



Application No.: ZC-2019-015

Attachment "A"

**Letter of Intent
&
Application**

SAGA SOUTH DEVELOPMENT, INC

**ZONING CHANGE
APPLICATION**

AN ORDINANCE OF THE MAYOR AND TOWN COUNCIL OF THE TOWN OF CUTLER BAY, FLORIDA, AMENDING THE ZONING MAP FROM NEIGHBORHOOD RESIDENTIAL TO INSTITUTIONAL ON PROPERTY LOCATED AT 8165 SW 210TH STREET CONSISTING OF APPROXIMATELY 8.45 ACRES; AND PROVIDING FOR AN EFFECTIVE DATE.

SAUL EWING
ARNSTEIN
& LEHR^{LLP}

Miguel Diaz de la Portilla
Phone: 305.428.4543
md.portilla@saul.com
www.saul.com

September 18, 2019

Alex David
Interim Planning and Zoning Director
Cutler Bay Town Hall
Planning and Zoning Division, Suite 105
10720 Caribbean Boulevard
Cutler Bay, FL 33189

RE: Amended Letter of Intent: Zoning Change Request for Parcel Folio 36-6010-000-0030

Dear Mr. David:

This is our amended letter of intent on behalf of Saga South Development Inc., (the “Applicant”) in support of a zoning change for the property located at SW 81st Place between SW 208th and SW 210th Street, Miami, FL 33189 (Folio: 30-6010-000-0030) (the “Property”) from Neighborhood Residential (NR) zoning district to an Institutional (INT) zoning district for the purpose of developing a Senior Age Congregate Care Community,.

The Town has enacted an ordinance providing for a moratorium on development within the town with several exemptions. This application meets the exemption listed in Section 3(b), stating, in pertinent part, that: The construction of multifamily property for older persons as defined by the Fair Housing Act, 42 U.S.C. Section 3607. Said section of the U.S. Code defines older persons in three (3) categories, one of which states, that: As used in this section, “housing for older persons” means housing (b) intend for, and solely occupied by, persons 62 years of age or older. The Applicant proposes developing a Senior Age Congregate Care Community on the Property, intend for, and solely occupied by, persons 65 years of age or older. Three (3) years older than that which is required by the U.S. Code. As such, this application falls squarely under the exemption listed in Section 3(b) of the Ordinance.

The Property is currently located in the NR zoning district. This district is limited to traditional residential uses ranging from Single family dwellings to multi-family/group dwellings. The change to an INT zoning district would allow the uses of congregate care/nursing homes and senior age restricted communities.

In Florida, 20% of the population is over 65 — the highest percentage of any state in the nation. A market study performed by CBRE for this site indicates that the independent living, assisted living and memory care properties within a 5 mile radius of the site have an average occupancy of 92% -

Southeast Financial Center ♦ 200 S. Biscayne Blvd., Suite 3600 ♦ Miami, FL 33131
Phone: (305) 428-4500 ♦ Fax: (305) 374-4744

DELAWARE FLORIDA ILLINOIS MARYLAND MASSACHUSETTS NEW JERSEY NEW YORK PENNSYLVANIA WASHINGTON, DC

A DELAWARE LIMITED LIABILITY PARTNERSHIP

34914465.1
35918401.1

SAUL EWING ARNSTEIN & LEHR^{LLP}

Page 2

falling well above the Miami-Dade MSA and national levels. The CBRE report also indicates that there are only a few projects currently planned in the area to meet the growing demands of this demographic. Through meetings with the City Manager and Zoning Staff, we understand that the waiting list at currently operating facilities in the area is long and continues to grow.

The change to INT zone would allow the Owners to develop a Senior Age and Congregate Care Community that will provide its residents a wide offering of amenities, activities, and services that cater to active and healthful lifestyles. The development will be designed to standards that are at, or superior, to the independent living communities within the market.

We look forward to presenting our vision to your team and the Town Council, and look forward to working with the Town to make this project a reality. If you have any questions please feel free to contact us.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Miguel Diaz de la Portilla', with a stylized flourish at the end.

Miguel Diaz de la Portilla



DEPARTMENT OF COMMUNITY DEVELOPMENT
PLANNING AND ZONING



APPLICATION FOR ZONING CHANGE

LIST ALL FOLIO #S: 36-6016-000-0030

DATE RECEIVED: _____

PROPOSED PROJECT NAME: SAGO BAY RESIDENCES

1. **NAME OF APPLICANT** (Provide complete name of applicant, exactly as recorded on deed, if applicable. If applicant is a lessee, an executed 'Owner's Sworn-to-Consent' and copy of a valid lease for 1 year or more is required. If the applicant is a corporation, trust, partnership, or like entity, a 'Disclosure of Interest' is required).

SAGA SOUTH DEVELOPMENT INC.

2. **APPLICANT'S MAILING ADDRESS, TELEPHONE NUMBER:**

Mailing Address: 66 WHITE STREET - 5th FLOOR
City: NEW YORK State: NY Zip: 10013 Phone#: (914) 309-0590

3. **OWNER'S NAME, MAILING ADDRESS, TELEPHONE NUMBER:**

Owner's Name (Provide name of ALL owners): SAME AS ABOVE

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone#: _____

4. **CONTACT PERSON'S INFORMATION:**

Name: PRIMITIVO CONDE Company: SD COLLABORATIVE INC.

Mailing Address: 11410 N KENDALL DR - SUITE 208

City: MIAMI State: FL Zip: 33176

Phone# (305) 740-6948 Fax# _____ E-mail: p@SDCOLLABORATIVE.COM



**5. LEGAL DESCRIPTION OF ALL PROPERTY COVERED BY THE APPLICATION**

(Provide complete legal description, i.e., lot, block, subdivision name, plat book & page number, or metes and bounds. Include section, township, and range. If the application contains multiple rezoning requests, then a legal description for each sub-area must be provided. Attach separate sheets, as needed).

