

DATE DEPOSIT

JUN 11 2014 4 30 \* Total \$ 730.00

**Raquel Revells**

**From:** Toni Earnhart  
**Sent:** Monday, June 09, 2014 5:09 PM  
**To:** Raquel Revells  
**Cc:** hylton@ciifl.com; Toni Earnhart  
**Subject:** RE: Docket No. 140098-TC; Commercial Pay Phones, Inc. d/b/a Coin-Tel (TH078)

Please apply the \$730.00 as listed below:

TH078 – Commercial Pay Phones, Inc. d/b/a Coin-Tel  
2013 RAF \$100.00  
Penalty \$ 25.00  
Interest \$ 5.00

Rule Penalty \$500 (\$200 to PSC Trust Fund and \$300 to General Revenue)

2014 RAF \$100.00 received with voluntary cancellation request ✓

CHK # 29907  
\$ 200.00 T  
300.00 F  
6-3-14  
RR

*Toni Joy Earnhart, Public Utility Analyst  
Florida Public Service Commission  
2540 Shumard Oak Blvd.  
Tallahassee, FL 32399  
Phone 850-413-6532  
Fax 850-413-6533*

RECEIVED-PPSC  
14 JUN 10 PM 2:31  
COMMISSION  
CLERK

**From:** Raquel Revells  
**Sent:** Monday, June 09, 2014 3:40 PM  
**To:** Toni Earnhart  
**Subject:**

TH078, sent a check in for \$730.00 and 2013/14 Raf forms. Please let me know the break down

**Pay Telephone Service Provider Regulatory Assessment Fee Return**

Total \$ 730.00

Florida Public Service Commission

STATUS:

- Actual Return
- Estimated Return
- Amended Return

(See Filing Instructions on Back of Form)

TH078-13-T-0-R  
 Coin-Tel  
 8510 N.W. 56th Street  
 Miami FL 33166-3329

DATE DEPOSIT

JUN 11 2014 4 30

**FOR PSC USE ONLY**

Check # 29907

\$ 100.00 06-03-001  
003001

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

\$ 25.00 P 06-03-001  
004011

\$ ~~530.00~~ I

Postmark Date 6-3-14

Initials of Preparer RR

PERIOD COVERED:  
1/1/2013 TO 12/31/2013

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)	\$ 0
2.	Gross Intrastate Revenue	0
3.	Less: Amounts Paid to Other Telecommunications Companies <sup>(1)</sup> (see "2. Fees" on back)	( 0 )
4.	<b>TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)</b>	\$ 0
5.	<b>REGULATORY ASSESSMENT FEE DUE - (Multiply Line 4 by 0.0016. If more than \$100, enter amount. If less, enter \$100.) <sup>(2)</sup></b>	100
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 (Add lines 5 through 8)</b>	\$ 100
10.	Number of pay telephones in operation at close of period covered by this Return	0

(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]  
 (Signature of Company Official)

PRES. (Title) 6/2/14 (Date)

HYLTOW LANDAUER  
 (Preparer of Form - Please Print Name)

Telephone Number 305-716-4910 Fax Number ( )

F.E.I. No. 25-1711482

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 1/30/2014  
**Pay Telephone Service Provider Regulatory Assessment Fee Return**

TOTAL \$ 780.00

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:

4

Records

TH078-14-T-0-R  
 Coin-Tel  
 8510 N.W. 56th Street  
 Miami FL 33166-3329

JUN 11 2014 430

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY	
Check #	29903
\$	100.00
	06-03-001
	003001
\$	E
\$	P 06-03-001
	004011
\$	I
Postmark Date	6-3-14
Initials of Preparer	PR

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

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ 0
2.	Gross Intrastate Revenue	0
3.		
	<b>Less:</b> Amounts Paid to Other Telecommunications Companies <sup>(1)</sup> (see "2. Fees" on back)	( 0 )
4.	<b>TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)</b>	\$ 0
5.	<b>REGULATORY ASSESSMENT FEE DUE - (Multiply Line 4 by 0.0016. If more than \$100, enter amount. If less, enter \$100.) <sup>(2)</sup></b>	100
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 (Add lines 5 through 8)</b>	\$ 100
10.	Number of pay telephones in operation at close of period covered by this Return	0

(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.

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\_\_\_\_\_  
 (Signature of Company Official)      PRES.      (Title)      6/3/14      (Date)

\_\_\_\_\_  
 HYLTON LANDAUER      Telephone Number 305, 716-2910      Fax Number ( )

\_\_\_\_\_  
 (Preparer of Form - Please Print Name)      F.E.I. No. 25-1711482