



Public Service Commission

ORIGINAL

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

DATE: July 10, 2000

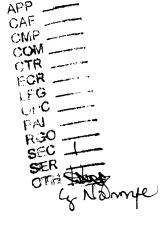
TO: Blanco Bayo, Director, Division of Records and Reporting
FROM: Toni J. McCoy, Regulatory Analyst, Division of Communications

SUBJECT: Open Docket No. 000769-TC

Please add the attached letter and revised Pages 8, 9, and 10 of the PATS application to the docket file.

Call me if you have any questions, I can be reached at 850/413-6532.

Thank you.



DOCUMENT NUMBER-DATE 08373 JULII8 FDSC-RECORDS/REPORTING June 28, 2000

Ms. Toni McCoy Florida Public Service Commission Division of Regulatory Oversight 2540 Shumard Oak Blvd. Tallahassee, FL 32399-0850

Re: Docket No. 000-769-TC; 3290 Sunrise Investments, Inc.

Dear Ms. McCoy:

Pursuant to your telephone conversation with our General Counsel, John Milledge, enclosed please find pages 8 through 10 of the above-referenced application which I have executed on behalf of 3290 Sunrise Investments, Inc. Please let me know if you require any additional information.

-Sincerely,

Ori Parrick

Lori Partish Vice President

> 3501 W. SUNRISE BOULEVARD FORT LAUDERDALE, FLORIDA 33311

Phone (305) 791-7927 • FAX (305) 792-1329

APPLICANT FEE/TAX STATEMENT

- REGULATORY ASSESSMENT FEE: I understand that all telephone companies must pay a regulatory assessment fee in the amount of <u>0.15 of one percent</u> of the gross operating revenue derived from intrastate business. Regardless of the gross operating revenue of a company, a minimum annual assessment fee of \$50 is required.
- 2. GROSS RECEIPTS TAX: I understand that all telephone companies must pay a gross receipts tax of **two and one-half percent** on all intra- and interstate business.
- 3. SALES TAX: I understand the a <u>seven percent</u> sales tax must be paid on intraand interstate revenues.
- 4. **APPLICATION FEE:** I understand that a non-refundable application fee of **\$100.00** must be submitted with the application.

Lori Pa	arrish	Jore Jarrich V. H	
Print Name		Signature	
Vice President		6/28/00	
Title		Date	
(954) 792-7963		(954) 792-7962	
Telephone No.		Fax No.	
Address:	3291 W. Sunrise Boulevard		
	Ft. Lauderdale FL 33311		

Required by Commission Rule Nos. 25-24.510 & 25-24.511 File Name: cmu-32.doc

ACKNOWLEDGMENT

By my signature below, I, the undersigned owner/officer, have read the foregoing and declare that, to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable Commission rules and orders.

I will comply with all current and future Commission requirements regarding pay telephone service. I understand that I am required to pay a regulatory assessment fee (minimum of \$50.00 per calendar year), file an annual pay telephone service report, pay applicable sales tax, and pay gross receipts tax. Furthermore, I agree to keep the Commission advised of any changes in the names and addresses listed in the application within 10 days of the change.

Further, I am aware that, pursuant to Chapter 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, punishable as provided in s. 775.082 and s. 775.083."

UTILITY OFFICIAL:				
Lori Par	rrish	Jore Parnish V.P.		
Print Name		Signature		
Vice President		6/28/00		
Title		Date		
(954) 792-7963		(954) 792-7962		
Telephone No.		Fax No.		
Address:	3291 W. Sunrise Boulevard			
	Ft. Lauderdale FL 33311			
Form BSC/CMIL-32	02/99)			

Required by Commission Rule Nos. 25-24.510 & 25-24.511 File Name: cmu-32.doc

****APPLICANT ACKNOWLEDGMENT****

Applicant: 3290 Sunrise Investments, Inc.

I acknowledge receipt and understanding of the Florida Public Service Commission's Rules and Requirements relating to my provision of Pay Telephone Service.

Lori Pa:	rrish	Jore Parrich V.P.
Print Name		Signature
Vice Pre	esident	6/28/00
Title		Date
(954) 792-7963		(954) 792-7962
Telephone No.		Fax No.
Address:	3291 W. Sunrise Bou	evard
	Ft. Lauderdale FL 33	3311

THIS ACKNOWLEDGMENT FORM MUST BE COMPLETED AND RETURNED AS PART OF THE APPLICATION BEFORE THE CERTIFICATION PROCESS BEGINS. FAILURE TO DO SO WILL RESULT IN A DELAY OF THE CERTIFICATE BEING ISSUED.

Form PSC/CMU-32 (02/99) Required by Commission Rule Nos. 25-24.510 & 25-24.511 File Name: cmu-32.doc