



City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT
 Date: 3/29/20 Time: 1:30

Agenda/Item Number: F7

Issue: MADRIDA

Name: TOM O'MALLEY

Mailing address: 616 SEMINOLE AVE

City: CG State/Zip: 633146

Phone: 3/987-3133 E-mail: O'MALLEYTR@Bellsouth

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 T.F. O'Malley

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 _____

PLEASE PRINT
 Date: 3/29 Time: _____

Agenda/Item Number: _____

Issue: 301-340 MADRIDA AVE PROJECT

Name: KEVIN SHEA

Mailing address: 302 MADRIDA AVE #206

City: CORAL GABLES State/Zip: 33134

Phone: 408-775-4242 E-mail: KESK24545@Gmail.com

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

- Yes No

Representing: MYSELF

- 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:

Comments on The Project

 Signature K Shea

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: _____

PLEASE PRINT

Date: 3/29/22 Time: 1:00

Agenda/Item Number: F7E8

Issue: 301 Madeira

Name: EMILIO F. MASCARO

Mailing address: 1015 ALMAGORA AVE.

City: CELA GABLES State/zip: FL 33134

Phone: (305) 605-1118 E-mail: EMASCARO@CAROLMASCAR.NET

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 _____

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: _____

PLEASE PRINT

Date: _____ Time: _____

Agenda/Item Number: F7E8 and E-8

Issue: 301 Madeira

Name: JORGE SONVILLE

Mailing address: 1821 AFFAIR LOUIT AVE

City: CORAL GABLES State/zip: FL 33134

Phone: 305 979 1125 E-mail: JORGE.SONVILLE@HOTMAIL.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:

I support proset.

 Signature Jorge Sonville

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 _____

PLEASE PRINT

Date: _____ Time: _____

Agenda/Item Number: F-7 and F-8

Issue: 301 Madeira

Name: Alicia Fernandez

Mailing address: 6000 Granada Blvd.

City: C. Gables State/Zip: 33146

Phone: 305 19886-1208 E-mail: ali.fernandez@ballsouth.net

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:

Support protest

Signature: Alicia Fernandez

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 _____

PLEASE PRINT

Date: 03/29 Time: _____

Agenda/Item Number: ~~301-340 Madeira Ave~~

Issue: 301-340 Madeira Ave

Name: PAUL G. PEREZ

Mailing address: 344 Madeira Ave #404

City: Coral Gables State/Zip: FL, 33144

Phone: 305 19886-1208 E-mail: PaulGPerez@aol.com

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

- Yes No

Representing: Paul Perez & Sylvia Aguiar

- 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: Paul G. Perez

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 _____

PLEASE PRINT

Date: 3/26/22 Time: 1:30 pm

Agenda/Item Number: FS

Issue: 301-341 Medicare Development

Name: Teresa's Nekrasov

Mailing address: 600 Biltmore Way #901

City: Coral Gables State/Zip: FL 33134

Phone: (305) 725-4724 E-mail: maelard@bellsouth.net

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: *Teresa Nekrasov*

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 _____

PLEASE PRINT

Date: 29 MARCH Time: 7:30 A

Agenda/Item Number: 7-7-B

Issue: 301 MADEIRA

Name: Julio GRABIEL

Mailing address: 1126 S. GREENWAY DR

City: C.G. State/Zip: 33134

Phone: 305 442-9005 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: *Julio Grabiel*

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 _____

PLEASE PRINT

Date: 3/29 **Time:** _____

Agenda/Item Number: F 7 - T 9

Issue: PUD 9 Computer ADSE

Name: Julio Gabriel

Mailing address: _____

City: _____ **State/Zip:** _____

Phone: _____ **E-mail:** _____

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

Yes No

Representing: Self

- | | |
|---|---|
| <input checked="" type="checkbox"/> I wish to speak | <input checked="" type="checkbox"/> Proponent |
| <input type="checkbox"/> I do not wish to speak | <input type="checkbox"/> Opponent |
| <input type="checkbox"/> I have been requested to speak | <input type="checkbox"/> To provide information |

Comments regarding this issue:

Signature _____

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