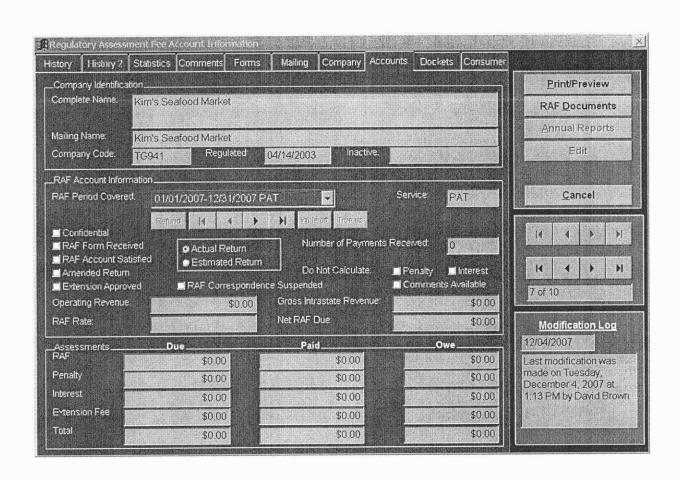
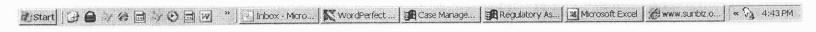
REQUEST TO ESTABLISH DOCKET (Please Type)					
Date:	6/19/2008		Docket No.:	080337	
1. Divisio	n Name/Staff Name:	Division Of Competitive M	arkets & Enforc	ement/Isler	
2. OPR:					
3. OCR:	Office Of The Genera	al Counsel			
4. Sugge			of Rule 25-4.	No. 8307, issued to Kim's Seafood Marke 0161, F.A.C., Regulatory Assessment I	
A. B.	Provide NAMES OR	g List (attach separate she ACRONYMS ONLY if a regu NAME AND ADDRESS for representatives (if any):	ulated compan		
2	. Interested person	s and their representatives	(if any):	OR JUN 19 AM 8: 36 COMMISSION CLERK	
6. Check					
	_	ation is attached. ation will be provided with	recommendatio	on. DOOUMENT NUMBERHEATE	
				DESCRIPTION OF A COLOR OF A	

35213 JUN 198





DOCUMENT NUMBER - DATE

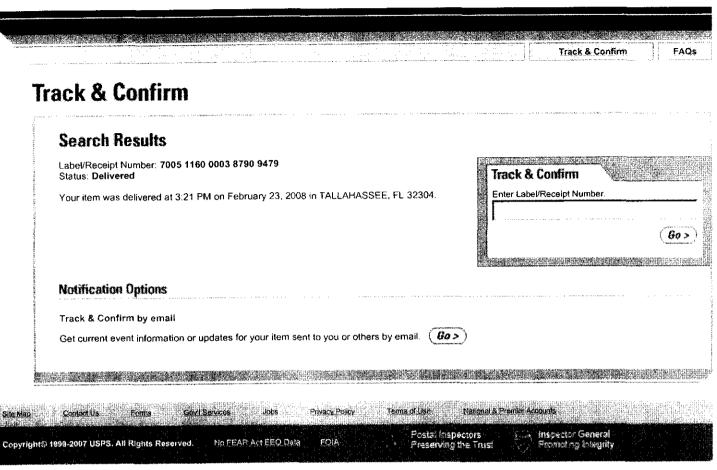
05213 JUN198

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: TG941-07-0-D Kim's Seafood Market 1590 Blountstown Street 	A. Signature X. Agent Addressee B. Received by (Printed Name) C. Date of Delivery No If YES, enter delivery address below:
Tallahassee. FL 32304-1117	3. Service Type Certified Mail Registered Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes
7005 1160 0003 8790 9	479
PS Form 3811, February 2004 Domestic R	eturn Receipt 102595-02-M-1540

. .



