

State of Florida



ORIGINAL

Public Service Commission

CAPITAL CIRCLE OFFICE CENTER • 2540 SHUMARD OAK BOULEVARD
TALLAHASSEE, FLORIDA 32399-0850

RECEIVED-FPSC

NOV 10 11 3: 26

-M-E-M-O-R-A-N-D-U-M- COMMISSION CLERK

DATE: November 10, 2004

TO: Blanca S. Bayó, Commission Clerk and Administrative Services Director

FROM: Paula Isler, Research Assistant, Division of Competitive Markets & Enforcement *Pji*

RE: Docket No. 040966-TI - Azul Tel. Inc.

On November 3, 2004, the Commission received the attached letter from Mr. Gaston Sastre, President, offering a \$500 settlement and proposing to pay future Regulatory Assessment Fees on a timely basis. In addition, the company included payment of the \$500 settlement and the 2003 Regulatory Assessment Fee and late payment charges. Please document the settlement proposal in Docket No. 040966-TI. Let me know if you have any questions.

cc: Office of the General Counsel (Rockette-Gray)

- CMP _____
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- SCR _____
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- OTH _____

DOCUMENT NUMBER-DATE

12087 NOV 10 2004

FPSC-COMMISSION CLERK

TJ790-03-0-R

50.00 R
12.50 P
4.00 I

500.00 Fine

CK# 4478
\$ 566.50
11-2-04 VM



November 1st, 2004

Ms. Blanca Bayó
Director
Division of the Commission Clerk & Administrative Services
Florida Public Service Commission
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0850

RE: Docket No. 040966-TI

Ms. Bayó:

May this letter serve to inform the Public Service Commission of our intent to keep active Certificate TJ790-03-0-R Docket No. 040966-TI, we have paid all the past due fees, including statutory late payment charges. We have also included the Five Hundred Dollar penalty payment.

We have taken the necessary steps to prevent this from happening in the future and prevent future late payments of the Regulatory Assessment Fees. AzulTel Inc. has assigned all Regulatory matters to be handled by the Tax Department from now on all the Public Service Commission forms and fees will be filed on time.

Please let us know if you have any questions.

Best Regards,

A handwritten signature in black ink, appearing to read 'Gastón Sastre', written over a horizontal line.

Gaston Sastre
President
AzulTel Inc.

Interexchange Company Regulatory Assessment Fee Return

STATUS:

- Actual Return
 Estimated Return
 Amended Return

PERIOD COVERED:

05/23/2003 TO 12/31/2003

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TJ790-03-0-R
 Azul Tel, Inc.
 2200 South Dixie Highway, Suite 506
 Miami, FL 33133-2300

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check# _____
 \$ _____ 0603001
 _____ 003001
 \$ _____ P
 _____ 0603001
 _____ 004011
 Postmark Date _____
 Initials of Preparer _____

 (Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ _____	\$ <u>23893.00</u>
2.	Access Services	_____	_____
3.	Private Line Services	_____	_____
4.	Leased Facilities & Circuits Services	_____	_____
5.	Miscellaneous Services	_____	_____
6.	TOTAL Telephone Services	_____	\$ <u>23893.00</u>
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	_____	(_____)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation	_____	<u>23893.00</u>
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)	_____	<u>35.84</u>
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u>12.50</u>	_____
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u>4.00</u>	_____
12.	TOTAL AMOUNT DUE	_____	\$ <u>66.50</u>

* These amounts must be intrastate only and must be verifiable.

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

CURRENT COMPANY STATUS

- () Facilities-Based Carrier () Reseller () Call Aggregator
 () Alternate-Operator Service () Rebiller () Other: _____

BILLING INFORMATION

Complete below if billing agent if other than yourself.

 (Name) (Address: City/State/Zip) (Telephone)
 What is the total amount of customer deposits collected? What is the total amount of bond held (if applicable)?
 Amount: \$ _____ for 19 _____ Amount: \$ _____ Expires: _____

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 duties shall be guilty of a misdemeanor of the second degree.

 (Signature of Company Official) PRESIDENT 10/29/04
 (Title) (Date)
ALEX JASTRE
 (Preparer of Form - Please Print Name)
 Telephone Number (786) 497-4050 Fax Number (786) 497-4057
 F.E.I. No. _____