105640 20 AC.; N 1/2 OF NW 14 OF SE 14

LOT SIZE IRREGULAR; OR 15486-0787-21556-01981-S

COC 22936-2254 12 2004 1; F/A/U 30-6010-000-0030

6. ADDRESS OR LOCATION OF PROPERTY (For location, use description such as NE corner of, etc).

8165 SW 210 ST

CUTLER BAY, FL 33189

7. SIZE OF PROPERTY (in acres): 20 (divide total sq. ft. by 43,560 to obtain acreage)**8. DATE PROPERTY** ☐ acquired ☐ leased: 5-30-2013**9. LEASE TERM:** - Years (Month & year)**10. IF CONTIGUOUS PROPERTY IS OWNED BY THE SUBJECT PROPERTY OWNER(S)**, provide Complete legal description of said contiguous property.

-



11. Is there an option to purchase ☐ or lease ☐ the subject property or property contiguous thereto? ☐ no ☐ yes (if yes, identify potential purchaser or lessee and complete 'Disclosure of Interest' form)

—

12. PRESENT ZONING AND FLU CLASSIFICATION: NR · 0102 · MOD. SF RES.

13. PROPOSED USE OF PROPERTY (describe nature of the request in space provided)

INSTITUTIONAL DISTRICT: HOME FOR THE AGED, CONVALESCENT
CENTER INTENDED USE IS FOR AN ASSISTED LIVING FACILITY
(ALF) THAT WILL HOUSE 140 UNITS.

14. Has a public hearing been held on this property within the last year & a half?

☒ No ☐ yes.

If yes, provide applicant's name, and date, purpose and results of hearing, and resolution number:

15. Is this hearing a result of a violation notice?

☐ No ☐ yes. If yes, give name to whom the Violation notice was served and describe the violation:

—

16. Does property owner own contiguous property to the subject property? If so, give complete legal description of entire contiguous property:

—

17. Is there any existing use on the property? ☒ No ☐ yes. If yes, what use and when established?

Use: _____ Year: _____





18. Submitted Materials Required:

Please check all that Apply:

- ☒ Letter of intent
- ☐ Justifications for change
- ☐ Statement of hardship
- ☒ Proof of ownership or letter from owner
- ☐ Power of attorney
- ☐ Contract to purchase (if applicable)
- ☒ Current survey (2 original sealed and signed and 10 reduced 11x17 copies)
- ☒ Complete set of plans 24'x36", scale 1'=50' (2 original sealed and signed and 10 reduced 11x17 copies)
- ☒ Colored rendering of all 4 sides of each proposed building (If applicable)
- ☐ 20% Property owner signatures (If required)
- ☒ Mailing Labels (set amount depends on number of hearings) and map (If required)
- ☒ Required Fee(s)
- ☒ Plans must be approved by Miami-Dade County Fire and Rescue Department with an original stamp and signature from the Fire Dept.
- ☒ Necessary documentation from DERM and WASD
- ☒ Lobbyist Registration Form





APPLICANT'S AFFIDAVIT

The Undersigned, first being duly sworn depose that all answers to the questions in this application, and all supplementary documents made a part of the application are honest and true to the best of (my)(our) knowledge and belief. (I)(We) understand this application must be complete and accurate before the application can be submitted and the hearing advertised.

OWNER OR TENANT AFFIDAVIT

(I)(WE), _____, being first duly sworn, depose and say that (I am)(We are) the ☐ owner ☐ tenant of the property described and which is the subject matter of the proposed hearing.

Signature

Signature

Sworn to and subscribed to before me
This _____ day of _____, _____

Notary Public: _____
Commission Expires: _____

CORPORATION AFFIDAVIT

(I)(WE), MARIO GAZZOLA, being first duly sworn, depose and say that (I am)(We are) the ☐ President ☐ Vice-President ☐ Secretary ☐ Asst. Secretary of the aforesaid corporation, and as such, have been authorized by the corporation to file this application for public hearing; and that said corporation is the ☐ owner ☐ tenant of the property described herein and which is the subject matter of the proposed hearing.

Attest: PRIMITIVO CONDE

[Signature]

Authorized Signature

Office Held

(Corp. Seal)

Sworn to and subscribed to before me
This 23 day of JULY, 2019

Notary Public: Marisela Conde
Commission Expires: 07/24/2020





PARTNERSHIP AFFIDAVIT

(I)(WE), _____, being first duly sworn, depose and say that
(I am)(We are) partners of the hereinafter named partnership, and as such, have been authorized to file this application for a public hearing; and that said partnership is the ☐ owner ☐ tenant of the property described herein which is the subject matter of the proposed hearing.

By _____ %
By _____ %

(Name of Partnership)
By _____
By _____

Sworn to and subscribed to before me
This _____ day of _____, _____

Notary Public: _____
Commission Expires: _____

ATTORNEY AFFIDAVIT

I, MIGUEL DIAZ DE LA PORTILLA, being first duly sworn, depose and say that I am a State of Florida Attorney at Law, and I am the Attorney for the Owner of the property described and which is the subject matter of the proposed hearing.

[Signature]
Signature

Sworn to and subscribed to before me
This 29 day of July, 2019

Notary Public: Marisela Conde
Commission Expires: 07/14/2020





RESPONSIBILITIES OF THE APPLICANT

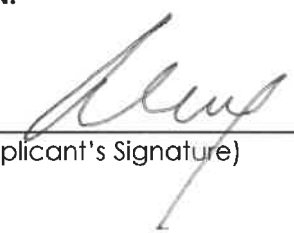
I AM AWARE THAT:

