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SEP 21 2022



LOBBYIST REGISTRATION AFFIDAVIT

1. Lobbyist Name: San Roman Alessandria

Last Name First Middle

Lobbyist Phone: (305) 789-7580

Lobbyist Address: 701 Brickell Avenue, Suite 3300 Miami FL 33131

Street City State Zip

2. Principal Represented: Arch Creek Apartments, LLC

Principal Address: 13499 Biscayne Blvd., Ste CU214 North Miami FL 33181

Street City State Zip

Other Principals or Interests and Address (Detail):

3. Specific Issue on which the Lobbyist has been retained (Describe in Detail):

Temporary Use Permit

Lobbyist specifically includes principal as well as any agent, officer, or employee of a principal. Each person who withdraws as a lobbyist is required to file a Certificate of Withdrawal.

4. Registration Fee paid? NO YES (Cash or Check)

5. Please identify all Council People or Personnel to be lobbied:

Entire Council

6. The subject matter in number (3) above is to be considered at which meeting? (Check all applicable)

City Council

Zoning Board of Adjustment

Planning Commission

City Board

RFP Review/Selection Committee

Others (Specify)

7. Please state the extent of any business, financial, familial, and professional or other relationship which exists with any individual identified in number (5) above.

N/A

OATH

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

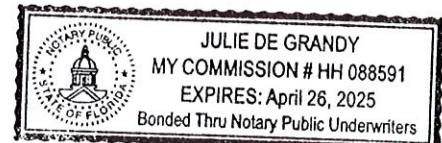
I, the undersigned registrant, do hereby depose under oath and say that the information disclosed and any attachments are true and correct.

Alexandria Dan Boman
Signature

Sworn to and subscribed before me this 8TH day of Sept., 2022.

Julie De Grandy
Notary Public

My Commission Expires: _____





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LOBBYIST REGISTRATION AFFIDAVIT

1. Lobbyist Name:	Gassant	Pedro				
	Last Name	First	Middle			
Lobbyist Phone:	(305) 789-7430					
Lobbyist Address:	701 Brickell Avenue, Suite 3300	Miami	FL	33131		
	Street	City	State	Zip		
2. Principal Represented:	Arch Creek Apartments, LLC					
Principal Address:	13499 Biscayne Blvd., Ste CU214	North Miami	FL	33181		
	Street	City	State	Zip		

Other Principals or Interests and Address (Detail):

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City Council	<input checked="" type="checkbox"/>
Zoning Board of Adjustment	<input checked="" type="checkbox"/>
Planning Commission	<input checked="" type="checkbox"/>
City Board	<input type="checkbox"/>
RFP Review/Selection Committee	<input type="checkbox"/>
Others (Specify)	<input type="checkbox"/>

7. Please state the extent of any business, financial, familial, and professional or other relationship which exists with any individual identified in number (5) above.

N/A

OATH

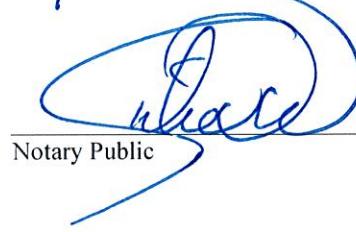
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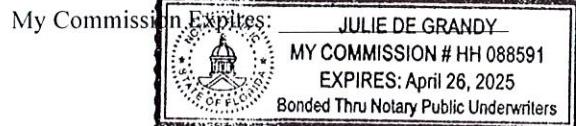


Signature

Sworn to and subscribed before me this 8th day of Sept., 2022.



Notary Public



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