



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

Order of receipt \_\_\_\_\_

**PLEASE PRINT**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Agenda/Item Number: Willy

Issue: City Manager

Name: Willy A. Bermejo

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Yes  No

Representing: \_\_\_\_\_

- |   |   |
|---|---|
| <input type="checkbox"/> I wish to speak                | <input 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 Willy A. Bermejo

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

Order of receipt \_\_\_\_\_

**PLEASE PRINT**

Date: 5-9-23 Time: \_\_\_\_\_

Agenda/Item Number: G-3

Issue: Direction of city

Name: Brett Gillis

Mailing address: 915 Ferdinand St

City: Coral Gables State/Zip: FL 33134

Phone: \_\_\_\_\_ E-mail: brett.gillis@smail.com

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

Yes  No

Representing: \_\_\_\_\_

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> I wish to speak     | <input 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 Brett Gillis

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

Order of receipt \_\_\_\_\_

Date: 5/9/23 PLEASE PRINT Time: 11:00

Agenda/Item Number: G-3

Issue: Dismissal of City Manager

Name: Lauren Dowlen

Mailing address: 1460 Cecilio Ave

City: Coral Gables State/Zip: 33146

Phone: 7/942-0193 E-mail: \_\_\_\_\_

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

Yes  No

Representing: \_\_\_\_\_

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

Comments regarding this issue:

No need to fire Peter Iglesias

Signature Lauren Dowlen

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

Order of receipt \_\_\_\_\_

Date: 5/9 PLEASE PRINT Time: \_\_\_\_\_

Agenda/Item Number: \_\_\_\_\_

Issue: CITY manager

Name: JOSEPH MARTUCCI

Mailing address: 430 MENDOZA AVE

City: CORAL GABLES State/Zip: 33134

Phone: 305-632-7643 E-mail: JCM@LAW.COM

COMCAST, MRT

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

Yes  No

Representing: \_\_\_\_\_

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> I wish to speak     | <input 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 \_\_\_\_\_

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**Request to Address City Commission**

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**PLEASE PRINT**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Agenda/Item Number: \_\_\_\_\_

Issue: CITY MANAGER

Name: Alicia Fernandez

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Phone: 305 606 3036 E-mail: \_\_\_\_\_

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

Yes  No

Representing: \_\_\_\_\_

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> I wish to speak     | <input 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 \_\_\_\_\_

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

Order of receipt \_\_\_\_\_

**PLEASE PRINT**

Date: 5/9/22 Time: 11:00

Agenda/Item Number: CM DISMISSAL

Issue: \_\_\_\_\_

Name: AURELIO DURANA

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Phone: (305) 903 5904 E-mail: \_\_\_\_\_

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

Yes  No

Representing: \_\_\_\_\_

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> I wish to speak     | <input 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 \_\_\_\_\_

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

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**PLEASE PRINT**

Date: 5-9 Time: \_\_\_\_\_

Agenda/Item Number: G-3

Issue: CITY MANAGER

Name: JR HOLDEN

Mailing address: 35 S Dania

City: CORAL GABLES State/Zip: FL

Phone: 305-338-1121 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 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:

RETAIRN CITY MGR

Signature: JR Holden

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**City of Coral Gables**  
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**PLEASE PRINT**

Date: 5-9-23 Time: \_\_\_\_\_

Agenda/Item Number: G-3 23-5678

Issue: City Manager

Name: Debra Register

Mailing address: 1240 Place des Ave

City: Coral Gables State/Zip: FL 33146

Phone: 305-807-5523 E-mail: rdebr@registerco.com

Are you a registered lobbyist with the City of Coral Gables?  
 Yes  No

Representing: \_\_\_\_\_

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> I wish to speak     | <input 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: Debra Register

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**City of Coral Gables**  
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Order of receipt \_\_\_\_\_

PLEASE PRINT

Date: 5/9/23 Time: \_\_\_\_\_

Agenda/Item Number: G-3

Issue: Termination of

Name: Manager

Mailing address: MARIA C. CRUZ

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Phone: On record E-mail: on record

