

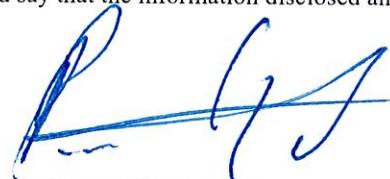
7. Please state the extent of any business, financial, familial, and professional or other relationship which exists with any individual identified in number (5) above.

N/A

OATH

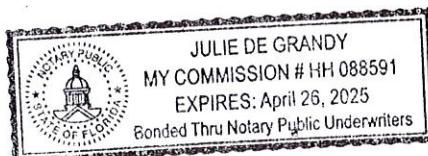
STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

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



Signature

Sworn to and subscribed before me this 19th day of September, 20 23



Notary Public



My Commission Expires: _____

Received

SEP 27 2023

City Of North Miami
City Clerk's Office

776 NE 125 Street | North Miami | Florida | 33161 | 305.893.6511