

Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
08/19/2002 TO 12/31/2002

Florida Public Service Commission

(See Filing Instructions on Back of Form)

ORIGINAL

TG904-02-0-R
Beatriz Montalvo
P. O. Box 720793
Orlando, FL 32872-0793

DEPOSIT

DATE

D2984

JAN 31 2003

FOR PSC USE ONLY

Check# 04723379348

\$ 50.00 0603002

\$ _____ P 003001

\$ _____ P 0603002

\$ _____ I 004011

Postmark Date 1/27/03

Initials of Preparer MC

Please Complete Below If Official Mailing Address Has Changed

Beatriz Montalvo
(Name of Company)

P.O. Box 720793
(Address)

Orlando, FL
(City/State)

32872
(Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ 0
2.	Gross Intrastate Revenue	_____
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(_____)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ 0
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)	50.00
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)	_____
TOTAL AMOUNT DUE		\$ 50.00

- AUS _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- SEC _____
- OTH _____

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

THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED

Number of pay telephones in operation at close of period covered _____

by this Return _____

None Done 2/03/03

* These amounts must be intrastate only 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 servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

[Signature]
(Signature of Company Official)

[Signature]
(Title)

02-25-03
(Date)

Beatriz Montalvo
(Preparer of Form - Please Print Name)

Telephone Number (407) 230-5332 Fax Number (7) N/A

FEI No _____ DOCUMENT NUMBER DATE

00994 JAN 31 8

FPSC-COMMISSION CLERK

1/25/03

To: Florida Public Service Commission

To Whom it may concern:

I'm writing this letter, requesting cancellation of my pay phone license. to provide pay phone service in Florida. I'm requesting the cancellation because I couldn't do the bussiness because of my financial situation and personal problems. I never had my pay phone installed. I couldn't do it. With this letter I'm paying my minimum assesment fee of \$50.00. Thank you for your attention. So, please cancelled my license because I didn't do the bussiness.

Sincerely
Beatriz Yau Salvo