

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: Javier 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