Are you a registered lobbyist with the City of Coral Gables?  
 Yes  No

Representing: \_\_\_\_\_

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> I wish to speak     | <input 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: Manuel Cruz

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PLEASE PRINT

Date: 5/9 Time: \_\_\_\_\_

Agenda/Item Number: G-3

Issue: CITY MANAGER

Name: Sue Kwelerski

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: tvpeople@ymail.com

Are you a registered lobbyist with the City of Coral Gables?  
 Yes  No

Representing: CGNA

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> I wish to speak     | <input 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: [Signature]

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

Order of receipt \_\_\_\_\_

Date: 5/8/23 **PLEASE PRINT** Time: 9:30

Agenda/Item Number: CITIZEN

Issue: CITY MANAGER

Name: FREDDY BALSARA

Mailing address: 2199 PONCE DE LEON

City: CG State/Zip: 33134

Phone: 3/441-1272 E-mail: \_\_\_\_\_

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

Yes  No

Representing: MYSELF

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> I wish to speak     | <input 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 [Signature]

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**City of Coral Gables**  
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Order of receipt \_\_\_\_\_

Date: 5/9/23 **PLEASE PRINT** Time: \_\_\_\_\_

Agenda/Item Number: \_\_\_\_\_

Issue: CITY MANAGER

Name: DR. ANDY S. GOMEZ

Mailing address: 2401 ANDERSON ROAD #18

City: CORAL GABLES State/Zip: FLA. 33134

Phone: 305-582-2266 E-mail: ANDYSGOMEZ54@GMAIL.COM

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

Yes  No

Representing: MYSELF

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> I wish to speak     | <input 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:

SUPPORT OF CITY MANAGER  
 \_\_\_\_\_  
 Signature [Signature]

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

Order of receipt \_\_\_\_\_

Date: 5/9/23 PLEASE PRINT Time: 10:30

Agenda/Item Number: G3

Issue: City Manager

Name: Thad Adams

Mailing address: 121 Alhambra Plaza

City: Coral Gables State/Zip: FL 33147

Phone: 305-733-5100 E-mail: thad@adams.com

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

Yes  No

Representing: C. Gables Chamber

- I wish to speak
- I do not wish to speak
- I have been requested to speak
- Proponent
- Opponent
- To provide information

Comments regarding this issue:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature \_\_\_\_\_

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

Order of receipt \_\_\_\_\_

Date: 5/9/23 PLEASE PRINT Time: 9<sup>00</sup> AM

Agenda/Item Number: G.3.

Issue: \_\_\_\_\_

Name: RAPHAEL B. GOMEZ

Mailing address: 602 Valencia Ave #108

City: CORAL GABLES State/Zip: 33134

Phone: 305-562-4744 E-mail: RAPHAELB.GOMEZ@BELLSOUTH.NET

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
- Proponent
- Opponent
- To provide information

Comments regarding this issue:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature R. Gomez

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**City of Coral Gables**  
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Order of receipt \_\_\_\_\_

PLEASE PRINT

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Agenda/Item Number: 63

Issue: \_\_\_\_\_

Name: Christopher Challenge

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

- Yes  No

Representing: \_\_\_\_\_

- |   |   |
|---|---|
| <input type="checkbox"/> I wish to speak                | <input 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 \_\_\_\_\_

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

Order of receipt \_\_\_\_\_

PLEASE PRINT

Date: 5/9/13 Time: 1:03 PM

Agenda/Item Number: 63

Issue: \_\_\_\_\_

Name: ED SANTANA

Mailing address: 47 San Sebastian Ave

City: CA State/Zip: 33137

Phone: \_\_\_\_\_ E-mail: ?

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

- Yes  No

Representing: \_\_\_\_\_

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> I wish to speak     | <input 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 \_\_\_\_\_

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

Order of receipt \_\_\_\_\_

**PLEASE PRINT**

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Agenda/Item Number:** 63

**Issue:** \_\_\_\_\_

**Name:** Paul Valdes - Fau 1

**Mailing address:** 2610 LEONARDO

**City:** CG **State/Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **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** \_\_\_\_\_

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