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TG 941 Mxt Suspond Mxt

From the Desk of Paula Isler Florida Public Service Commission

January 22, 2008

To: Diem T. Nguyen, Owner of Kim's Seafood Market (TG941)

The Commission received the 2007 Regulatory Assessment Fee return form showing zero revenues and the note "2006 phone was stolen" written on the form. Payment of the minimum \$100 was not included. Unfortunately, the minimum is due even if a company had no payphone revenues or ever started operations.

There are two types of cancellation. One is voluntary, which is when a certificate holder writes us and requests cancellation and pays all Regulatory Assessment Fees. The other is involuntary, and is when a certificate is cancelled on the Commission's own motion for violation of a rule, order, or statute. As information, the Regulatory Assessment Fee is applicable if a certificate is active for any day during a calendar year.

I checked your 2006 Regulatory Assessment Fee return form and found that it was postmarked on January 26, 2007. It shows one payphone still in operation at the end of 2006. In addition, there was no note on the form nor a letter attached requesting cancellation.

If you want to request cancellation of your payphone certificate, please write us a letter requesting cancellation and pay the \$100 minimum fee by the due date of January 30, 2008. Please write "TG941" on your check and use the enclosed blue envelope, which will insure prompt processing. If both the payment and letter requesting cancellation are received by January 30th, then I will make the effective date of the cancellation December 31, 2007. That way, you will not be responsible for the 2008 Regulatory Assessment Fee.

If you have any questions, I can be reached at (850) 413-6502-phone, (850) 413-6503-fax, via email at PIsler@psc.state.fl.us, or at 2540 Shumard Oak Blvd., Tallahassee, FL 32399-0850.

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2008

Pay Telephone Service Provider Regulatory Assessment Fee Return

		Florida Public Service Commission	FOR PSC U	SE ONLY 1
STATUS		(See Filing Instructions on Back of Form)	Check #	MECK.
Actual Return		TG941-07-0-R Kim's Seafood Market	\$	_ 06-03-001 003001
	nated Return ended Return	1590 Blountstown Street	s	003001
	mod rotan	Tallahassee, FL 32304-1117		P 06-03-001
	COVERED:	Tananassee, PL 32304-1117		004011
01/01/200	07 TO 12/31/2007			
			Postmark Date Initials of Preparer	
		Please Complete Below If Official Mailing Address Has Changed		
	(Name of Company)	(Address)	(City/State)	(Zip)
LINE				
NO.		ACCOUNT CLASSIFICATION	<u>A1</u>	MOUNT
1.	Gross Operating	Revenue (Florida)	\$	
2.	Gross Intrastate	Revenue		
3.	LESS: Amounts (see "2. Fees" on	Paid to Other Telecommunications Companies (1) back)	(<u>(</u>
4.	(Line 2 less Line	NUES for Regulatory Assessment Fee Calculation 3)	\$	Ö
5.	Regulatory Asse	ssment Fee Due - (Multiply Line 4 by 0.0020)		0
6.	Penalty for Late	Payment (see "3. Failure to File by Due Date" on bac	·k)	
7.	Interest for Late	Payment (see "3. Failure to File by Due Date" on bac	k)	
8.	Extension Payme	ent Fee (see "4. Extension" on back)		
9.	TOTAL AMOU	INT DUE (MINIMUM \$100.00)	\$	$\mathcal{L}^{(2)}$
10.	Number of pay to	elephones in operation at close of period covered by 2005 Phone W	as Stol	00
	(1) These amounts must (2) Regardless of the gr Section 364.336, Flo	be intrastate only and must be verifiable (see 2. Fees" on back). oss operating revenue of a company, a minimum annual regulatory assessment f		as provided in
information	is a true and correct staten	of the above-named company, have read the foregoing and declare that to the nent. I am aware that pursuant to Section 837.06, Florida Statutes, whoever known the performance of his official duty shall be guilty of a misdemeanor of the section.	nowingly makes a false state	and belief the above
10	(Signature of Compar	y Official) Hccountant (Title)		// // /08 (Date)
10	Shelle K	eel Telephone Number 833539-3	577/Fax Number <u>(8</u> 5	0,539-6480
(P	reparer of Form - Plea	se Print Name) F.E.I. No.		

