

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)

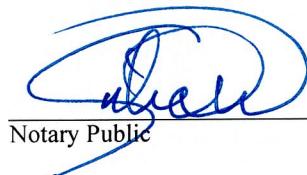
COUNTY OF MIAMI-DADE)

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 22nd day of September, 20 25



Notary Public

My Commission Expires: _____