1. The Department Environmental Resources Management (DERM), and other agencies review and critique zoning applications which may affect the scheduling and outcome of applications. These reviews may require additional public hearings before DERM's Environmental Quality Control Board (EQCB), or other boards, and /or the proffering of agreements to be recorded. I am also aware that I must comply promptly with any DERM conditions and advise this office in writing if my application will be withdrawn.
2. Filing fees may not be the total cost of a hearing. Some requests require notices to be mailed to property owners up to a mile from the subject property. In addition to mailing costs, fees related to application changes, plan revisions, deferrals, re-advertising, etc., may be incurred. Application withdrawn within 30 days of the filing are eligible for a refund of 25% of the hearing fee but after that time hearings withdrawn or returned will be ineligible for a refund. I understand that fees must be paid promptly.
3. The South Florida Building Code requirements may affect my ability to obtain a building permit even if my zoning application is approved; and that a building permit will probably be required. I am responsible for obtaining permits and inspections for all structures and additions proposed, or built without permits. And that a Certificate of Use and Occupancy must be obtained for the use of the property after it has been approved at Zoning Hearing, and that failure to obtain the required permits and/or Certificates of Completion or of Use and Occupancy will result in enforcement action against any occupant and owner. Submittal of the Zoning Hearing application may not forestall enforcement action against the property.
4. The 3rd District Court of Appeal has ruled that zoning applications inconsistent with the Comprehensive Development Master Plan (CDMP) cannot be approved by a zoning board based upon considerations of fundamental fairness. Therefore, I acknowledge that if the hearing request is inconsistent with the CDMP and I decide to go forward then my hearing request can only be denied or deferred, but not approved.
5. In Miami-Dade County v. Omnipoint Holdings, Inc. Case No. 3d01-2347 (Fla. 3rd DCA 2002), the 3rd District Court of Appeal has held invalid the standards for non-use variances, special exceptions, unusual uses, new uses requiring a public hearing and modification of covenants. This is not a final decision and the County Attorney's Department professional staff to develop new standards that will address the Court's concerns. While the new standards are being developed, applicants are advised that any non-use variance, special exception, unusual use, new use requiring a public hearing or request for modification of covenants granted under the existing standards are subject to being reversed in the courts. An applicant wishing to avoid the substantial legal risks associated with going forward under the existing standard may seek a deferral until the new standards are developed.
6. Any covenant to be proffered must be submitted to the Town of Cutler Bay Legal Counsel, on Town form, at least 1 month prior to the hearing date. The covenant will be



reviewed and the applicant will be notified if changes or corrections are necessary. Once the covenant is acceptable, the applicant is responsible to submit the executed covenant with a current 'Opinion of Title' within 1 week of the hearing. And that Legal Counsel must carry a cover letter indicating subject matter, application number and hearing date.

7. The Town of Cutler Bay Department of Public Works reviews and critiques Zoning applications and may require conditions for approval.
8. Each party will be limited to a presentation of 20 minutes. This time limitation may be extended by the Chair of the meeting.
9. **THE APPLICANT IS RESPONSIBLE FOR TRACKING THE STATUS OF THE APPLICATION AND ALL HEARINGS THAT MAY BE ASSOCIATED WITH THIS APPLICATION.**

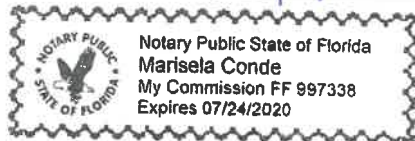

(Applicant's Signature)

Sworn to and subscribed before me this 23 day of July, 2019.

Affiant is personally known to me or has produced FDL: C200-541-78-III-0 as identification.


(Notary Public)

My Commission Expires: 07/24/2020





DISCLOSURE OF INTEREST

If the property, which is the subject of the Application, is owned or leased by a **CORPORATION**, list the Principal Stockholders and the percentage of stock owned by each. NOTE: Where the Principal Officers or Stockholders consist of another Corporation(s), Trustee(s), Partnership(s) or other similar entities, further disclosure shall be required which discloses the identity of the individual(s) (natural persons) having the ultimate ownership interest in the aforementioned entity.

SAGA SOUTH DEVELOPMENT, INC.

Corporation Name

Name, Address and Office

MARIO GADZOLA

66 WHITE STREET - 5th FL

NEW YORK, NY 10013

Percentage of stock

100%

If the property, which is the subject of the Application, is owned or leased by a **TRUSTEE**, list the Principal Stockholders and the percentage of stock owned by each. NOTE: Where the Principal Officers or Stockholders consist of another Corporation(s), Trustee(s), Partnership(s) or other similar entities, further disclosure shall be required which discloses the identity of the individual(s) (natural persons) having the ultimate ownership interest in the aforementioned entity.

Trust Name

Name, Address and Office

Percentage of stock

If the property, which is the subject of the Application, is owned or leased by a **PARTNERSHIP or LIMITED PARTNERSHIP**, list the Principal Stockholders and the percentage of stock owned by each. NOTE: Where the Principal Officers or Stockholders consist of another Corporation(s), Trustee(s), Partnership(s) or other similar entities, further disclosure shall be required which discloses the identity of the individual(s) (natural persons) having the ultimate ownership interest in the aforementioned entity.

Partnership or Limited Partnership Name

Name, Address and Office

Percentage of stock



COST RECOVERY AFFIDAVIT

I hereby acknowledge and consent to the payment of **all applicable fees** involved as part of my application process. These fees include but are not limited to: application fees, postage, advertising, and attorney fees **regardless of the outcome of the public hearing.**

Please type or print the following:

Date: JULY 23, 2019 Public Hearing No. _____

Full Name:

Mr. Mrs. Ms. MARIO GAZZOLA

Current Address: 66 WHITE STREET - 5TH FL City: NEW YORK

State: NEW YORK Zip: 10013 Telephone Number (914) 309-0590

Date of Birth: _____

Signature

SWORN AND SUBSCRIBED BEFORE ME THIS 23 DAY OF JULY 2019

Marisela Conde
Notary Public, State of Florida at Large



My Commission expires 07/24 2020

Pursuant to Ordinance No. 2000-09-33-Cost Recovery



TOWN OF CUTLER BAY LOBBYIST REGISTRATION FORM

Office of the Town Clerk, 10720 Caribbean Blvd., Suite 105, Cutler Bay FL 33189
Telephone (305) 234-4262 Fax (305) 234-4251



Calendar Year: 2020

NOTE:

- All lobbyist and Principal (Client) Registrations automatically expire on December 31st of each year.
- Each person who withdraws as a lobbyist must file a "Notice of Withdrawal" with the Town Clerk.
- On or before July 1st of each year, every lobbyist must file an expenditure statement with the Town Clerk for the preceding calendar year, regardless of the level of activity of the lobbyist, but only if the lobbyist has incurred expenses during the reporting period.
- Lobbyist contact reports shall be filed with the Town Clerk prior to the Public Hearing.
- All Lobbyist Expenditure Reports and Notices of Withdrawal shall be submitted to the Town Clerk.
- Violation may be punishable by a fine of \$250.00 in addition to other remedies allowed by law.

