001295-71

735 NW 22nd Avenue Miami, FL 33125

Phone: (305) 642-0798 Faz: (305) 649-2151

Mony Travel Services of Florida, INC.

December 5, 2000

Florida Public Service 2540 Shumard Oak Blvd. Tallahassee, FL 32399-0850

Dear Paula Isler,

Enclosed is a copy of our previous letter and a copy of the check.

MTS wishes to supplement its previous submission by assuring the Commission that it has taken steps to ensure that the problems that were the subject of the three complaints do not occur again, and that to the extent there are any problems with the goods or services that we sell we will move expeditiously to resolve any customer complaints.

If you have any questions or comments, please don't hesitate to call me any time.

Sincerely,

Carlos Duran President

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SECTICES

DOCUMENT NUMBER-DATE 15759 DEC-78 FPSC-RECORDS/REPORTING

MONY TRAVEL SERVICES

of Florida, Inc.

735 NW 22nd Avenue * Miami, Florida 33125 * Phone: 305-642-0798 * Fax 305-649-2151

November 20, 2000

STATE OF FLORIDA PUBLIC SERVICE COMMISSION 2540 Shumard Oak Boulevard Tallahassee, Florida 32399-0850

Attn: Paula Isler

Dear Mrs. Isler:

As you know we tried to resolve this problem, but Miss. Medina did not return the calls.

Therefore, here is the check payable to Miss Yolanda Medina in the amount of \$207.35. Please forward it to her.

Thank you for your attention to this matter.

Very truly yours,

Carlos Duran President

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PAY TO THE ORDER OF	YOLANDA MEDINA		\$ ** <i>207</i>	رد. Details on <i>2.35</i>
Two	Hundred Seven and 35/100***	***************************************		
	YOLANDA MEDINA P.O. BOX 835384 MIAMI FL. 33283	Curf	\geq	
MEMO	Request # 322310 T	· · · · · · · · · · · · · · · · · · ·		
MONY TRAVEL S	SERVICE OF FLORIDA, INC.			0040
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OCEAN BANK - Request # 32		207.35	
MONY TRAVEL SERVICE OF FLORIDA, INC.			004
YOLANDA MEDINA		11/21/2000	234
Yolanda Medina	(\$202.00 + \$5.35)	11/21/2000	207.35

OCEAN BANK - Request # 322310 T

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PROPUCT 9209 USE WITH 9379 DU-0-VUE ENVELOPE. NEBS, INC., GROTON, MA 01471, TO REORDER PHONE 1-800-225-9550.

207.35

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COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. A. Received by (Please Print Clearly) B. D Print your name and address on the reverse C. Signature so that we can return the card to you. Agent Attach this card to the back of the mailpiece, Addressee or on the front if space permits. D. Is selivery address different from item 1? C Yes 1. Article Addressed to 🗖 No If YES, enter delivery address below: NOV 22 2000 adi Service Shummed Dot Blod. 3. Service Type hasse, Florida 32399 Express Mail Certified Mail Return Receipt for Merchandise Registered 🔲 Insured Mail 🖾 C.O.D. 4: Restricted Delivery? (Extra Fee) C Yes 2 F 102595-00-M-0952 UNITED STATES POSTAL SERVICE SSEA class Mail stade & Fees Faid ΡM Permit No. · Sender: Please print your hame, address, and ZIP+4 in this boy

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