



LOBBYIST REGISTRATION AFFIDAVIT

Choose One:

Renewal ☐

Fiscal Year 2024-2025 ☒

1. Lobbyist Name: Streitfeld, Rachel Allison
- | | | | |
|-----------------|----------------|-----------------|--------|
| | Last Name | First | Middle |
| Lobbyist Phone: | (<u>786</u>) | <u>321-3811</u> | |
- Lobbyist Address: 7293 NW 2nd Avenue Miami, Florida 33150

Street	City	State	Zip
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2. Principal Represented: Shelton Miami, Inc.
- Principal Address: 7901 4th Street N. Suite 300 St. Petersburg, Florida 33702
- | | | | |
|--------|------|-------|-----|
| Street | City | State | Zip |
|--------|------|-------|-----|
- Other Principals or Interests and Address (Detail):
none.

3. Specific Issue on which the Lobbyist has been retained (Describe in Detail):
Application for site plan approval and conditional use permit for 9 floating units in the R-6 zoning district for "The Shelton" located at 1998 NE 135th Street.

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:
All elected officials and staff reviewing above-described applications.

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

Received

MAY 22 2025

**City Of North Miami
City Clerk's Office**

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.

none.

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

21st

day of

May

20

25

Notary Public



MARIVEL MEDEROS
Notary Public
State of Florida
Comm# HH461037
Expires 11/2/2027

My Commission Expires: _____