



Application No.: FLUM-2020-003

Attachment "A"

**Letter of Intent
&
Application**

SAGA SOUTH DEVELOPMENT, INC

FUTURE LAND USE MAP

AN ORDINANCE OF THE MAYOR AND TOWN COUNCIL OF THE TOWN OF CUTLER BAY, FLORIDA, AMENDING THE FUTURE LAND USE MAP (FLUM) WITHIN THE TOWN'S COMPREHENSIVE PLAN FROM MEDIUM DENSITY RESIDENTIAL WITH RESIDENTIAL CONSERVATION OVERLAY 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@saule.com
www.saul.com

April 27, 2020

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: Letter of Intent: Small Scale Amendment for portion of the Property identified
by Folio number 36-6010-000-0030
Saga Bay ALF Development**

Dear Mr. David:

This is our letter of intent on behalf of Saga South Development Inc., (the "Applicant") in connection with a small-scale amendment to the Future Land Use Plan Map of the Town of Cutler Bay's Growth Management Plan ("Town Growth Plan"). The Applicant is requesting the re-designation of +/- 8.45 acres of the property located at 8165 SW 210 Street in the Town of Cutler Bay (Folio: 36-6010-000-0030) (the "Property") from "Medium Density with Residential Conservation Overlay" to "Institutional" for the purpose of developing a Senior Age Congregate Care Community on the Property.

The Property is unimproved land with frontages along SW 208 Street to the North, 81st Place to the West, SW 210 Street to the South and vacant land designated and zoned for multi-family use to the east.

The Property's current designation of "Medium Density with Residential Conservation Overlay" is limited to traditional residential uses ranging from single family dwellings to multi-family/group dwellings. The proposed re-designation would allow for the uses of congregate care/nursing homes and senior age restricted communities. It will revitalize this current vacant, underutilized land with a much-needed, world-class assisted living community perfectly situated near residential uses, 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.

In Florida, 20% of the population is over 65 — the highest percentage of any state in the nation. A market study performed by Coldwell Banker Richard Ellis (CBRE) for this site indicates

701 Brickell Avenue ♦ 17th Floor ♦ 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

SAUL EWING ARNSTEIN & LEHR^{LLP}

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Interim Planning and Zoning Director

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that the independent living, assisted living and memory care properties within a 5 mile radius of the site have an average occupancy of 92% - falling well above the Miami-Dade County Metropolitan Statistical Area (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 Town Manager and professional staff, we understand that the waiting list at operating senior age, assisted living facilities in the area is long and growing.

Moreover, pursuant to the Town Growth Plan, institutional uses only comprise 2% of land uses within the Town. A majority of these uses are taken up by churches, schools, medical buildings and government facilities. The Town Growth Plan also acknowledge the challenges that the Town faces in ensuring an adequate supply of housing that is appropriate for households and persons of all stages of life and those with special needs.

Approval of this Application would further implementation of the following goals, objectives and policies in the Town Growth Plan's Housing Element:

1. Goal 2

Ensure the availability of housing that is affordable to current and future residents of all income and special needs groups in the Town of Cutler Bay.

2. Objective H2-1: Affordable, Workforce, Elderly and Special Needs Housing

The Town shall promote the provision of a full range of housing types to meet the existing and future needs of all income groups and residents at all stages in the life cycle and/or with special housing needs in proportions reflective of demand.

3. Policy H2-1C: *The Town, in its Land Development Regulations, shall support the provision of affordable, workforce, elderly and special needs housing units throughout the Town, while avoiding their concentration in specific areas.*

4. Policy H2-1E: *The Town shall investigate strategies to ensure that new housing developments provide a diversity and mix of housing types in order to meet the needs of residents of different income, age and needs groups, in proportions reflective of demand. To the maximum extent feasible, these incentives should be incorporated into the Land Development Regulations.*

5. Objective H2-2: Public and Private Sector Coordination. *The Town shall coordinate with the private sector and other agencies to ensure the provision of housing that is affordable to residents of all income, age and needs groups at levels that are reflective of existing and projected demand.*

6. Policy H2-2H: *The Town shall continue to ensure that it maintains and/or expands its stock of housing for residents and households at all stages of life and income groups, including apartments and starter homes, inexpensive to expensive*

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Alex David

Interim Planning and Zoning Director

April 27, 2020

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single family homes, empty nester housing, adult congregate living facilities, and low income and subsidized senior housing.

