



City of Coral Gables
Request to Address City Commission

Order of receipt: _____

Date: 8/27/19 PLEASE PRINT Time: _____

Agenda/Item Number: G-5

Issue: Hourly hotel

Name: MARIA O. QUIZ

Mailing address: 1447 N. 11th St

City: Orlando State/Zip: FL 32816

Phone: 305-323-2154 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: Maria O. Quiz

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: _____

Date: 08/27/19 PLEASE PRINT Time: 9:45am

Agenda/Item Number: G-5 19-9026

Issue: Resolution Urging City of Miami to pass legislation providing that term rental hotels

Name: Robert H. Fernandez

Mailing address: 600 Brickell Ave, Suite 3500

City: Miami State/Zip: Fla. 33131

Phone: 305-376-6000 E-mail: fernandez@quintor.com

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

- Yes No

Representing: Resorts at Dade, Inc.

- 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: Robert H. Fernandez

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