I. LOBBYIST INFORMATION

CONDE DULCE
Last Name First Name Middle Initial
SD COLLABORATIVE
Business Name
11410 N KENDALL DR MIAMI, FL 33176
Business Address City State Zip Code
305-740-6948 d@sdcollaborative.com
Phone Number Fax Number E-Mail Address

II. PRINCIPAL INFORMATION

Name, address and phone number of principal (i.e., person, business, entity, governmental entity, religious organization, non-profit corporation, or association whose interest you represent or by whom you are employed.)

Marco Bizzotti - Saga South Development Inc.
Name
66 White Street, New York, NY 10013
Mailing Address City State Zip Code
914-309-0950
Phone Number Fax Number

☐ Long Term ☐ Short Term ☐ Under Contract ☐ One Time Only

(Other principal or interests holding directly or indirectly a five percent (5%) or more ownership interest (Attach additional sheet, if necessary):

III. LEGISLATIVE ISSUE INFORMATION

Brief description of issue and specify department, council or other committee in which you will lobby (Attach additional sheet, if necessary):

change of zoning / FLUM amendment
FOR SAGA BAY AUF

THE TOWN CLERK SHALL REJECT ANY STATEMENT WHICH DOES NOT DETAIL THE ISSUE ON WHICH THE LOBBYIST HAS BEEN EMPLOYED.



TOWN OF CUTLER BAY LOBBYIST REGISTRATION FORM

Office of the Town Clerk, 10720 Caribbean Blvd., Suite 105, Cutler Bay FL 33189
Telephone (305) 234-4262 Fax (305) 234-4251

IV. PERSONAL AFFILIATIONS

Lobbyist identified under Sec. 2-11.1(s) of the Miami-Dade County Code, as amended and Sec. 7.6 of the Town Charter, shall state the extent of any business or professional relationship with any member of the Town Council (please state below).

N/A

Have you been employed by the Town of Cutler Bay in the last two (2) years?

☐ Yes

☒ No

If Yes, state the department in which you were employed: _____

Pursuant to Sec. 7.6(a) (3) of the Town Charter, any person who registers as a lobbyist shall disclose in writing all Town government officials directly contacted by the lobbyist before the public hearing and any expenditures involved annually by July 1st.

V. OATH

I, THE UNDERSIGNED REGISTRANT, DO HEREBY DEPOSE UNDER OATH AND SAY THAT THE INFORMATION HEREIN IS TRUE AND CORRECT AND I HAVE READ AND AM FAMILIAR WITH PROVISIONS IN THE MIAMI-DADE COUNTY CONFLICT OF INTEREST AND CODE OF ETHICS ORDINANCE AS AMENDED AND THE TOWN OF CUTLER BAY LOBBYIST ORDINANCE, INCLUDING WITHDRAWAL AND REPORTING REQUIREMENTS.

Marisela Conde
Lobbyist Signature

DULCE CONDE
Printed Name

State of **Florida**

County of **Miami-Dade**



Sworn and subscribed before me on this 5 day of JUNE, 2020

☒ Personally Known or _____ Produced ID

Marisela Conde
Notary Public

Type of ID Produced: _____ [SEAL]

VI. FEES

Annual Registration Fee: \$400.00 per Lobbyist, per Issue

Registration Fee Paid

☒ Check

☐ Credit Card (In-Person Only)

☐ Not-For-Profit



TOWN OF CUTLER BAY
PRINCIPAL CLIENT DISCLOSURE FORM
 Office of the Town Clerk, 10720 Caribbean Blvd., Suite 105, Cutler Bay FL 33189
 Telephone (305) 234-4262 Fax (305) 234-4251

Calendar Year: 2020

- NOTE:**
- All lobbyist and Principal (Client) Registrations automatically expire on December 31st of each year.
 - Each person who withdraws as a lobbyist must file a "Notice of Withdrawal" with the Town Clerk.
 - On or before July 1st of each year, every lobbyist must file an expenditure statement with the Town Clerk for the preceding calendar year, regardless of the level of activity of the lobbyist, but only if the lobbyist has incurred expenses during the reporting period.
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 - All Lobbyist Expenditure Reports and Notices of Withdrawal shall be submitted to the Town Clerk.
 - Violation may be punishable by a fine of \$250.00 in addition to other remedies allowed by law.

I. LOBBYIST INFORMATION

Last Name <u>CONDE</u>		First Name <u>DULCE</u>		Middle Initial _____
Business Name <u>SD COLLABORATIVE</u>				
Business Address <u>11410 N Kendall Dr. Miami Fl.</u>		Zip Code <u>33176</u>		
Phone Number <u>305-740-6948</u>		Fax Number _____	E-Mail Address <u>d@sdcollaborative.com</u>	

II. PRINCIPAL INFORMATION

Name, address and phone number of principal (i.e., person, business, entity, governmental entity, religious organization, non-profit corporation, or association whose interest you represent or by whom you are employed.)

MARIO GAZZOLA - Saga South Development Inc.

