DOCKET NO. 20200141-TA
FILED 4/24/2020
DOCUMENT NO. 02190-2020
FPSC - COMMISSION CLERK

|  |                     | ř                 | REQUEST TO ESTABL<br>(Please type or print. File ori  |   |  |  |  |  |
|--|---------------------|-------------------|---|---|--|--|--|--|
| Date:                                      | 4/16/2020           |                   |   |   |  |  |  |  |
| 1. From Division / Staff: Division Of Econ |                     |                   | Division Of Economic Services/Ga  | lloway  |  |  |  |  |
| 2. OPR:                                    | Andrew Kunkler, ECO |                   |   |   |  |  |  |  |
| 3. OCR:                                    | GCL                 |                   |   |   |  |  |  |  |
| 4. Suggested Docket Title:                 |                     | Title:            | Compliance investigation of AAV Certificate No. 7790, issued to A.SUR Net, Inc., for apparent fourth-time violation of Rule 25-4.0161, FAC., Regulatory Assessment Fees; Telecommunication Companies. |   |  |  |  |  |
| 5. Prograi                                 | m/Module/S          | Submod            | dule Assignment:  | A18, A10  |  |  |  |  |
|  | sted Docke          |                   | g List<br>ONYMS, if registered company  | ☐ Provided as an Attachment   |  |  |  |  |
| b. Pro                                     | ble: (iii           | PLETE<br>ntereste | NAME AND ADDRESS for all other dipersons, if any, address, if different from MCD):  | Representatives (name and address):  Representatives (name and address):  Representatives (name and address): |  |  |  |  |
| 7. Check of                                |                     | ⊠ Sup∣            | porting documentation attached  | ☐ To be provided with Recommendation  |  |  |  |  |

| MASTER CO  | OMMISSION DIRECTORY  |   |  | Welcome, AKUNKLER!   |  |  |  |  |
|--|--|---|--|--|--|--|--|--|
| MCD RAF  | CMS  | This is Production Version I                    |  |  |  |  |  |  |
|  |  |   | RELATED DOCKETS INFORMATION  |  |  |  |  |  |
| Tax ID: 65-106104<br>Active: 8 Cres  | Tax ID: 55-1061048 Complete Name: ASUR Net. Inc. Address: 15950 West Dide Highway North Mismi Beach Ft. 33162-4939 USA Contact: Controller Gilbert Meta (786) 274-7900 Faut: (786) 274-7977 GMeta@cclum/but-networks.com Bankruptcy Start Date: Bankruptcy Drop Date: (Active: W. CreatBy: NGRANI CreatDate: 49/2001 Modifysps: NGRANI Modifysps |   |  |  |  |  |  |  |
| Utility Code:<br>Utility Code To:  | TA057 Utility Name: A.SUR Utility Code From  |   | ie Corptype Type: Corporation V Class Type: V NGRANT created at 2001-0 | Active: 4-09 00:00:00 NGRANT modified at 2014-04-28 10:51:48   |  |  |  |  |
| Total: 6 # DocketNum 1 20090222-TA 2 20070346-TA 3 20080483-TA 5 20020387-TA 6 20010150-TA | Telecommunicatione Companies. Compliance investigation of AAV or Compliance investigation of AAV or Request for expedited approval of I Request for name change on AAV   | ertificate holders for apparent second-time vio |  | DocDate Status 04/20/2009 Closed 05/30/2007 Closed 06/19/2006 Closed 12/30/2002 Closed 04/30/2002 Closed 01/31/2001 Closed |  |  |  |  |

| REGUL   | ATORY AS                  | SESSMENT FEE                                     | Logout   |                        |                  |  |  |  |   |                         | Wel                |
|---|---------------------------|--|--|------------------------|------------------|--|--|--|---|-------------------------|--------------------|
| RAF   | MCD                       |  | This Is Produ  | ction Version 1        |                  |  |  |  |   |                         |                    |
| ssignment   | t List   Assigne          | d List   File For Review                         | Review Complete  | Denied/Closed          | Search RAF Form  | s Delinqu  | ent Assignment List  | Delinquent Assigned List   | Delinquent Review List                    | Delinquent Approve List | Waive P&I Calculat |
| Utility Inf   | formation                 |  |  |                        |                  |  |  |  |   |                         |                    |
|   |                           |  |  | This account is Delin  | -                |  |  | and a second | Con Sent                                  |                         |                    |
| Jtility Mail  | ling Name: A.S            | UR Net, Inc.                                     |  | Complete N             | me: A.SUR Net, I | nc.  | ···  | Utility Code:  | TA057 Dock                                | Consumer                |                    |
|   | Street1: 159              | 50 West Dixie Highway                            | ***************************************  | Str                    | et2:             |  |  | City:  | North Miami Beach                         | ·                       |                    |
|   | Stete: FL                 |  | *****  |                        | Zip: 33162-4939  |  |  | Phone:   | (786) 274-7400                            |                         |                    |
|   | Federal Id: 65-           | 1061048 Certificate                              | #: 7790  | Bankruptcy Stert I     | Date:            |  |  | Bankruptcy End Date:   | ВТуре:                                    |                         |                    |
|   | tatus Code: RE            |  | · V  | Utility Status I       | Date: 4/9/2001   |  |  | WriteOff Type:   |   |                         |                    |
|   | I                         |  |  |                        |                  |  |  |  |   |                         |                    |
| RAF Account Information  Raf Periods: 1/1/2019 - 12/31/2019 V I Correspondence Suspended Show Cause |                           |  |  |                        |                  | Interest<br>job~DBO  | All Comments: Interest and Penalty adjusted by nightly jobDBO3/31/2020 12:01:00 AM   |  |   |                         |                    |
|   |                           | 1/1/2019 - 12/31/2019                            |  |                        | On Paym          | ont Plan   | Utility Request Clos   |  | and Penalty adjusted<br>3/1/2020 12:01:01 |                         |                    |
| RAF   |                           |  |  | Confidential           | Raf Form         | _  | Audited  | Interest   | and Penalty adjusted<br>1/31/2020 12:01:0 | by nightly              |                    |
|   | Service                   | #HILL  |  | 100-                   | Collection Date: | and the second s | Collection Withdraw  | 117  | 1/31/2020 12:01:                          | /                       |                    |
|   |                           | Interest & Penalty updat                         | ed by rightly lob  | man i manadita.        |                  |  | Actual      Estimate   |  |   | -                       |                    |
|   | Raf Transactions          |  |  | RAF Form Reco          |                  |  | Don't calculate Inte   | Oser Comme   | nts:                                      |                         |                    |
|   | erating Revenue           | X DOZUMENO POTO POTO POTO POTO POTO POTO POTO PO | THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NA | Amended Retu           |                  | culate Penalty   | / L.: Don't calculate inte   | rest   |   |                         |                    |
| Gross Inte  | erstate Revenue           | 0.00   |  | RAF Account S          | and the          | ~( <sup>96</sup> )\  |  |  |   | <u>, ;</u>              |                    |
|   | RAF Rate                  | 0.0016   |  | RAF Due Date:          | /30/2020         | B  |  |  |   |                         |                    |
|   |                           |  |  |                        |                  |  |  |  |   |                         |                    |
|   |                           |  |  |                        |                  |  |  |  |   |                         |                    |
| Estimate  | ed Assessment             |  |  |                        | Refund           |  | Expired Refund   | Owe  |   |                         |                    |
|   | Due .                     | Paid   |  | VriteOff               | Keruna           |  | Expired Return   | 2,217.45   |   |                         |                    |
| RAF   | 2,217.45                  | 0.00   |  |                        |                  |  |  | 332.61   | ==>>                                      |                         |                    |
| Penalty   | 332.61                    | 0.00   |  | A CONTRACTOR OF STREET |                  |  | The contract of the contract o | 66,51  | RAF Docum                                 | ents                    |                    |
| Interest  | 66.51                     | 0.00   |  |                        |                  |  |  | 0.00   |   |                         |                    |
| Extension   | Internation of the second | 0.00   |  |                        |                  | POSCO - 1 155  |  | 2,616.57   | Cat. Jainia                               |                         |                    |
| Total   | 2,616.57                  | 0.00   | il.  |                        |                  |  | 11   | 2,010.0/   |   |                         |                    |

COMMISSIONERS:
GARY F. CLARK, CHAIRMAN
ART GRAHAM
JULIE IMANUEL BROWN
DONALD J. POLMANN
ANDREW G. FAY



OFFICE OF THE GENERAL COUNSEL KEITH C. HETRICK GENERAL COUNSEL (850) 413-6199

## **Public Service Commission**

February 20, 2020

TA057-19-T-0-D A.SUR Net, Inc. 15950 West Dixie Highway North Miami Beach, FL 33162-4939

Dear Certificate Holder:

The Division of Administrative Services has forwarded your account to our office to address the nonpayment of the Regulatory Assessment Fees (RAFs) required by Section 364.336, Florida Statutes, and Rule 25-4.0161, Florida Administrative Code (F.A.C), for the year 2019, which was due **January 30, 2020**. The RAF return form was mailed to you on **December 15, 2019**, and to date, Commission records reflect that payment has not been received.

Utilities are charged with knowledge of our rules and statutes. According to Florida Law, you are required to add interest charges at 12% per annum, and a 5% penalty for each 30-day period or fraction thereof, beyond the due date, up to a maximum of 25% in addition to the delinquent amount due. In addition, pursuant to Section 364.285, Florida Statutes, the Commission is authorized to impose upon any entity subject to its jurisdiction a penalty of not more than \$25,000 for each offense, if such entity is found to have refused to comply with or to have willfully violated any lawful rule or order of the Commission, or any provision of Chapter 364.

If payment is not postmarked within 15 calendar days of receipt of this notice, as evidenced by the certified mail receipt, Rule 25-4.0161, F.A.C., automatically imposes a penalty of \$500, \$1,000, or \$2,000, in addition to the interest and penalty listed in the preceding paragraph. The penalty is based on the number of prior dockets against a company for violation of the RAF rule. For one prior docket, it automatically will be assessed a \$1,000 penalty and for two, a \$2,000 penalty. For a third docket, staff will submit a recommendation to the Commission seeking cancellation of the company's certificate and removal from the register.

If you wish to request another form, please contact Andrea Mick at the number below. The payment should be identified with the company code and the company's name. Failure to provide payment within 15 days of this notice will result in the establishment of a docket to address your failure to return the RAFs form and pay RAFs in accordance with Section 364.336, Florida Statutes, and Rule 25-4.0161, Florida Administrative Code. As specified above, pursuant to Section 364.285, Florida Statutes, the Commission may impose a fine for failure to comply. Therefore, it is important that you address this matter now. If you have paid your fees, please provide us with your check number and the date that it was paid.

Should you have any questions concerning this letter please contact Andrea Mick at (850) 413-6402 or via Internet e-mail at AMick@psc.state.fl.us.

Sincerely,

Keith C. Hetrick General Counsel

cc: Fiscal Services Section

PSC Website: http://www.floridapsc.com

Internet E-mail: contact@psc.state.fl.us

## TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 1/30/2020 Local Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

