



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

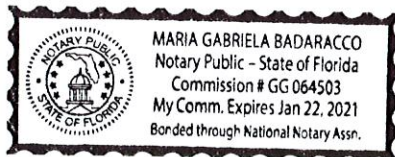
OATH

STATE OF FLORIDA )  
COUNTY OF ~~MIAMI-DADE~~ )  
Broward

I, the undersigned registrant, do hereby depose under oath and say that the information disclosed and any attachments are true and correct.

  
Signature Heidi Davis Knapik

Sworn to and subscribed before me this 20<sup>th</sup> day of September, 2018.



  
Notary Public

My Commission Expires: 1/22/21

RECEIVED

SEP 21 2018

CITY OF NORTH MIAMI  
CITY CLERKS OFFICE