CORPO

## City of Coral Gables Order of receipt Request to Address City Commissi

Request to Address	s City Commission	
1/1	it /2 : //	
Agenda/Item Number:	<u> </u>	
Name: Ed Suramana		
Mailing address: 47 Jan	Sebester M.	
City: Com Cell State		
Phone: E-ma	il:	
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:	1	
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Signature		

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

## City of Requi

## City of Coral Gables Request to Address City Commission

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Date: PLEASE PR	INT late of
<u> </u>	
Agenda/Item Number:	17
Issue: CHARTER	REVERN
Name: (SOR) SOR	s coft
Mailing address: 225 A	esto Ave
City: CORAL GABLES Sta	te/Zip: 33134
Phone: 3 05 788 0828 E-n	nail: GORRONS360
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Are you a registered lobbyist with the City	of Coral Gables?
□ <sub>Yes</sub>	lo
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:	
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Signature Signature	lall

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