



LOBBYIST REGISTRATION AFFIDAVIT

Choose One:

Renewal



Fiscal Year 2024-2025



1. Lobbyist Name: JEANTY MARCKENSON
Last Name First Middle

Lobbyist Phone: (786) 955-4526

Lobbyist Address: 66 W FLAGLER STREET, SUITE 900, PMB 9781 MIAMI FL 33130
Street City State Zip

2. Principal Represented: KEYSTONE 2020 LLC

Principal Address: 14340 BISCAYNE BLVD, NORTH MIAMI, FL 33181
Street City State Zip

Other Principals or Interests and Address (Detail):
NOT APPLICABLE

3. Specific Issue on which the Lobbyist has been retained (Describe in Detail):
ALL MATTERS RELATED TO KEYSTONE 2020 LLC, LOCATED AT NE 12350 NE 6TH AVENUE /
12326 NE 6TH AVE / 560 NE 124TH ST NORTH MIAMI FL 33161 / 12302 NE 6TH AVENUE
NORTH MIAMI FL 33161

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 CITY COUNCIL, CITY ATTORNEY, CITY MANAGEMENT AND STAFF

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

City Council	<input checked="" type="checkbox"/>
Zoning Board of Adjustment	<input checked="" type="checkbox"/>
Planning Commission	<input checked="" type="checkbox"/>
City Board	<input checked="" type="checkbox"/>
RFP Review/Selection Committee	<input checked="" type="checkbox"/>
CRA Board	<input checked="" type="checkbox"/>
CRA Advisory Committee	<input checked="" type="checkbox"/>

Received

OCT 25 2024

City Of North Miami
City Clerk's Office

776 NE 125 Street | North Miami | Florida | 33161

305.893.6511

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.

NOT APPLICABLE

OATH

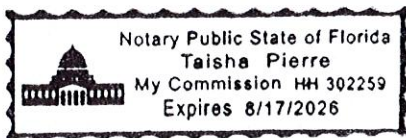
STATE OF FLORIDA)

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 25 day of october, 20 24



Notary Public

My Commission Expires:

Received

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