

PLEASE PRINT

| | PECAJE PAIN | ** |
|------------------------------------|-------------------------|---|
| Date: | | Time: |
| Agenda/Item Nu | mber: Willy | |
| Issue: | Manafi | ~ |
| Name: Willy | A. Ber | nelp |
| Mailing address: / | - Augustina - | 1 1000 |
| City: | State | /Zip: |
| Phone: | E-ma | il: |
| Davis and the | obbyist with the City o | of Coral Gables? |
| I wish to speak I do not wish to s | | Proponent Opponent 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

DI FACE DRINT

| Date: <u>5-9-23</u> | Time: |
|--|---------------------------|
| Agenda/Item Number: | -3 |
| Issue: Direction of City | 2 |
| Name: Broft Gills | |
| Mailing address: 915 Feed | rand St |
| City: Coral Galles 5 | |
| Phone: E | -mall: brett.g. 11150 Sna |
| □ _{Yes} | No |
| Representing: | |
| | Proponent |
| Representing: Wish to speak I do not wish | Proponent Opponent |
| I wish to speak | |

| TOBUD. |
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| Request to Address City Commission | n |
|---|----------|
| Date: 5/9/23 PLEASE PRINT Time: 11:00 | <u>.</u> |
| Agenda/Item Number: 6-3 | |
| Issue: Dismissal of City Manage | v |
| Name: Lauren Dowlen | |
| Mailing address: 1460 Cecilio Ave | |
| City: Caral Gables State/Zip: 33/46 | , |
| Phone: 7/943-0/93 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 To provide information | ation |
| Comments regarding this issue: No red to fire Peter Besias | |
| Signature Dally | _ |

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Signature.

City of Coral Gables Request to Address City Commission

| Date: 5/9 PLEASE PRI | NT Time: |
|---|------------------------|
| Agenda/Item Number: | |
| Issue: CITY Mawa | 1921 |
| Name: 5090Ph 1 | Martucci |
| Mailing address: 430 MO | |
| Phone: 355-632-7643 E-m | |
| Are you a registered lobbyist with the City Yes N | of Coral Gables? |
| Representing: | |
| I wish to speak I do not wish to speak | Proponent Opponent |
| I have been requested to speak | To provide information |
| Comments regarding this issue: | |
| - | |



Order of receipt **City of Coral Gables Request to Address City Commission**

DLEASE DRINT

| Date: | Time: |
|---|-------------------------|
| Agenda/Item Number: | |
| Name: Alicia Fernan | ager |
| Name: Alicia Fernan | dez |
| Mailing address: | |
| City: | State/Zip: |
| Phone: 305 606 3036 | E-mail: |
| Are you a registered lobbyist with the | e City of Coral Gables? |
| Representing: | |
| I wish to speak I do not wish to speak I have been requested to speak | Proponent Opponent |
| Comments regarding this issue: | To provide information |
| | |
| Signature | |

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City of Coral Gables Request to Address City Commission

Order of receipt

| ZORIDA | |
|--|------------------------|
| Date: 5/9/22 PLEASE PRI | NT Time: // ' 00 |
| Date: 5/9/22 PLEASE PRI Agenda/Item Number: CM | DISMISSAL |
| Issue: | |
| Name: AUREUIO) | IRANA |
| Mailing address: | |
| City:Stat | e/ Zip: |
| Phone 305) 9035904 E-m | nall: |
| Are you a registered lobbyist with the City | |
| □ Yes 📈 N | o |
| Representing: | |
| X 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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| 1,1, | 5 |
| | |
| Signature | /// |

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| ~ 9 | LEAJE PRINT |
|-------------------------------|---|
| Date: | Time: |
| Agenda/Item Number: | <u>G3</u> |
| Issue: CAT | / MANAGTER |
| Name: 17 1 | - Das |
| Mailing address: | 5/7/A |
| City: [57/2 | State/Zip: |
| Phone: 3 2052 | E-mail: |
| Are you a registered lobbyist | with the City of Coral Gables? |
| □ _{Yes} | No |
| Representing: | 29 |
| | |
| I wish to speak | Proponent |
| I do not wish to speak | Opponent |
| I have been requested t | to speak \Box To provide information |
| Comments regarding this issu | e: |
| - Reta | N LITY MER |
| Signature. | Helme! |
| | Section 24 of the Florida Constitution, nation contained therein, is a public record. |



City of Coral Gables Request to Address City Commission

to Address City Commission

| Date: 5-9-23 PLEASE PR | INT Time: |
|--|--------------------------|
| Agenda/Item Number: 6-3 | |
| Q.1. W | |
| Issue: Cy / Carego | 4 |
| Name: Jebra Regis | rei |
| Mailing address: 1240 Plan | ce he be |
| City: Coral Gables Sto | - |
| Phone: 305-807-5823E-1 | mall: raebaragista |
| 2 | com |
| Are you a registered lobbyist with the Cit | y of Coral Gables? No |
| Representing: | |
| 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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| | - Va . |
| Signature Alle Many 1 | are . |