Name _____

66 White Street, New York, NY 10013

Mailing Address _____ City _____ State _____ Zip Code _____

914-309-0950

Phone Number _____ Fax Number _____

☐ Long Term
 ☐ Short Term
 ☐ Under Contract
 ☐ One Time Only

Other principal or interests holding directly or indirectly a five percent (5%) or more ownership interest (Attach additional sheet, if necessary): _____

Subject Matter (Must be specific and describe in full detail): Change of zoning / FLUM amendment

Identify each individual (Mayor, Commissioner, Board, Committees, or Town Staff) to be lobbied:



TOWN OF CUTLER BAY PRINCIPAL CLIENT DISCLOSURE FORM

Office of the Town Clerk, 10720 Caribbean Blvd., Suite 105, Cutler Bay FL 33189
Telephone (305) 234-4262 Fax (305) 234-4251

III. PRINCIPAL DECLARATION

In accordance with Miami-Dade County Code Section 2-11.1(s)(2)(c),
I, Mano Gorrila, hereby declare that DULCE CONDE
Name of Principal Name of Lobbyist
is authorized to represent me regarding subject matter as listed in Section II of this form, and
will at the time at which a lobbyist is no longer authorized to represent me, notify the Town of
Cutler Bay Town Clerk in writing immediately.

[Signature]
Signature of Principal

IV. OATH

LOBBYIST:

I, THE UNDERSIGNED REGISTRANT, DO HEREBY DEPOSE UNDER OATH AND SAY
THAT THE INFORMATION HEREIN AND ON ANY ATTACHMENT HERETO IS TRUE
AND CORRECT.

[Signature]
Lobbyist Signature

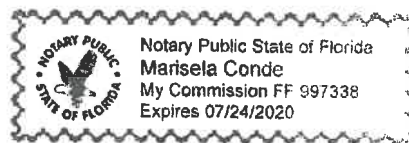
DULCE CONDE
Printed Name

State of Florida

County of Miami-Dade

Sworn and subscribed before me on this 5 day of JUNE, 2020

☒ Personally Known or ☐ Produced ID
Type of ID Produced: _____



Marisela Conde
Notary Public
[SEAL]

PRINCIPAL:

I, THE UNDERSIGNED REGISTRANT, DO HEREBY DEPOSE UNDER OATH AND SAY
THAT THE INFORMATION HEREIN AND ON ANY ATTACHMENT HERETO IS TRUE
AND CORRECT.

[Signature]
Principal Signature

MARIO GORRILA
Printed Name

State of ~~Florida~~ New York

County of ~~Miami-Dade~~ New York

Sworn and subscribed before me on this 29th day of May, 2020

☒ Personally Known or ☐ Produced ID
Type of ID Produced: _____



[Signature]
Notary Public
[SEAL]



TOWN OF CUTLER BAY LOBBYIST EXPENDITURE REPORT FORM

Office of the Town Clerk, 10720 Caribbean Blvd., Suite 105, Cutler Bay FL 33189
Telephone (305) 234-4262 Fax (305) 234-4251

Calendar Year: _____

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I. LOBBYIST INFORMATION

<u>CONDE</u>	<u>DULCE</u>	
Last Name	First Name	Middle Initial
<u>SD COLLABORATIVE</u>		
Business Name		
<u>11410 N Kendall Dr. Miami Fl. 33176</u>		
Business Address	City	State
<u>305-740-6948</u>		<u>d@sdcollaborative.com</u>
Phone Number	Fax Number	E-Mail Address

II. EXPENDITURES

Expenditures include, but are not limited to meals, entertainment, research, communications, media/advertising, publications, travel, lodging, special event, gifts for public officers and employees, and more for the proceeding calendar year. (Attach additional sheet, if necessary)

Item	Amount	Name and Address of Person of Whom Expenditure Was Made	Nature of Kind of Expenditure For or on Behalf of Lobbyist
1. <u>N/A</u>	<u>0</u>		
2.			
3.			
4.			

III. LOBBYIST OATH

"I, the undersigned registrant, do hereby depose under oath and say that the information disclosed herein and on any attachment hereto is true and correct."

Marisela Conde
Signature of Lobbyist

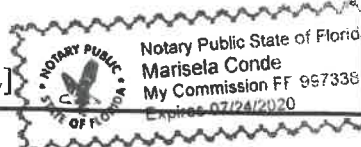
DULCE CONDE
Print Name

State of Florida, County of Dade
Sworn to and subscribed before me this 5
day of JUNE, 20 20.

Marisela Conde
Notary Public

____ Personally Known or ____ Produced ID
Type of ID Produced: _____

[SEAL]



RECEIVED

JUN 23 2020

Clerks Ofc.



TOWN OF CUTLER BAY LOBBYIST REGISTRATION FORM

Office of the Town Clerk, 10720 Caribbean Blvd., Suite 105, Cutler Bay FL 33189
Telephone (305) 234-4262 Fax (305) 234-4251

Calendar Year: 2020

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 - Violation may be punishable by a fine of \$250.00 in addition to other remedies allowed by law.

I. LOBBYIST INFORMATION

<u>CONDE</u>		<u>PRIMITIVO</u>	
Last Name	First Name	Middle Initial	
<u>SD COLLABORATIVE</u>			
Business Name			
<u>11410 N KENDALL DR MIAMI, FL. 33176</u>			
Business Address	City	State	Zip Code
<u>305-740-6948</u>		<u>P @sdcollaborative.com</u>	
Phone Number	Fax Number	E-Mail Address	

II. PRINCIPAL INFORMATION

Name, address and phone number of principal (i.e., person, business, entity, governmental entity, religious organization, non-profit corporation, or association whose interest you represent or by whom you are employed.)

MARIO GAZZOLA

Name

66 White Street New York NY 10013

Mailing Address City State Zip Code

914 309 0950

Phone Number Fax Number

☐ Long Term ☒ Short Term ☐ Under Contract ☐ One Time Only

(Other principal or interests holding directly or indirectly a five percent (5%) or more ownership interest (Attach additional sheet, if necessary):

III. LEGISLATIVE ISSUE INFORMATION

Brief description of issue and specify department, council or other committee in which you will lobby (Attach additional sheet, if necessary):

change of zoning / PLUM amendment
FOR SAGA BAY ACF

THE TOWN CLERK SHALL REJECT ANY STATEMENT WHICH DOES NOT DETAIL THE ISSUE ON WHICH THE LOBBYIST HAS BEEN EMPLOYED.



