STATUS	s: refie	(Florida Public Service Commission (See Files Instructions on Back of Form)	FOR PSC USE ONLY Checks 3556	
	Actual Return Estimated Return Amended Return	TF592 Fine Fones, Inc. 1570 Madruga Avenue, Suite 209 Coral Gables, FL 33134-3012	s 50.00 s 17.50 p 0603007 p 0004011 p 1 0 0 p 0603007 p 0004011 p 1 0 0 p 1 0 p	
	0 COVERED: 2000 TO 12/31/2000 OSIT DAT		Postmark Date 5/22/0/ Initials of Preparer MC	
D11	L 2 🐘 🛛 AUG 2 8	2001 Please Complete Below If Official Mailing Address Has Chang	ed	
	(Name of Company)	(Address)	(City/State) (Zip)	
LINE NO.		ACCOUNT CLASSIFICATION	AMOUNT	
1.	Gross Operating Re	venue (Florida)	\$	
2.	Gross Intrastate Revenue		-0-	
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)		()	
4.	TOTAL REVENUI (Line 2 less Line 3)	\$		
5.	Regulatory Assessment Fee Due — (Multiply Line 4 by 0.0015)			
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.	TOTAL AMOUNT	DUE	\$	
		IN SECTION 364.336 FLORIDA STATUTES, THE MINIM OMPLETED AND RETURNED REGARDLESS OF THE AN		
9	Number of pay telep by this Return	phones in operation at close of period covered		
Those an	mounts must be <u>intrastate only</u> and r	nat be verifiable.	·	
s a true and	d correct statement. Lam aware d	above-named company, have read the foregoing and declare that to the at putsuant to Section 837.06, Florida Statutes, whoever knowingly make official duty shall be guilty of a misdemeanor of the second degree.	best of my knowledge and belief the above informat es a false statement in writing with the intent to misle	
-	Almand	President	8-9-01	

DOCUMENT NUMBER-DATE

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1	08	540	AUG 27 a

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FPSC-COMMISSION CLERK

PSC/CMU-26 (Rev.)1/11/99)

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEB RETURN MUST BE FILED ON OR BEFORE 01/30/2002 Pay Telephone Service Provider Regulatory Assessment Fee Return

PERIOD 01/01/2 DE	S: CARCE Florida Public Service Commission (See Fling Instructions on Back of Form) Actual Return Amended Return Amended Return Amended Return COVERED: 2001 TO 12/31/2001 POSIT AUG 2 8 20 Please Complete Below If Official Mailing Address Has Changed	FOR PSC USE ONLY Checks			
	(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* (see "2. Fees" on back)	<u>()</u>			
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$			
5.	Regulatory Assessment Fee Due — (Multiply Line 4 by 0.0015)				
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.	TOTAL AMOUNT DUE	\$			
	AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM AN THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT				
9.	Number of pay telephones in operation at close of period covered by this Return				
* These an	mounts must be <u>intrastate only</u> and must be verifiable.				

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 aervant in the performance, of his official duty shall be guilty of a misdemeanor of the second degree.

m Ŵ (Signature of Company Official) Ľ ί ' > k Ø (Preparer of Form - Please Print Name)

President	8-9-01
ت (Thio) ت	(Date)
Telephone Number 305, 661-8000 Fax Number	305, 661-8981
F.B.I. No.	

P\$C/CMU-26 (Rev.11/11/99)

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