REQUEST TO ESTABLISH DOCKET (PLEASE TYPE)

	(PLEASE TYPE)
Dat	re February 16, 2001 Docket No. 010242-TX
1.	Division Name/Staff Name_REGULATORY_OVERSIGHT/HAWKINS
2.	OPR_HAWKINS
3.	OCR
4.	Suggested Docket TitleRequest for cancellation of ALEC Certificate No. 7285 by Trans National
<u>Tel</u>	ecommunications, Inc., effective 12/31/00.
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. (<u>Match representatives to clients.</u>)
	1. Parties and their representatives (if any)
_	
	2. Interested Persons and their representatives (if any)
6.	Check one: Documentation is attached.
	Documentation will be provided with the recommendation.

I:\PSC\RAR\WP\ESTDKT.

PSC/RAR 10 (Revised 01/96)

DOCUMENT NUMBER-DATE

02223 FEB 16 5

4194	2/2/2001	DOLLARS Security teatures Tockwood Tockwood Deliase on back	uddij.	4194
BANK OF AMERICA, NA SAN ANTONIO, TX 78217 35-2/130	₩		77 20 23 7 1 1 10	2/2/2001
TELECOMMUNICATIONAL 8626 TESORO DRIVE, SUITE 440 SAN ANTONIO, TX 78217	PAY TO THE State of Florida Public Service Commissio Fifty-Nine and 00/100*********************************	State of Florida Public Service Commissio Capital Circle Office Center 2540 Shumard Oak Blvd. Tallahassee, FL 32399-0890 ATTN: Paula J. Isler Certificate # 7285 - Ref: Bobbi Ferguson	100429411 1:1130000231; 1157720237111111111111111111111111111111111	State of Florida Public Service Commissio Cancellation - not currently doing business in Florida

Certificate # 7285 - Ref: Bobbi Ferguson

Alternative Local Exchange Company Regulatory Assessment Fee Return

		1	•			
STATUS:		Florida Pu	FOR PSC USE ONI	FOR PSC USE ONLY Check#		
V			ng Instructions on Back of Form)			
	Actual Return	TX387 01 JAN -2		\$	_0603006	
	Estimated Return Amended Return	Trans National Tele	communications, Inc.	s	P	
	Amended Keturii	8626 Tesoro Drive,	Suite 440		0603006	
		San Antonio, TX	78217-6217	l Is	004011	
	COVERED:				•	
01/01/2000 TO				Postmark Date		
12/31/2	2000			Initials of Preparer		
		Please Complete Below !	lf Official Mailing Address Has Change	d		
	(Name of Company)		(Address)	(City/State)	(Zip)	
				,		
LINE NO.	NO. ACCOUNT CLASSIFICATION		FLORIDA GROSS OPERATING REVE	NUE INTRASTATE	REVENUE	
1.	Basic Local Services		\sim	. 8		
2.	Long Distance Services (IntraLATA only)**		3	<u> </u>		
3.	Access Services	11 (11)				
4.	Private Line Services					
5.	Leased Facilities & Circui	ts Services		,		
6.	Miscellaneous Services					
				~		
7.	TOTAL REVENUES			s		
8.	LESS: Amounts Paid to	Other Telecommunications Compa	mies* (see "2. Fees" on back)			
9.	Net Intrastate Operating R	evenue for Regulatory Assessmen	t Fee Calculation (Line 7 less Line 8)			
10.	Regulatory Assessment Fee	Due (Multiply Line 9 by 0.001	5)			
11.	Penalty for Late Payment	(see "3. Failure to File by Due	Date" on back)			
12.	Interest for Late Payment	(see "3. Failure to File by Due	Date" on back	and the second second		
13.	TOTAL AMOUNT DUE			5 5		
* There			The state of the s	25-IVI		
	amounts must be intrastate or	nly and must be verifiable. e listed on the Interexchange Reg	rulatory Assessment Fee Return	rna		
			PRIDA STATUTES, THE MINIMU	M ANNUAL FEE IS \$50	•	
			T COMPANY STATUS	THE IS 450		
() Facil	lities-Based Provider	(X) R				
() 1 2011	mies babel 1107idei		ther:			
			ING INFORMATION			
Complete b	selow if billing agent if other	than yourself.				
				(
	(Name)		(Address: City/State/Zip)	(Telephone)		
		COMP	ANY INFORMATION			
Do you lea	ase telecommunications' facili	ties? () YES ()	NO			
If YES, w	ho do you lease these faciliti					
Address	s:					
I, the	undersigned owner/officer of	f the above-named company, hav	e read the foregoing and declare that to	the best of my knowledge and belief	the abov	
information	is a true and correct statemen	nt. I am aware that pursuant to S	Section 837.06, Florida Statutes, whoever	knowingly makes a false statement in w	riting with	
the mient of	O misican a public servant in	has performance of his/her duty	shall be guilty of a misdemeanor of the	second degree.	100	
	JUDY DID	<u>U</u>	CHURTINU			
-	(Signature of Comp	pany Official)	(Title)	(D	ate)	
	IPHSA SY	78 W	Telephone Number A 10 829	771 Fax Number 210, 829 (142 <i>-</i>	
(Pr	eparer of Form - Plea	ase Print Name)	reichnone tumber (A(A) (Ott.)	· Tax Isumoet () () OV / (<u></u>	
		•	F.E.I. No.			
PSC/CMU-7 ((Rev 11/11/99)					