TOWN OF CUTLER BAY LOBBYIST REGISTRATION FORM

Office of the Town Clerk, 10720 Caribbean Blvd., Suite 105, Cutler Bay FL 33189
Telephone (305) 234-4262 Fax (305) 234-4251

IV. PERSONAL AFFILIATIONS

Lobbyist identified under Sec. 2-11.1(s) of the Miami-Dade County Code, as amended and Sec. 7.6 of the Town Charter, shall state the extent of any business or professional relationship with any member of the Town Council (please state below).

N/A

Have you been employed by the Town of Cutler Bay in the last two (2) years?

☐ Yes

☒ No

If Yes, state the department in which you were employed: _____

Pursuant to Sec. 7.6(a) (3) of the Town Charter, any person who registers as a lobbyist shall disclose in writing all Town government officials directly contacted by the lobbyist before the public hearing and any expenditures involved annually by July 1st.

V. OATH

I, THE UNDERSIGNED REGISTRANT, DO HEREBY DEPOSE UNDER OATH AND SAY THAT THE INFORMATION HEREIN IS TRUE AND CORRECT AND I HAVE READ AND AM FAMILIAR WITH PROVISIONS IN THE MIAMI-DADE COUNTY CONFLICT OF INTEREST AND CODE OF ETHICS ORDINANCE AS AMENDED AND THE TOWN OF CUTLER BAY LOBBYIST ORDINANCE, INCLUDING WITHDRAWAL AND REPORTING REQUIREMENTS.


Lobbyist Signature

PRIMITIVO CONDE

Printed Name

State of Florida
County of Miami-Dade



Sworn and subscribed before me on this 5 day of JUNE, 2020

X Personally Known or _____ Produced ID

Marisela Conde

Notary Public

Type of ID Produced: _____

[SEAL]

VI. FEES

Annual Registration Fee: \$400.00 per Lobbyist, per Issue

Registration Fee Paid

☒ Check

☐ Credit Card (In-Person Only)

☐ Not-For-Profit



TOWN OF CUTLER BAY PRINCIPAL CLIENT DISCLOSURE FORM

Office of the Town Clerk, 10720 Caribbean Blvd., Suite 105, Cutler Bay FL 33189
Telephone (305) 234-4262 Fax (305) 234-4251

Calendar Year: _____

NOTE:

- All lobbyist and Principal (Client) Registrations automatically expire on December 31st of each year.
- Each person who withdraws as a lobbyist must file a "Notice of Withdrawal" with the Town Clerk.
- On or before July 1st of each year, every lobbyist must file an expenditure statement with the Town Clerk for the preceding calendar year, regardless of the level of activity of the lobbyist, but only if the lobbyist has incurred expenses during the reporting period.
- Lobbyist contact reports shall be filed with the Town Clerk prior to the Public Hearing.
- All Lobbyist Expenditure Reports and Notices of Withdrawal shall be submitted to the Town Clerk.
- Violation may be punishable by a fine of \$250.00 in addition to other remedies allowed by law.

I. LOBBYIST INFORMATION

CONDE		PRIMITIVO	
Last Name	First Name	Middle Initial	
SD COLLABORATIVE			
Business Name			
11410 N Kendall Dr. MIAMI FL		33176	
Business Address		City	State
305-740-6948		P @ sd collaborative.com	
Phone Number	Fax Number	E-Mail Address	

II. PRINCIPAL INFORMATION

Name, address and phone number of principal (i.e., person, business, entity, governmental entity, religious organization, non-profit corporation, or association whose interest you represent or by whom you are employed.)

MARIO GAZZOLA

Name _____

66 White Street New York NY 10013

Mailing Address _____ City _____ State _____ Zip Code _____

914 309 0950

Phone Number _____ Fax Number _____

☐ Long Term
 ☒ Short Term
 ☐ Under Contract
 ☐ One Time Only

Other principal or interests holding directly or indirectly a five percent (5%) or more ownership interest (Attach additional sheet, if necessary): _____

Subject Matter (Must be specific and describe in full detail): Change of zoning / FLUM amendment

Identify each individual (Mayor, Commissioner, Board, Committees, or Town Staff) to be lobbied:



TOWN OF CUTLER BAY PRINCIPAL CLIENT DISCLOSURE FORM

Office of the Town Clerk, 10720 Caribbean Blvd., Suite 105, Cutler Bay FL 33189
Telephone (305) 234-4262 Fax (305) 234-4251

III. PRINCIPAL DECLARATION

In accordance with Miami-Dade County Code Section 2-11.1(s)(2)(c),

I, Mario Gazzo, hereby declare that PRIMITIVO CONDE
Name of Principal Name of Lobbyist

is authorized to represent me regarding subject matter as listed in Section II of this form, and will at the time at which a lobbyist is no longer authorized to represent me, notify the Town of Cutler Bay Town Clerk in writing immediately.

[Signature]
Signature of Principal

IV. OATH

LOBBYIST:

I, THE UNDERSIGNED REGISTRANT, DO HEREBY DEPOSE UNDER OATH AND SAY THAT THE INFORMATION HEREIN AND ON ANY ATTACHMENT HERETO IS TRUE AND CORRECT.

[Signature]
Lobbyist Signature

PRIMITIVO CONDE

Printed Name

State of Florida

County of Miami-Dade

Sworn and subscribed before me on this 5 day of JUNE, 2020

☒ Personally Known or ☐ Produced ID
Type of ID Produced: _____



Marisela Conde
Notary Public
[SEAL]

PRINCIPAL:

I, THE UNDERSIGNED REGISTRANT, DO HEREBY DEPOSE UNDER OATH AND SAY THAT THE INFORMATION HEREIN AND ON ANY ATTACHMENT HERETO IS TRUE AND CORRECT.

