# REQUEST TO ESTABLISH DOCKET

(PLEASE TYPE)						
Date: August 15, 2000 Docket No. 00/158 - K						
1. Division Name/Staff NameCompetitive Services/Isler						
2. OPR Competitive Services/Isler						
. OCR Legal Services						
4. Suggested Docket Title Cancellation by Florida Public Service Commission of Pay Telephone Certificate						
No. 7121 issued to Kosmo K, Inc. for violation of Rule No. 25-4.0161, F.A.C., Regulatory Assessment Fees;						
Telecommunications Companies.						
5. Suggested Docket Mailing list (attach separate sheet if necessary)						
A. Provide NAMES ONLY for regulated companies or ACRONYMS ONLY regulated industries, as shown in Rule 25-22.104, F.A.C.						
B. Provide COMPLETE name and address for all others. (Match representatives to clients.)						
1. Parties and their representatives (if any)						
Rey Cabrera						
·						
· · · · · · · · · · · · · · · · · · ·						
2. Interested Persons and their representatives (if any)						
· · · · · · · · · · · · · · · · · · ·						
6. Check one:						
XX_Documentation is attached.						
Documentation will be provided with recommendation.						

I:\PSC\RAR\WP\ESTDKT.

- 12

PSC/RAR 10 (Revised 01/96)

DOCUMENT NUMBER-DATE

09903 AUG 158

FPSC-RECORDS/REPORTING

### Reput of Delinquent Regulatory Assessment Fees

#### As of 07/17/2000

- **TG597:** Kosmo K, Inc. 15667 N.W. 12th Manor Pembroke Pines, FL 33028-1677
- Liaison: Rey Cabrera, President, (954) 704-1472
- Certificates: 7121, Status is active.

.

- Dates: Effective Date 08/30/1999 Inactive Date / /
- RAF Owed: \$ Unknown 01/01/1999 through 12/31/1999

#### STATE OF FLORIDA

Commissioners: JOE GARCIA, CHAIRMAN J. TERRY DEASON SUSAN F. CLARK E. LEON JACOBS, JR. LILA A. JABER



DIVISION OF COMPETITIVE SERVICES WALTER D'HAESELEER DIRECTOR (850) 413-6600

# Public Service Commission

June 7, 2000

Mr. Rey Cabrera, President Kosmo K, Inc. 15667 NW 12th Manor Pembroke Pines, FL 33028-1677

Dear Mr. Cabrera:

The Commission's Division of Administration just recently forwarded a copy of your December 14, 1999 letter to me for handling. You advised in your letter that you wanted your pay telephone certificate canceled. Your Certificate No. 7121 became active August 30, 1999 and we received your written request for cancellation on December 20, 1999, therefore, I can make the effective date of the cancellation December 20, 1999. However, you must first pay the 1999 regulatory assessment fee.

Rule 25-4.0161, Florida Administrative Code, provides that if a certificate is active for any day during a calendar year, the regulatory assessment fee is applicable even if no business was ever conducted. The amount past due is \$65.00. As soon as we receive your check for that amount, we will proceed with opening a docket to cancel your certificate.

Please respond in writing by June 22, 2000. If you have any questions, just let me know. I can be reached at (850) 413-6502-voice, (850) 413-6503-fax, and by internet e-mail at pisler@psc.state.fl.us.

Sincerely,

Daula J. John

Paula J. Isler, Research Assistant Bureau of Service Quality & Compliance

TGS97

December 14, 1999

Blanca Bayo,

As of December 3, 1999, I left a message with Paula Iser regarding the cancellation of Kosmo K Inc., certificate #7121. Since then, I have not heard anything in response. I am writing to you today to inform you of this cancellation with the Florida Public Service Commission. I would appreciate you confirming this request so as not to get fined for anything after December 3, 1999.

Thank you,

Rey Cabrera Komso K Inc. 263-95-5203

TO AVOID		ies, the regulatory assessment fee return must be filed on or before 01/31/2 none Se ice Provider Regulatory Asse ment I			
STATU	S:	Florida Public Service Commission	FOR PSC USE ONLY Check#		
Actual Return Estimated Return Amended Return PERIOD COVERED: 08/30/1999 TO 12/31/1999		Florida Fabric Services exprision      (See Filing Improvides on Back of Form)      TG597    1999      FLORID A    FLORID A      Kosmo K, Inc.    FLORID A      15667 N.W. 12th Manor    SEE FILE      Pembroke Pines, FL 33028-1677    33028-1677	\$ 0603002 003001 \$ P 0603002 004011 \$ I Postmark Date Initials of Preparer		
12/31/	1999	Please Complete Below If Official Mailing Address Has Changed			
	(Name of Company)	(Address)	(City/State) (Zip)		
LINE <u>NO.</u>	<u>AC</u>	COUNT CLASSIFICATION	AMOUNT		
1.	Gross Operating R	\$			
2.	Gross Intrastate Revenue				
3.	LESS: Amounts I (see "2. Fees" on	()			
4.	TOTAL REVENU (Line 2 less Line	\$			
5.	Regulatory Assessm	i			
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)				
8.	TOTAL AMOUN	r due	\$		

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

THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED

9. Number of pay telephones in operation at close of period covered by this Return

These amounts must be intrastate only and must be verifiable.

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 official duty shall be guilty of a misdemeanor of the second degree.

(Signature of Company Official)	(Title)	(Date)
(Preparer of Form - Please Print Name)	Telephone Number ()  Fax Number (    F.E.I. No.	)

### RAF ACCOUNT

Printed on 08/15/2000 at 08:13:01 by PJI

Kosmo K, Inc. (TG597)

Period Covered:      01/01/1999-12/31/1999        Service:      PAT        Due Date:      01/31/2000        Postmark Date:      /        Satisfied:      No		Yes Operating Revenue No Interstate Revenue No Net RAF Due: No Refund Issued: Fine Paid:	
DESCRIPTION	AMOUNT DUE	AMOUNT PAID	AMOUNT OWED
RAF	\$0.00	\$0.00	\$0.00
Penalty	\$0.00	\$0.00	\$0.00
Interest	\$0.00	\$0.00	\$0.00
Extension Fee	\$0.00	\$0.00	\$0.00
Additional Payment	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

.

.