

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

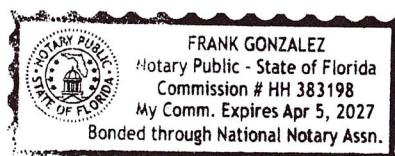
STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

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 9 day of December, 2025.



Notary Public

My Commission Expires: _____

Received

Received

DEC - 9

DEC - 9 2025

City Of North Miami
City Clerk's Office

City Of North Miami
City Clerk's Office

776 NE 125 Street | North Miami | Florida | 33161

305.893.6511