[Signature]
Principal Signature

MARIO GAZZOLA

Printed Name

State of Florida New York

County of Miami-Dade New York

Sworn and subscribed before me on this 29 day of May, 2020

☒ Personally Known or ☐ Produced ID
Type of ID Produced: _____

BRIAN T. ISAACSON
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 021S6285513
Qualified in New York County
Commission Expires July 8, 2021

[Signature]
Notary Public
[SEAL]



TOWN OF CUTLER BAY LOBBYIST EXPENDITURE REPORT FORM

Office of the Town Clerk, 10720 Caribbean Blvd., Suite 105, Cutler Bay FL 33189
Telephone (305) 234-4262 Fax (305) 234-4251

Calendar Year: _____

- NOTE:**
- All lobbyist and Principal (Client) Registrations automatically expire on December 31st of each year.
 - Each person who withdraws as a lobbyist must file a "Notice of Withdrawal" with the Town Clerk.
 - On or before July 1st of each year, every lobbyist must file an expenditure statement with the Town Clerk for the preceding calendar year, regardless of the level of activity of the lobbyist, but only if the lobbyist has incurred expenses during the reporting period.
 - Lobbyist contact reports shall be filed with the Town Clerk prior to the Public Hearing.
 - All Lobbyist Expenditure Reports and Notices of Withdrawal shall be submitted to the Town Clerk.
 - Violation may be punishable by a fine of \$250.00 in addition to other remedies allowed by law.

I. LOBBYIST INFORMATION

<u>CONDE</u>	<u>PRIMITIVO</u>	
Last Name	First Name	Middle Initial
<u>SD COLLABORATIVE</u>		
Business Name		
<u>11410 N Kendall Dr.</u>	<u>Miami</u>	<u>FL 33176</u>
Business Address	City	State Zip Code
<u>305-740-6948</u>		<u>p @ sdcollaborative.com</u>
Phone Number	Fax Number	E-Mail Address

II. EXPENDITURES

Expenditures include, but are not limited to meals, entertainment, research, communications, media/advertising, publications, travel, lodging, special event, gifts for public officers and employees, and more for the proceeding calendar year. (Attach additional sheet, if necessary)

Item	Amount	Name and Address of Person of Whom Expenditure Was Made	Nature of Kind of Expenditure For or on Behalf of Lobbyist
1. <u>N/A</u>	<u>0</u>		
2.			
3.			
4.			

III. LOBBYIST OATH

"I, the undersigned registrant, do hereby depose under oath and say that the information disclosed herein and on any attachment hereto is true and correct."

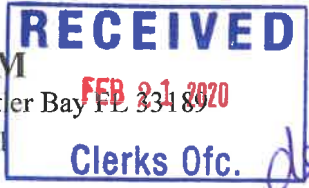
<u><i>Marisela Conde</i></u> Signature of Lobbyist State of Florida, County of <u>DADE</u> Sworn to and subscribed before me this <u>5</u> day of <u>JUNE</u> , 20 <u>20</u> . _____ Personally Known or _____ Produced ID Type of ID Produced: _____	<u>PRIMITIVO CONDE</u> Print Name <u>Marisela Conde</u> Notary Public [SEAL]
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TOWN OF CUTLER BAY LOBBYIST REGISTRATION FORM

Office of the Town Clerk, 10720 Caribbean Blvd., Suite 105, Cutler Bay, FL 33189
Telephone (305) 234-4262 Fax (305) 234-4251



Calendar Year: 2020

- NOTE:**
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 - All Lobbyist Expenditure Reports and Notices of Withdrawal shall be submitted to the Town Clerk.
 - Violation may be punishable by a fine of \$250.00 in addition to other remedies allowed by law.

I. LOBBYIST INFORMATION

<u>DIAZ DE LA PORTILLA</u>	<u>MIGUEL</u>	
Last Name	First Name	Middle Initial
<u>SAUL EWING ARNSTEIN & LEHR LLP</u>		
Business Name		
<u>701 BRICKELL AVENUE, 17TH FLOOR, MIAMI, FLORIDA 33131</u>		
Business Address	City	State Zip Code
<u>(305) 428-4500</u>		<u>MD.PORTILLA@SAUL.COM</u>
Phone Number	Fax Number	E-Mail Address

II. PRINCIPAL INFORMATION

Name, address and phone number of principal (i.e., person, business, entity, governmental entity, religious organization, non-profit corporation, or association whose interest you represent or by whom you are employed.)

SAGA SOUTH DEVELOPMENT INC.

<u>Name</u>	<u>66 White Street, Unit 501</u>	<u>New York, New York</u>	<u>10013</u>
Mailing Address	City	State	Zip Code
Phone Number	Fax Number		
<input type="checkbox"/> Long Term	<input type="checkbox"/> Short Term	<input type="checkbox"/> Under Contract	<input type="checkbox"/> One Time Only

(Other principal or interests holding directly or indirectly a five percent (5%) or more ownership interest (Attach additional sheet, if necessary): None

III. LEGISLATIVE ISSUE INFORMATION

Brief description of issue and specify department, council or other committee in which you will lobby (Attach additional sheet, if necessary):

Representation before the Town of Cutler Bay government in connection with potential rezoning of the property located at SW 210 Street and 82nd Avenue, Cutler Bay, FL 33189

THE TOWN CLERK SHALL REJECT ANY STATEMENT WHICH DOES NOT DETAIL THE ISSUE ON WHICH THE LOBBYIST HAS BEEN EMPLOYED.



TOWN OF CUTLER BAY LOBBYIST REGISTRATION FORM

Office of the Town Clerk, 10720 Caribbean Blvd., Suite 105, Cutler Bay FL 33189

Telephone (305) 234-4262 Fax (305) 234-4251

IV. PERSONAL AFFILIATIONS

Lobbyist identified under Sec. 2-11.1(s) of the Miami-Dade County Code, as amended and Sec. 7.6 of the Town Charter, shall state the extent of any business or professional relationship with any member of the Town Council (please state below).

NONE

Have you been employed by the Town of Cutler Bay in the last two (2) years?

☐ Yes ☒ No

If Yes, state the department in which you were employed: _____

Pursuant to Sec. 7.6(a) (3) of the Town Charter, any person who registers as a lobbyist shall disclose in writing all Town government officials directly contacted by the lobbyist before the public hearing and any expenditures involved annually by July 1st.

