

Alternative Local Exchange Company Regulatory Assessment Fee Return

FOR PSC USE ONLY

Check# 5011

\$ 50.00 0603006
003001

\$ 12.50 P
0603006
004011

\$ 3.00 I

Postmark Date 7/9/01 No postmark

Initials of Preparer MC

001492-TX
010000-PU

DIVISION 11
REGISTRATION

2001 JUL -9 AM 8:35

TX358
Florida Phone Service, Inc.
17840 South Dixie Highway
Miami, FL 33157-5421

FLORIDA
SERVICE COMMISSION
DATE

DEPOSIT
D0830
JUL 10 2001

STATUS: *RJR*

Actual Return
 Estimated Return
 Amended Return

PERIOD COVERED:
01/01/2000 TO 12/31/2000

Please Complete Below If Official Mailing Address Has Changed

Florida Phone Service, Inc 7177 SW 117 AVE Miami FL 33183
(Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$ <u>0.00</u>	\$ <u>0.00</u>
2.	Long Distance Services (IntraLATA only)**		
3.	Access Services		
4.	Private Line Services		
5.	Leased Facilities & Circuits Services		
6.	Miscellaneous Services		
7.	TOTAL REVENUES		\$ <u>0.00</u>
8.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)		
9.	Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015)		<u>50.00</u>
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		<u>12.50</u>
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		<u>3.00</u>
13.	TOTAL AMOUNT DUE		\$ <u>65.50</u>

* These amounts must be intrastate only and must be verifiable.
** Other long distance revenue must be listed on the Interexchange Regulatory Assessment Fee Return.

AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

CURRENT COMPANY STATUS

() Facilities-Based Provider
 Reseller
() Other: _____

BILLING INFORMATION

Complete below if billing agent if other than yourself.

(Name) (Address: City/State/Zip) (Telephone)

COMPANY INFORMATION

Do you lease telecommunications facilities? () YES NO
If YES, who do you lease these facilities from? Name: _____
Address: _____

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/her duty shall be guilty of a misdemeanor of the second degree.

Aous Uweyda President 6/28/01
(Signature of Company Official) (Title) (Date)

Aous Uweyda
(Preparer of Form - Please Print Name)

Telephone Number 305 271-7797 Fax Number 305 271-4772
F.E.I. No. 650908513

08353-01
7-9-01