APPLICANTS AFFIDAVIT OF FACTS

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

Before me, the undersigned authority, personally appeared Javier Avila who, being duly sworn, deposes and states as follows:

1. My name is Javier Avila and I am over the age of eighteen (18). I am competent to make this affidavit.

2. I reside at 813 Anastasia Ave Coral gables, FL 33134.

3. I hereby affirm that all information, statements, and documents that I have submitted before the Historic Preservation Board of the City of Coral Gables in relation to our submission of an Economic Hardship Request are true, correct, and accurate to the best of my knowledge and belief.

4. I make this affidavit freely, voluntarily, and under oath, for the purpose of affirming the accuracy of the submitted information.

Affiant's Signature: Javier Avila Affiant's Signature: _____
Printed Name of Affiant: _____ Printed Name of Affiant: _____
Date: 9/12/25 Date: _____

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me by means of ☑ physical presence or ☐ online notarization, this 12th day of Sept, 2025, by (Javier Avila).
☑ Personally Known OR ☐ Produced Identification
Type of Identification Produced: pers. known.

Notary Public, State of Florida
_____
(Signature of Notary Public)
Raquel Rosales
(Print, Type, or Stamp Commissioned Name of Notary Public)

My Commission Expires: Feb 28, 2029

RAQUEL ROSALES
Notary Public - State of Florida
Commission # HH 608513
My Comm. Expires Feb 28, 2029
Bonded through National Notary Assn.