FOR PSC USE ONLY

|             |                               |   |                             | Check #                 | Check #                      |                            |                 |  |
|-------------|-------------------------------|---|-----------------------------|-------------------------|------------------------------|----------------------------|-----------------|--|
| STATUS      |                               |   | structions on Back of       | of Form)                |                              |                            | 06-03-001       |  |
|             | ual Return                    | TA057-19-T-0-R  |                             |                         | 2                            |                            | 003001          |  |
|             | mated Return                  | A.SUR Net, Inc.   | · • · · ·                   | s                       |                              | E 003001                   |                 |  |
| Am          | ended Return                  | 15950 West Dixie  |                             |                         |                              |                            | '               |  |
|             |                               | North Miami Beacl   | n, FL 33162-49              | \$                      | \$P 06-0                     |                            |                 |  |
|             | O COVERED:<br>9 TO 12/31/2019 |   |                             | <sub>\$</sub>           | <sub>\$</sub> 1              |                            |                 |  |
| 1/1/201     | 9 10 12/31/2019               |   |                             |                         |                              |                            |                 |  |
|             |                               |   |                             |                         | Postmar                      | k Date                     |                 |  |
|             |                               |   |                             |                         | <b></b>                      | of Preparer                |                 |  |
|             |                               | Please Complete Below I   | If Official Mailing A       | ddress Has Chang        | ed                           |                            |                 |  |
|             |                               |   | (Address)                   |                         | (City/Stat                   | ·e)                        | (Zip)           |  |
|             | (Name of Company)             |   | (Address)                   |                         | (City/Stat                   |                            | (Zip)           |  |
|             |                               |   |                             | TOTA                    |                              | DITD                       |                 |  |
| LINE<br>NO. |                               |   |                             | FLORIDA<br>OPERATING    |                              |                            | ASTATE<br>ENUE  |  |
| 1.          | Local Service Revenu          | es  |                             | \$                      |                              | \$                         |                 |  |
| 2.          | Network Access Reve           |   |                             |                         |                              |                            |                 |  |
|             | Long Distance Netwo           |   |                             |                         |                              |                            |                 |  |
| 3.          | -                             |   |                             |                         |                              |                            | 7               |  |
| 4.          | Miscellaneous Revenu          | ies   |                             |                         |                              |                            |                 |  |
| 5.          | TOTAL REVENUES                | S   |                             | \$                      |                              | \$                         |                 |  |
| 6.          | LESS: Amounts Paid            | to Other Telecommunication  | ns Companies <sup>(1)</sup> |                         |                              |                            |                 |  |
| 7.          | NET INTRASTATE O              | PERATING REVENUE for R  | egulatory Assessment F      | ee Calculation (Line :  | 5 less Line 6)               | \$                         |                 |  |
| 8.          | Regulatory Assessment F       | ee Due (Multiply Line 7 by 0.00   | 16. If more than \$600, ea  | nter amount. If less, e | enter \$600.) <sup>(2)</sup> |                            |                 |  |
| 9.          | Penalty for Late Paym         | nent (see "3. Failure to File   | by Due Date" on back        | <u>:</u> )              |                              |                            |                 |  |
| 10.         | Interest for Late Paym        | nent (see "3. Failure to File b   | y Due Date" on back         | )                       |                              |                            |                 |  |
| 11.         | Extension Payment Fe          | ee (see "4. Extension " on ba   | ack)                        | ·                       |                              |                            | *****           |  |
| 12.         | TOTAL-AMOUNT                  | DUE (Add lines 8 through 1  | 1)                          |                         |                              | \$                         |                 |  |
|             | (2) Regardless of the         | ust be intrastate only and must be gross operating revenue of the din Section 364.336, Flor | of a company, a min         | 2. Fees" on back).      | ılatory assessme             | ent fee of \$60            | 0 shall be      |  |
| I, th       | e undersigned owner/offic     | cer of the above-named com  | pany, have read the f       | oregoing and decla      | re that to the be            | st of my know, whoever kno | ledge and belic |  |
| false sta   | tement in writing with the    | e intent to mislead a public  | servant in the perform      | nance of his officia    | ıl duty shall be ş           | guilty of a mis            | lemeanor of th  |  |
|             | (Signature of Compar          | ny Official)  |                             | (Title)                 |                              |                            | (Date)          |  |
|             | •                             |   | Telephone Number            | ( )                     | Fax Nu                       | ımber ( )                  |                 |  |
| -           | (Preparer of Form - Plea      | ise Print Name)   |                             |                         | •                            |                            | •               |  |
|             |                               |   | F.E.I. No.                  |                         |                              |                            |                 |  |

## FLORIDA PUBLIC SERVICE COMMISSION

Instructions For Filing Regulatory Assessment Fee Return (Telecommunications Company)

1. WHEN TO FILE: For companies which owed a total of \$10,000 or more of assessment fee for the preceding calendar year, this Regulatory Assessment Fee Return is required twice a year and payment must be filed or postmarked:

On or before July 30 for the six-month period January 1 through June 30, <u>and</u> On or before January 30 for the six-month period July 1 through December 31.

