-R  
Margarita R. Ching  
P. O. Box 822913  
Pembroke Pines, FL 33028-2913

Please Complete Below If Official Mailing Address Has Changed

**FOR PSC USE ONLY**

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

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

\$ \_\_\_\_\_ E

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

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

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 <sup>(1)</sup><br>(see "2. Fees" on back) | ( _____ )               |
| 4.       | <b>TOTAL REVENUES for Regulatory Assessment Fee Calculation</b><br>(Line 2 less Line 3)            | \$ _____                |
| 5.       | Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0020)  | _____                   |
| 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.       | Extension Payment Fee (see "4. Extension" on back)   | _____                   |
| 9.       | <b>TOTAL AMOUNT DUE (MINIMUM \$100.00)</b>   | \$ _____ <sup>(2)</sup> |
| 10.      | Number of pay telephones in operation at close of period covered by this Return                    | _____                   |

(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 \$100 shall be imposed as provided in Section 364.336, Florida Statutes.

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. \_\_\_\_\_