7. Objective H2-4: Special Needs Housing

The Town shall ensure that the housing needs of special needs groups are addressed through the appropriate mechanisms.

8. Monitoring Measures H2-4

1. Land Development Regulations that permit group homes, small-scale affordable housing facilities for the elderly, assisted living facilities, adult day-care facilities, and foster care facilities.

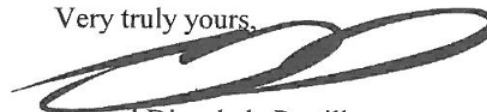
2. Number of group homes, small-scale affordable housing facilities for the elderly, assisted living facilities, adult day-care facilities, and foster care facilities.

9. Policy H2-4A: *The Town shall permit the location of group homes, small-scale affordable housing facilities for the elderly, assisted living facilities, adult day-care facilities, and foster care facilities in residential neighborhoods, in accordance with State law.*

The Applicant is filing a zoning application to be considered concurrently with this Application to rezone 5 acres of the Property from "Neighborhood Residential" (NR) to "Institutional" (INT) for the purpose of developing a Senior Age Congregate Care Community.

We ask that you enthusiastically recommend approval of this Application. 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,



Miguel Diaz de la Portilla
Partner

MDDLDP/ar



DEPARTMENT OF COMMUNITY DEVELOPMENT
PLANNING AND ZONING

GROWTH MANAGEMENT PLAN
SMALL-SCALE AMENDMENTS APPLICATION

LIST ALL FOLIO NUMBER(s): 36-6010-000-0030

DATE RECEIVED: _____

1. APPLICANT (If not property owner)
SAGA SOUTH DEVELOPMENT, INC (SAGA BAY ALF DEVELOPMENT)
66 WHITE STREET UNIT 501
NEW YORK, NY 10013
2. PROPERTY OWNER(S)
SAGA SOUTH DEVELOPMENT, INC
66 WHITE STREET, UNIT 501
NEW YORK, NY 10013
TEL: 786-271-7815
Email: mgazzola@sorgente-usa.com
3. APPLICANT'S REPRESENTATIVE
Miguel Diaz de la Portilla, Esquire
701 Brickell Avenue, 17th Floor
Miami FL 33131
Tel: 305-428-4543
Email: md.portilla@saul.com
4. DESCRIPTION OF PROPOSED CHANGE

A. PROPOSED AMENDMENT

The applicant is requesting the redesignation
of +/- 8.45 acres of the property located
at 8165 SW 210 St in the Town of Cutler Bay
(Folio: 36-6010-000-0030) (the "Property")
from "Medium Density with Residential Conservation
overlay" to "Institutional" for the purpose of developing
a Senior Age Congregate Care Community on the Property.



B. DESCRIPTION OF THE SUBJECT PROPERTY

Please see attached Exhibit "A"

C. GROSS AND NET ACREAGE

+/- 8.45 acres

5. REASONS FOR AMENDMENT

Applicant intends to develop a Senior Age Congregate
Care Community

6. ADDITIONAL MATERIAL SUBMITTED

N/A





7. COMPLETE DISCLOSURE FORMS

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

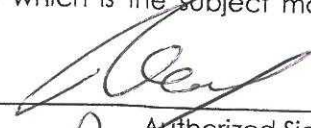
Sworn to and subscribed to before me
This _____ day of _____, _____

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.


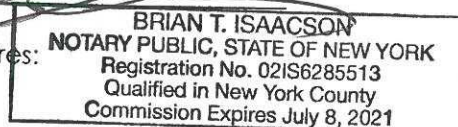
Attest: _____



Authorized Signature
President
Office Held

(Corp. Seal)

Sworn to and subscribed to before me
This 21st day of May, 2020

Notary Public: 
Commission Expires: 



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 or 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: _____

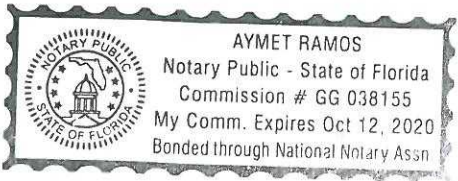
ATTORNEY AFFIDAVIT

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 24th day of April, 2020

Notary Public: Aymet Ramos
Commission Expires: 10/12/2020





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 Gazzola

60 WHITE STREET - UNIT 501
590 Madison Avenue, 8th Fl

New York, NY 10022 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: _____ Public Hearing No. _____

