



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 San Roman*  
Signature

Sworn to and subscribed before me this 23 day of Sept., 2025.

*Pamela Thomas*  
Notary Public

My Commission Expiration:

