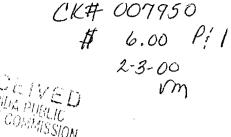
REQUEST TO ESTABLISH DOCKET (PLEASE TYPE)

Dat	e February 8, 2000	Docket No. 000159-TC
1.	Division Name/Staff Name Communications/Isle	,
2.	OPR Communications/Isler	
3.	OCR Legal Services	
4.	Suggested Docket Title Request for Cancella	tion of Pay Telephone Certificate No. 5095 by
Upp	er Room Assembly, Inc., Effective 12/31/99	
5.	Suggested Docket Mailing List (attach separate	sheet if necessary)
	A. Provide NAMES ONLY for regulated companies of as shown in Rule 25-22.104, F.A.C.B. Provide COMPLETE name and address for all of the companies of the compani	
	1. Parties and their representatives (if any	
	1. Parties and their representatives (if any	,,
Rev	. John P. Joseph	
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<u> </u>		
	2. Interested Persons and their representat	ives (if any)
	error and committee or a committee or a committee or a large committee or a large committee or a large committee or a committe	
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6.	Check one: XX Documentation is attached.	
	Documentation will be provided	with recommendation.
	Socialistication with Sc provided	The second section is
I:\	PSC\RAR\WP\ESTDKT.	
PSC	/RAR 10 (Revised 01/96)	

O 1743 FEB-88

State of Florida



Public Service Commission

DEPOSIT

DATE

2540 Shumard Oak Blvd. Tallahassee, FL 32399-0850

D244 100

FEB 08 2000

FOR YOUR INFORMATION

DATE:

January 21, 2000

TO:

Rev. John P. Joseph, Business Administrator, Upper Room Assembly, Inc.

FROM: 1)

 $\mathcal{D}_{\mathcal{M}}$ Paula Isler, (850) 413-6502-voice; 413-6503-fax; internet address is:

pisler@psc.state.fl.us

RE:

Request for Cancellation of Pay Telephone Certificate No. 5095

This will acknowledge receipt of your recent request for cancellation of your pay telephone certificate. I cannot recommend voluntary cancellation of a company's certificate when there is an outstanding balance of the regulatory assessment fee and/or statutory penalty and interest charges.

According to the Commission's records, you have a past due balance of \$6.00. Our records show that you paid the 1998 fee on April 2, 1999, which was due February 1, 1999. However, you did not pay the \$5.00 penalty or \$1.00 interest, leaving a balance of \$6.00 for 1998.

As soon as your check is received for the \$6.00. I will open a docket to cancel -

UPPER ROOM ASSEMBLY OF GOD

19701 S.W. 127TH AVENUE MIAMI, FLORIDA 33177-4803 TOTAL BANK 17945 FRANJO ROAD PERRINE, FL 33157

NO.

007950

63-015/660

02/01/2000

\$6,00

DATE

AMOUNT

Skx and 00/100

ORDER

PUBLIC SERVICE COMMISSION 2540 SHUMARD OAK BLVD TALLAHASSEE FL 32399-0850 VOID AFTER 900

Paluia 140

REVERSE SIDE OF THIS DOCUMENT INCLUDES AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW



Public Service Commission

2540 Shumard Oak Blvd. Tallahassee, FL 32399-0850

FOR YOUR INFORMATION

DATE:

January 21, 2000

TO:

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FROM:]

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As soon as your check is received for the \$6.00, I will open a docket to cancel your certificate with an effective date of December 31, 1999. Please let me hear from you by February 8, 2000.

If you have any questions, please let me know.

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/31/2000

		•	٦,			_	•		
Pay	Telephone	Ser	∴e	Provider	Regulatory	Asses.	.ent	Fee	Return

	•	•	MECEIVED					
STATUS	S:		Service Commission	FOR PSC USE ONLY Check# 007769				
PERIO	Actual Return Estimated Return Amended Return COVERED:	TF993 Upper Room Assembly, 19701 S.W. 127th Avenu Miami, FDEPERIV7-4800		\$ 60.00 0603002 0003001 \$ 0603002 004011 \$ 1				
01/01/ 12/31/	1999 TO 1999	D222 1	DEC 2 3 1990	Postmark Date WIA Initials of Preparer MC				
		Please Complete Below If Officia	al Mailing Address Has Changed					
	(Name of Company)		(Address)	(City/State) (Zip)				
LINE NO.	ACC	COUNT CLASSIFICATION	N NO CONTRACTOR	AMOUNT				
1.	Gross Operating Re	evenue (Florida)	no Contrare	\$				
2.	Gross Intrastate Re	venue	P					
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)							
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. 8.	Interest for Late Payment (see "3. Failure to File by Due Date" on back) TOTAL AMOUNT RECEIVED \$							
•	,	DEC 29 1999	Je. Freh	,97				
	AS PROVIDED I	n section CAMU FLORIDA	STATUTES, THE MINIMUM AN	NUAL FEE IS \$50				
THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS O	â ORI	GINAL DOCUMENT IS PRINTED ON CHEMICAL	- REACTIVE PAPER & HAS A MICROPRINTED B	IORDER G				
	UPPER ROOM ASS 19701 S.W. 127 MIAMI, FLORIDA	TH AVENUE	TOTAL BANK 17945 FRANJO ROAD PERRINE, FL 33157 63-915/660	007769 № 0				
			12/22/199	\$50,00				
			I amy amount I with					
	and 00/100		DATE	AMOUNT				
O THE DROER	2540 Shumard	BLIC SERVICE COMMISS I Oak Boulevard L 32399-0850	i va	VOID AFTER 90 DAYS				
			The the	must Fige				
	() THE REVI	FRSE SIDE OF THIS DOCUMENT INCLUDES A	N ARTIFICIAL WATERMARK - HOLD AT AN ANG	LE TO VIEW &				