Full Name:

Mr. Mrs. Ms. Mario Gazzola

Current Address: 66 WHITE STREET UNIT 501
590 Madison Ave, 8th Fl City: New York

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

Date of Birth:

08/22/1961

Signature

SWORN AND SUBSCRIBED BEFORE ME THIS 29th DAY OF July 2020

Notary Public, State of Florida at Large

My Commission expires July 8 2021

BRIAN T. ISAACSON
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 02IS6285513
Qualified in New York County
Commission Expires July 8, 2021

Pursuant to Article III, Sec. 3-30(I) Cost Recovery of the Town of Cutler Bay Land Development Regulations.



8. NOTIFICATION TO PROPERTY OWNERS OTHER THAN THE APPLICANT,
WHOSE PROPERTIES ARE INCLUDED WITHIN AN APPLICATION AREA
BOUNDARY

N/A





DEPARTMENT OF COMMUNITY DEVELOPMENT PLANNING AND ZONING

GROWTH MANAGEMENT PLAN SMALL-SCALE AMENDMENTS

The Town of Cutler Bay small-scale amendment(s) to the comprehensive plan is based on the requirements set forth in Section 163.3187(2) Florida Statutes. An amendment application is eligible for expedited processing as a "small-scale" amendment under the following conditions:

1. The proposed amendment involves a land use change of 10 acres or less.
2. The cumulative annual acreage of all small-scale amendments shall not exceed 120 acres.
3. The proposed amendment does not involve a text change to the goals, policies, and objectives of the local government's comprehensive plan, but only proposes a land use change to the future land use map for a site specific small scale development activity. However, text changes that relate directly to, and are adopted simultaneously with, the small scale future land use map amendment shall be permissible under this section.

Any applicant who wants their eligible application processed under the expedited "small-scale" amendment procedure must explicitly make such a request in the application. Generally, the small scale amendments will not be reviewed by the "State Land Planning Agency" or issue a notice of intent, and will take effect 31 days after adoption by the Council unless a challenge is timely filed against the amendment.

Application Format and Contents

Two signed originals of each application are required. All parts of the application must be typed or printed legibly on 8-1/2 x 11 inch paper, with the exception of the plat map and aerial photograph, which are required to be submitted with requests for a Land Use Plan map change. Please use the application provide by the Town Department of Community Development to file the "small-scale" amendment, and do not exceed ten pages in length, excluding graphics. Applicants may submit supplemental information with the application.

The following information must appear in each "small-scale" application in the order listed below.





By: _____
(Signature of the Applicant) Date _____

Small-Scale Amendment Checklist

- _____ 1. Transmittal letter with a clear and concise description of the application area boundaries and request that it be processed under the expedited procedure for small-scale amendment.
- _____ 2. Current survey (1 original sealed and signed/ 1 reduced copy 11"X17")
- _____ 3. Aerial photograph depicting the location and boundaries of the application area.
- _____ 4. Land use map designation of the subject property, location of abutting properties and surrounding road network.
- _____ 5. Service availability letter for sanitary sewer, solid waste, drainage, potable water, traffic circulation, mass transit, recreation, schools, and fire and rescue services.
- _____ 6. Traffic Study or other supportive documents
- _____ 7. Mailing Labels (3 sets) and map
- _____ 8. Required fees





1. APPLICANT

Names, addresses and telephone numbers of all applicants must be given.

2. PROPERTY OWNER

Name(s), addresses, e-mail address and telephone numbers of all property owners.

3. APPLICANT'S REPRESENTATIVES

An individual who is responsible for filing the application and communicating for the applicant(s) must be indicated as the Applicant's Representative. This may be the applicant, one of a group of applicants, the applicant's attorney, or another representative designated by the applicant(s). The name, address (including ZIP code), email address and telephone number of the representative must be given, (including FAX if available) and the representative must sign and date the application. If the application requests expedited processing as a small-scale amendment, this signature shall also constitute certification by the Applicant(s) that the application conforms to the statutory eligibility criteria referenced above.