For companies which owed a total of less than \$10,000 of assessment fee for the preceding calendar year, this Regulatory Assessment Fee Return and payment must be filed or postmarked:

On or before January 30 for the prior twelve-month period January 1 through December 31.

However, when July 30 or January 30 falls on a Saturday, Sunday, or holiday, the Regulatory Assessment Fee Return may be filed or postmarked on the next business day, without penalty or interest.

2. FEES: Each company shall pay 0.0016 of its gross operating revenues derived from intrastate business, as referenced in Rule 25-4.0161(1), F.A.C. Gross Operating Revenues are defined as the total revenues before expenses. Gross Intrastate Operating Revenues are defined as revenues from calls originating and terminating within Florida. Do not deduct any expenses, taxes, or uncollectibles from these amounts.

On Line 6, deduct any amounts paid to another telecommunications company for the use of any telecommunications network to provide service to its customers. <u>Do not deduct</u> any taxes, federal subscriber line charges, interstate long distance access charges, or amounts paid for nonregulated services such as voice mail, inside wire maintenance, or equipment purchases/rentals. **DEDUCTIONS MUST BE INTRASTATE ONLY AND MUST BE VERIFIABLE.** 

3. **FAILURE TO FILE BY DUE DATE:** Failure to file a return by the established due date will result in a penalty being added to the amount of fee due, 5% for each 30 days or fraction thereof, not to exceed a total penalty of 25% (Line 9). In addition, interest shall be added in the amount of 1% for each 30 days or fraction thereof, not to exceed a total of 12% per year (Line 10). A Regulatory Assessment Fee Return must be completed, signed, and filed even if there are no revenues to report or if the minimum amount is due.

When a company fails to timely file a Regulatory Assessment Fee Return, the Commission has the authority to order the company to pay a penalty and/or cancel the company's certificate. The company will have an opportunity to respond to any proposed Commission action.

4. **EXTENSION:** A company, for good cause shown in a written request, may be granted up to a 30-day extension. A request must be made by filing the enclosed *Regulatory Assessment Fee Extension Request* form (PSC/ADM 124), two weeks prior to the filing date. When an extension is granted, a charge shall be added to the amount due (Line 11):

0.75% of the fee to be remitted for an extension of 15 days or less, or 1.5% of the fee for an extension of 16 to 30 days.

In lieu of paying the charges outlined above, a company may file a return and remit payment based upon estimated gross operating revenues by checking the "Estimated Return" space in the top left-hand corner on the reverse side. If such return is filed by the normal due date, the company shall be granted a 30-day extension period in which to file and remit the actual fee due without paying the above charges, provided the estimated fee payment remitted is at least 90% of the actual fee due for the period.

- 5. **FEE ADJUSTMENTS:** You will be notified as to the amount and reason for any fee adjustment. Penalty and interest charges may be applicable to additional amounts owed the Commission by reason of the adjustment. The company may file a written request for a refund of any overpayments. The request should be directed to Fiscal Services at the below-referenced address.
- 6. MAILING INSTRUCTIONS: Please complete this form, make a copy for your files, and return the original in the enclosed preaddressed envelope. Use of this envelope should assure a more accurate and expeditious recording of your payment. Make your check payable to the Florida Public Service Commission. If you are unable to use the enclosed envelope, please address your remittance as follows:

Florida Public Service Commission 2540 Shumard Oak Boulevard Tallahassee, FL 32399-0850

ATTENTION: Fiscal Services

7. **ADDITIONAL ASSISTANCE:** If you need additional assistance in preparing your Regulatory Assessment Fee Return or regarding telecommunications facilities, please contact the Office of Industry Development & Market Analysis at (850) 413-7160. This office may be contacted at the above-referenced address, directing correspondence to the attention of the office.

PSC/TEL 159 (12/11) Rule 25-4.0161, F.A.C.