



City of Coral Gables
Request to Address City Commission

Order of receipt: _____

Date: 12-1-10 PLEASE PRINT Time: 10:10

Agenda/Item Number: Mobility Hub I-1

Issue: I-1 HUB

Name: Goodni Sukunji

Mailing address: 225 Aliso Av.

City: Coral Gables State/Zip: FL 33134

Phone: 305-288-826 E-mail: GOODNIS310@comcast.com

Are you a registered lobbyist with the City of Coral Gables?

- Yes No

Representing: _____

- I wish to speak Proponent
 I do not wish to speak Opponent
 I have been requested to speak To provide information

Comments regarding this issue:

Signature: [Signature]

Pursuant to Article I, Section 24 of the Florida Constitution, this document, and information contained therein, is a public record.



City of Coral Gables
Request to Address City Commission

Order of receipt: _____

Date: 12/1/10 PLEASE PRINT Time: 10:00 AM

Agenda/Item Number: I-1

Issue: _____

Name: JOSE ANGEZAGA

Mailing address: 1519 N. ALISO AV. #102

City: CG State/Zip: FL

Phone: 786-498-6977 E-mail: JPM1403@comcast.com

Are you a registered lobbyist with the City of Coral Gables?

- Yes No

Representing: SELF

- I wish to speak Proponent
 I do not wish to speak Opponent
 I have been requested to speak To provide information

Comments regarding this issue:

Signature: [Signature]

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City of Coral Gables
Request to Address City Commission

Order of receipt: _____

Date: 12/7/21 PLEASE PRINT Time: _____

Agenda/Item Number: _____

Issue: Mobility Hub

Name: Sue Kowalewski

Mailing address: _____

City: _____ State/Zip: _____

Phone: _____ E-mail: _____

Are you a registered lobbyist with the City of Coral Gables?

Yes No

Representing: _____

- I wish to speak
- I do not wish to speak
- I have been requested to speak
- Proponent
- Opponent
- To provide information

Comments regarding this issue:

Coral Gables Neighbors Assn.

Signature: [Signature]

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City of Coral Gables
Request to Address City Commission

Order of receipt: _____

Date: 12/7/21 PLEASE PRINT Time: _____

Agenda/Item Number: _____

Issue: Mobility Hub

Name: Sue Kowalewski

Mailing address: 6830 GRATIA ST

City: _____ State/Zip: 33146

Phone: _____ E-mail: _____

Are you a registered lobbyist with the City of Coral Gables?

Yes No

Representing: _____

- I wish to speak
- I do not wish to speak
- I have been requested to speak
- Proponent
- Opponent
- To provide information

Comments regarding this issue:

Representing Terrain Spectacular
 Advisory Board

Signature: [Signature]

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City of Coral Gables
Request to Address City Commission

Order of receipt: _____

PLEASE PRINT

Date: _____ Time: 10:00 AM

Agenda/Item Number: L-1

Issue: Parking Garage/Mobility Hub

Name: WALTER O. QUINN

Mailing address: 1447 Wilcox Rd

City: Coral Gables state/zip: FL 33146

Phone: 305-323-2154 E-mail: theboard@cityofcoral.com

Are you a registered lobbyist with the City of Coral Gables?

- Yes No

Representing: _____

- I wish to speak Proponent
 I do not wish to speak Opponent
 I have been requested to speak To provide information

Comments regarding this issue:

Signature: Walter O. Quinn

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City of Coral Gables
Request to Address City Commission

Order of receipt: _____

PLEASE PRINT

Date: 12-7 Time: _____

Agenda/Item Number: _____

Issue: MOBILITY HUB

Name: JR HENNESSY

Mailing address: 3855 SW 15th Ave

City: ORLANDO state/zip: 32819

Phone: _____ E-mail: _____

Are you a registered lobbyist with the City of Coral Gables?

- Yes No

Representing: _____

- I wish to speak Proponent
 I do not wish to speak Opponent
 I have been requested to speak To provide information

Comments regarding this issue:

Signature: JR Hennessy

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