4. DESCRIPTION OF REQUESTED CHANGE

Make clear reference to the Element of the Plan for which a change is being requested and indicate the type of change being requested.

- A. If your requested change is to a text portion of the Plan, the Element name and numbers of the Adopted Components Comprehensive Development Master Plan for the Town of Cutler Bay (April 28, 2008 Edition, as amended) must be given. Please check for the specific Plan version that is on the department's website. Any additions or deletions to the existing text should be shown in "underline" or "strike-through" format respectively. For amendments to graphics, tables, or maps other than the Future Land Use Plan Map (FLUM), indicate the Element and the page number and title of the map, graphic, or table. Be as specific and clear as possible in describing the requested change.
- B. If your requested change is to the Adopted 2020 FLUM the following information must be submitted:



- (1) A clear and concise written description of the application area boundaries.
- (2) The total number of gross acres in the application area, which includes roadway rights-of-way, the "net acres" excluding the dedicated roadway rights-of-way, and the number of these acres which are owned by the applicant(s). Make reference to Section 7 regarding properties not owned by the applicant.
- (3) The present FLUM designation(s) of the application area, and the land use designation(s) being requested. Please refer to the 2020 FLUM for listing of the applicable land use categories. If more than one land use category is being requested, precise boundaries and acreages of each requested use designation must be accurately described under items 3B(1) and (2) above, and the land areas subject to the requested changes must be depicted on both maps required by the following paragraph.
- (4) If the application is eligible for expedited processing as a "Small-scale" amendment, the applicant must explicitly include a request for the application to be processed under the expedited procedure as a small-scale amendment. This request can be made in the transmittal letter attached to the "Small-scale" amendment application.
- (5) The application area must be identified on Miami-Dade County Section Sheets and Aerial maps at a scale of 1 inch = 300 feet. An additional black and white map of reproducible quality must also be included depicting the location and boundaries of the application area on an 8 1/2" X 11" size page.
- (6) Each map should identify roadways and section-township-range, and each map should distinguish between that portion of the application area, which is owned by the applicants and that portion, which is owned by nonparticipants in the application. A legend should be included as necessary to supplement map labeling.

Miami-Dade County Section Sheets and Aerial maps at a scale of 1" = 300' are available for purchase from the Public Works and Waste Management Department, Suite 1600, Stephen P. Clark Center, and blank base maps at various other scales are available for purchase from the Planning Division, 12 Floor, Stephen P. Clark Center.





4. REASONS FOR AMENDMENT

This section should include reasons why the change to the Plan is requested and why it should be approved. Reasons offered may address any relevant issues, including the following: (A) the need to correct an error; (B) the need to reflect changing circumstances or conditions in the community that justify adjustments; (C) the need to improve the ability of the Plan to fulfill the basic intent and purposes as set forth in the Goals, Objectives and Policies of the Plan Elements; and (D) the need to assure internal consistency within the Plan.

Applicants requesting changes to the FLUM may wish to comment on any factors, such as the following items which are considered by the Department Director in evaluating and formulating initial recommendations on proposed amendments.

- Land Use Plan map designation of the subject property and abutting properties.
- Relation of the property to the surrounding road network.
- Size of the subject property.
- Availability and demand on the public facilities for sanitary sewer, solid waste, drainage, potable water, traffic circulation, mass transit, recreation, schools, and fire and rescue services.
- Consistency of the proposed land use amendments with the objectives and policies of the Land Use Element and other affected Plan Elements.
- Consistency with environmental objectives and policies.
- Availability of, and demand for, additional sites for the type of land use requested. Because amendment requests will be evaluated, in part, on the extent to which they would be in the public interest, the applicant may address this consideration as well.

5. ADDITIONAL MATERIAL SUBMITTED

Copies of additional supporting material should be submitted with the application, and titles to any such initial submittals should be listed in the application under this heading. These materials will be evaluated by staff and will be made available for public inspection but will not be reproduced as part





of the application. If copies are available to the public from any other source, the applicant should indicate this and list in this section of the application all information necessary for the public to obtain copies, including the address of the source and the cost, if any. If there is no additional material submitted with the application, please print or type the word "none" under this heading.

