TO AVOID P	PENALTY AND INTEREST CHARG	SES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFOR	RE 01/30/2001
	Pay Teleph	none Service Provider Regulatory Assessm	ient Fee Return
	13C	Florida Public Service Commission	FOR PSC USE ONLY
STATUS	S: P. O.St	(See Filing Instructions on Back of Form)	
Actual Return Estimated Return Amended Return PERIOD COVERED: 01/01/2000 TO		TF174 Allied Telecom Industries, Inc. 3840 West Hillsboro Blvd., #1461A1L ROGM Deerfield Beach, FL 33442-9498 DEPOSIT DATE	$\frac{s}{1.00}$ $0.00000000000000000000000000000000000$
12/31/2		D046 MAR 2 9 2001	the All addition and the subministration of the
		Please Complete Below If Official Mailing Address Has Changed	Unite state company and gay 0.
	(Name of Company)		(City/State) (Zip)
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LINE		with service to a summer of a set dealer the set of	(including installation charges) in he
NO.	AC	COUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)		
2.	Gross Intrastate Revenue		per state " A Requiredry A
3.	LESS: Amounts Paid to Other Telecommunications Companies* ( <u>(())</u> )		
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation		
5.	Regulatory Assessr	nent Fee Due – (Multiply Line 4 by 0.0015)	grantal, a charge trall be adoed to
6.		ayment (see "3. Failure to File by Due Date" on	
7.	Interest for Late P	ayment (see "3. Failure to File by Due Date" on	back)
8.	TOTAL AMOUN	T DUE	manual light of \$ 10 \$ 600
op AF		a manifest as an its construction of the	SEE ADJUSTING TO YOU WILL D
WP			may be applicable to additional amor request for a relund of any overpay.
DM R	AS PROVIDED	IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUN	A ANNUAL FEE IS \$50 DALMAN
RTH	IS FORM MUST BE CO	OMPLETED AND RETURNED REGARDLESS OF THE AMO	UNT OF REVENUES REPORTED
C mension		Subject of the second	
(na la	and and all	barance bairon of marine another	
Z I			21/1
HOL	2123 EAST ATLA	ONSULTANTS, INC.	2141
	POMPANO BEACH	I, FL 33062	63-4_
DAY TO	THE FLADIO	DATE J26/0	630 <sup>FL</sup>   nd belief the above ment in writing with
ORDER	ROF_PLOILDI	A PUBLIC SERVICE COMMISSION, \$	G-12 Lastrant
10	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		OLLARS
	N N	ge, or credit card numbers given to an	DOCUMENT NUMBER-DATE
OR A		e purpose of payment of any fee or debt fidential and exempt from subsection (1)	1. 103875 MAD 20-
	Sector and the sector of the s	art. 1 of the State Constitution	inthe of the rian 200
			C-RECORDS/REPORTING

O AVOID		is, the regulatory assessment fee return must be filed on or before 01/30/2001 one Service Provider Regulatory Assessment Fee Return		
STATUS	: R.Ser	Florida Public Service Commission (See Filing Instructions on Back of Form)		
Actual Return Estimated Return Amended Return PERIOD COVERED: 01/01/2000 TO 12/31/2000		TF17401 MAR 28 AM 8: 42Allied Telecom Industries, Inc. $50.00$ $0603002$ 3840 West Hillsboro Blvd., #146IALL ROOM $50.00$ $9003001$ Deerfield Beach, FL $33442-9498$ $1.00$ $9003002$ DEPOSITDATE $1.00$ $9003002$ DO 4 6 %MAR 2 9 2001 $1.00$ $1.00$		
		Please Complete Below If Official Mailing Address Has Changed		
	(Name of Company)	(Address) (City/State) (Zip)		
LINE	in Here, is a subset of the	Do Luce 3, dodnici any amandi fizici 10 anathier recommendents tons company of the provide en- recommending install that concerns the provide service service is the mit deduct gave agrees may the state description of the concerns of the service o		
NO.		COUNT CLASSIFICATION AMOUNT		
1.	Gross Operating Revenue (Florida)			
2.	Gross Intrastate Revenue			
3.	LESS: Amounts Paid to Other Telecommunications Companies* (			
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation\$(Line 2 less Line 3)\$			
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)			
5.	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.	TOTAL AMOUNT	T DUE $(o \cdot \mathcal{W})$		
		FILE ALLAUSTRATION You will be notifie set a count and mean the many be applicable to additional amounts own the request for a reduct of any everywhere. The		
	AS PROVIDED I	N SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50		
TH	IIS FORM MUST BE CO	MPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED		
9.	Number of pay tele by this Return amounts must be <u>intrastate only</u> a	ephones in operation at close of period covered		
nformation he intent	is a true and correct statement	DRAH Telephone Number (954) 911-905 Fax Number (974) 481-1933		