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Order of receipt

| City of Coral Gable Request to Addres | |
|--|--|
| Date: 5 PLEASE PRIN | NT Time: |
| Agendg/Item Number: | |
| Issue: Dan May 28 | not - |
| Name: | |
| Mailing address: | C. CAUZ |
| City: State | r/Zip: |
| Phone: | THE TOTAL PROPERTY OF THE PARTY |
| Are you a registered lobbyist with the City of Yes | |
| Representing: | |
| U 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 /// R | el aug |

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City of Coral Gables Request to Address City Commission

Order of receipt

| T/G PLEASE PI | KIN I |
|---|------------------------|
| Date: | Time: |
| Agenda/Item Number: | William C |
| Issue: Hy M | ANAGER |
| Name: SUE KOWE! | erslet |
| Mailing address: | Vic |
| City:St | ate/Zip: |
| Phone: E- | mail: Typeple & |
| Are you a registered lobbyist with the Ci | ty of Coral Gables? |
| 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 | |

| CLORIVE |
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Order of receipt City of Coral Gables

| Request to A | ladress City Commission |
|---|---|
| | SE PRINT Time: 9-30 |
| Agenda/Item Number: | (1712 cm) |
| Issue: CITY M. | |
| Name: Francy | BALSONA |
| Mailing address: 2199 | PONIE DE CENN |
| City: CG | State/Zip: |
| Phone: 3/441.1272 | E-mail: |
| Are you a registered lobbyist with Yes | No |
| Representing: 17456LF | |
| I wish to speak I do not wish to speak I have been requested to spe | Proponent Opponent To provide information |
| Comments regarding this issue: | |
| Signature OM 70 | N |

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City of Coral Gables Request to Address City Commission

Order of receipt_

| CORTUR |
|--|
| Date: 5/9/23 PLEASE PRINT Time: |
| |
| Agenda/Item Number: |
| Issue: CHy MANAGER |
| Name: DR. ANDY S. GOMEZ |
| Mailing address: 2401 ANDFRSON ROD #1 |
| City: CONAL GASIES State/Zip: F/A 33/3/ |
| Phone: 305-582-7266 E-mail: 40015604162540 |
| 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: |
| Supposed of City Mavison |
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| Signature |

Order of receipt City of Coral Gables

| | ss City Commission |
|--|------------------------|
| Date: PLEASE PRI | NT 10:30 |
| Agenda/Item Number: | |
| Issue: | n (|
| Name: | 11-7 |
| Mailing address: 217/1/ | more Praga |
| City: Stat | e/Zip: |
| Phone: E-m | All The Man Com |
| Are you a registered lobbyist with the City Yes Representing: | |
| 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 | |

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City of Coral Gables Request to Address City Commission

Order of receipt_

| ZORIUN | |
|---|------------------------|
| Date: 5/9/23 PLEASE PRI | Time: 900 pm |
| Agenda/Item Number:3 | 7. |
| Issue: | |
| Name: PAPAEL B. C. | Somez |
| Mailing address: 602 UACenc | in Ave \$ 108 |
| City: CORAC GABLES State | e/Zip: 33134 · |
| Phone: 305. 162 4744 E-m | RAFAEL & GOVER |
| | |
| Are you a registered lobbyist with the City | |
| | o |
| 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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| - 20 | 3 |
| Signature // 55 | 70 |

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| PLEAJE | PRIM |
|---|------------------------|
| Date: | Time: |
| Agenda/Item Number: | 63 |
| Issue: | Oballerar |
| Mailing address: | |
| City: | State/Zip: |
| Phone: | E-mail: |
| Are you a registered lobbyist with the Yes Representing: | No |
| ☐ I wish to speak ☐ I do not wish to speak | Proponent Opponent |
| I have been requested to speak | To provide information |
| Comments regarding this issue: | |
| Signature | |

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| City of Coral Ga | Dies Order of receipt |
|--|----------------------------|
| Request to Addi | ress City Commission |
| Date: PLEASE P | RINT 1:03 PM |
| Agenda/Item Number: | 03 |
| Issue: | |
| to SANTAN | ACA |
| Name: | |
| Mailing address: | Stastun /N |
| City: St | tate/Zip: |
| Phone: E | -mall: |
| Are you a registered lobbyist with the C | ity of Coral Gables? No |
| Representing: | |
| | _ |
| I wish to speak | Proponent |
| I do not wish to speak | Opponent |

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I have been requested to speak

Comments regarding this issue:

Signature_

To provide information





PLEASE PRINT

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| 7,1 |
| 7201 |
| LEUNAR |
| te/Zip: |
| nail: |
| of Ceral Gables? |
| |
| Proponent |
| Opponent |
| To provide information |
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