All private Applicants, who are requesting a FLUM amendment, must submit a written Legal Description as well as a Certified Survey of the property for both the existing site and the proposed site. The form of these submittals should be both paper and digital forms.

6. DISCLOSURE OF INTEREST

Applicants having an ownership interest in any real property covered by an application requesting FLUM amendments is required to fully disclose those parties with an interest in the subject property. Property subject to disclosure is all property within the application area in which an applicant has ownership interest. Disclosure must include all owners, lessees, or contractors for purchase, and the percentage of interest held by each party.

A completed disclosure report must be attached to each of the two original applications. This report will be attached to, and made a part of the application. The disclosure forms are provided as part of the application.

7. NOTIFICATION TO PROPERTY OWNERS OTHER THAN THE APPLICANT, WHOSE PROPERTIES ARE INCLUDED WITHIN AN APPLICATION AREA BOUNDARY

If an application requesting a FLUM amendment includes real property, which is not owned by the applicant, the applicant shall provide written notification to the property owner(s) by certified letter that the subject property will be included in the amendment application no less than two weeks after the filing date. The applicant must provide the Department with a copy of the notification and a copy of the proof of receipt. The notification shall include a clear and concise description of the application area boundaries and the current and requested land use designation.



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

MARISELA 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.
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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

<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.</u>		<u>33176</u>	
Business Address		City	State
<u>305-740-6948</u>		<u>d</u>	<u>@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 - Saga South Development Inc.

Name

66 White Street, New York, NY

Mailing Address

914-309-0950

Phone Number

10013

City

State

Zip Code

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 Gazzola,

Name of Principal

hereby declare that

Dulce Conde

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

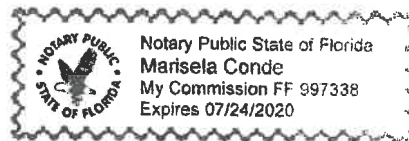
State of Florida

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 GAZZOLA

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: _____

- 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>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

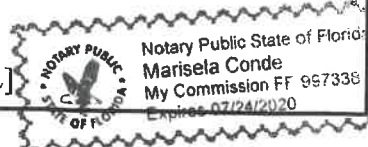
DULCE CONDE
 Print Name

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

- 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 MIAMI, FL. 33176</u>			
Business Address		City	State
<u>305-740-6948</u>		<u>P</u>	<u>@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.

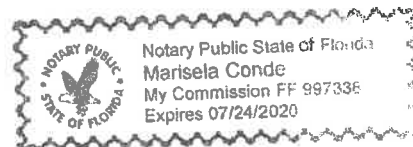
V. OATH

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.

PRIMITIVO CONDE
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

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. 02IS6285513
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."

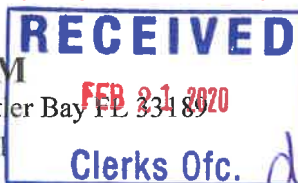
<u><i>Marisela Conde</i></u> Signature of Lobbyist State of Florida, County of <u>DADE</u> Sworn to and subscribed before me this <u>5</u> day of <u>JUNE</u> , 20 <u>20</u> . _____ Personally Known or _____ Produced ID Type of ID Produced: _____	<u>PRIMITIVO CONDE</u> Print Name <u>Marisela Conde</u> 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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 - 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>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.

Name			
<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)

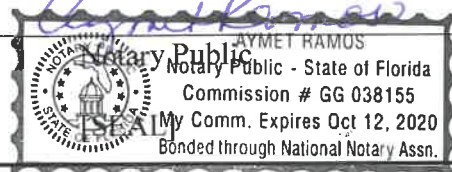
Printed Name

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:**
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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	
Mailing Address		City	State
786-271-7815			10013
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 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.**

Lobbyist Signature

MIGUEL DIAZ DE LA PORTILLA (ATTORNEY)

Printed Name

State of Florida

County of Miami-Dade

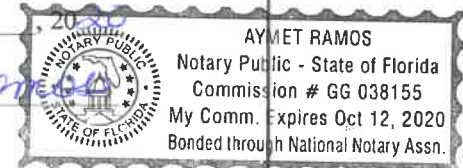
Sworn and subscribed before me on this 20th day of February

☒ Personally Known or ☐ Produced ID

Type of ID Produced: _____

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.**

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: _____

Notary Public

[SEAL]