V. OATH

I, THE UNDERSIGNED REGISTRANT, DO HEREBY DEPOSE UNDER OATH AND SAY THAT THE INFORMATION HEREIN IS TRUE AND CORRECT AND I HAVE READ AND AM FAMILIAR WITH PROVISIONS IN THE MIAMI-DADE COUNTY CONFLICT OF INTEREST AND CODE OF ETHICS ORDINANCE AS AMENDED AND THE TOWN OF CUTLER BAY LOBBYIST ORDINANCE, INCLUDING WITHDRAWAL AND REPORTING REQUIREMENTS.

Lobbyist Signature

MIGUEL DIAZ DE LA PORTILLA (ATTORNEY)

Printed Name

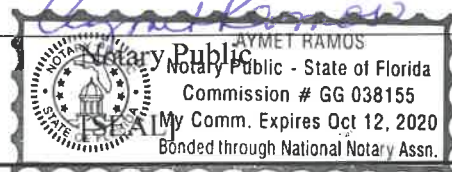
State of **Florida**

County of **Miami-Dade**

Sworn and subscribed before me on this 10th day of January, 2020

☒ Personally Known or ☐ Produced ID

Type of ID Produced: _____



VI. FEES

Annual Registration Fee: ~~\$250.00~~ \$400.00 **per Lobbyist, per Issue**

Registration Fee Paid

☒ Check

☐ Credit Card (In-Person Only)

☐ Not-For-Profit

#21123 \$250

#21139 \$150



TOWN OF CUTLER BAY PRINCIPAL CLIENT DISCLOSURE FORM

Office of the Town Clerk, 10720 Caribbean Blvd., Suite 105, Cutler Bay FL 33189
Telephone (305) 234-4262 Fax (305) 234-4251

Calendar Year: 2020

- NOTE:**
- All lobbyist and Principal (Client) Registrations automatically expire on December 31st of each year.
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 - Lobbyist contact reports shall be filed with the Town Clerk prior to the Public Hearing.
 - All Lobbyist Expenditure Reports and Notices of Withdrawal shall be submitted to the Town Clerk.
 - Violation may be punishable by a fine of \$250.00 in addition to other remedies allowed by law.

I LOBBYIST INFORMATION

DIAZ DE LA PORTILLA		MIGUEL	
Last Name	First Name	Middle Initial	
SAUL EWING ARNSTEIN & LEHR LLP			
Business Name			
701 BRICKELL AVENUE, 17TH FLOOR,		MIAMI	FLORIDA 33131
Business Address		City	State Zip Code
(305) 428-4500		MD.PORTILLA@SAUL.COM	
Phone Number	Fax Number	E-Mail Address	

II. PRINCIPAL INFORMATION

Name, address and phone number of principal (i.e., person, business, entity, governmental entity, religious organization, non-profit corporation, or association whose interest you represent or by whom you are employed.)

SAGA SOUTH DEVELOPMENT INC.

Name			
66 WHITE STREET, UNIT 501		NEW YORK, NEW YORK	10013
Mailing Address		City	State Zip Code
786-271-7815			
Phone Number		Fax Number	

☐ Long Term
 ☐ Short Term
 ☐ Under Contract
 ☐ One Time Only

Other principal or interests holding directly or indirectly a five percent (5%) or more ownership interest (Attach additional sheet, if necessary): NONE

Subject Matter (Must be specific and describe in full detail): Representation before the Town of Cutler Bay Government in connection with potential rezoning of the property located at SW 210 Street and 82nd Avenue, Cutler Bay, Florida 33189

Identify each individual (Mayor, Commissioner, Board, Committees, or Town Staff) to be lobbied:



TOWN OF CUTLER BAY PRINCIPAL CLIENT DISCLOSURE FORM

Office of the Town Clerk, 10720 Caribbean Blvd., Suite 105, Cutler Bay FL 33189
Telephone (305) 234-4262 Fax (305) 234-4251

III. PRINCIPAL DECLARATION

In accordance with Miami-Dade County Code Section 2-11.1(s)(2)(c),
I, MARIO GAZZOLA, hereby declare that MIGUEL DIAZ DE LA PORTILLA
Name of Principal Name of Lobbyist
is authorized to represent me regarding subject matter as listed in Section II of this form, and
will at the time at which a lobbyist is no longer authorized to represent me, notify the Town of
Cutler Bay Town Clerk in writing immediately.

[Signature]
Signature of Principal /MARIO GAZZOLA

IV. OATH

LOBBYIST:

I, THE UNDERSIGNED REGISTRANT, DO HEREBY DEPOSE UNDER OATH AND SAY
THAT THE INFORMATION HEREIN AND ON ANY ATTACHMENT HERETO IS TRUE
AND CORRECT.

[Signature]
Lobbyist Signature

MIGUEL DIAZ DE LA PORTILLA (ATTORNEY)

Printed Name

State of Florida

County of Miami-Dade

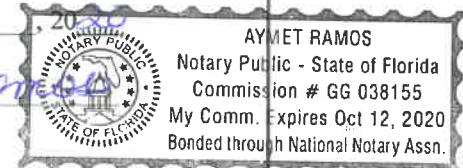
Sworn and subscribed before me on this 20th day of February

☒ Personally Known or ☐ Produced ID

Type of ID Produced: _____

[Signature]
Notary Public

[SEAL]



PRINCIPAL:

I, THE UNDERSIGNED REGISTRANT, DO HEREBY DEPOSE UNDER OATH AND SAY
THAT THE INFORMATION HEREIN AND ON ANY ATTACHMENT HERETO IS TRUE
AND CORRECT.

[Signature]
Principal Signature

MARIO GAZZOLA

Printed Name

State of Florida

County of Miami-Dade

Sworn and subscribed before me on this 19th day of February, 2020

☒ Personally Known or ☐ Produced ID

Type of ID Produced: _____

[Signature]
Notary Public

[SEAL]