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

FOR PSC USE ONLY

STATIOS:		(See Filing Instructions on Back of Form)	Check# 5613		
Actual Return Estimated Return Amended Return		TG941-06-0-R	\$ 50.00	06-03-001	
		Kim's Seafood Market		003001	
		1590 Blountstown Street	\$	E	
		Tallahassee, FL 32304-1117	l _s	P 06-03-001	
PERIO	O COVERED:			004011	
	5 TO 12/31/2006		\$	_ 1	
		708JAN391	1 .	3. –	
				26-07	
			Initials of Preparer _	Per	
		Please Complete Below If Official Mailing Address Has Changed			
	(Name of Company)	(Address)	(City/State)	(Zip)	
LINE					
NO.		ACCOUNT CLASSIFICATION	<u>A</u>	MOUNT	
1.	Gross Operating	Revenue (Florida)	\$ <u>- 2</u>	20,000.00	
2.	Gross Intrastate	Revenue			
3.	LESS: Amounts (see "2. Fees" on	s Paid to Other Telecommunications Companies (1) back)	(<u>O</u>)	
4.	TOTAL REVE	NUES for Regulatory Assessment Fee Calculation 3)	\$	6,000.a	
5.	Regulatory Asse	ssment Fee Due - (Multiply Line 4 by 0.0020)		40.00	
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)	j		
8.	Extension Paymo	ent Fee (see "4. Extension" on back)	-	***************************************	
9.	TOTAL AMOU	UNT DUE (MINIMUM \$50.00)	\$	<u>70.00</u> (2)	
10.	Number of pay to this Return	elephones in operation at close of period covered by			
	(1) These amounts must (2) Regardless of the gro Section 364.336, Flo	be intrastate only and must be verifiable (see "2. Fees" on back). ss operating revenue of a company, a minimum annual regulatory assessment fee orida Statutes.	of \$50 shall be imposed	as provided in	
information	is a true and correct staten	of the above-named company, have read the foregoing and declare that to the nent. I am aware that pursuant to Section 837.06, Florida Statutes, whoever know the performance of his official duty shall be guilty of a misdemeanor of the second	vingly makes a false stat		
La	Shelle Ke Preparer of Form - Pleas		1 Fax Number <u>(85</u>	2) 539-648	
(1		F.E.I. No.			

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



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KIM'S SEAFOOD MARKET

Filing Information

Document Number

G98355000045

Status

EXPIRED

Filed Date

12/21/1998

Expiration Date

12/31/2003

Current Owners

County

LEON

Total Pages

1

Events Filed FEI Number

NONE NONE

Mailing Address

1710 W THARPE ST **TALL, FL 32303**

Owner Information

NGUYEN, DIEM T 4536 CASCADE DR **TALL, FL 32310** FEI Number: NONE

Document Number: NONE

Document Images

12/21/1998 -- REGISTRATION View image in PDF format

Note: This is not official record. See documents if question or conflict.

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MCD Company Information for TG941

Printed on 06/16/2008 at 11:41:06 by PJI

TG941

Company Code: Complete Name: Mailing Name: Certificate No(s):

Kim's Seafood Market Kim's Seafood Market 8307

Status:

Regulation Date:

Active 04/14/2003

No

Bankruptcy: Company Liaison #1:

Diem T. Nguyen

Title:

Mailing Address:

Owner 1590 Blountstown Street

Tallahassee, FL 32304-1117

Physical Location:

1590 Blountstown Street

Tallahassee, FL 32304-1117 (850) 576-7964

Phone: Fax:

Related Dockets:

030145-TC

Application for certificate to provide pay telephone service by Kim's Seafood Market.