#### **City of Coral Gables Lobbyists Forms**

RECEIVED BY THE

2014 FEB . 6 PM 2: 38



#### CITY OF CORAL GABLES LOBBYIST ANNUAL REGISTRATION APPLICATION FOR EACH PRINCIPAL REPRESENTED

*	REGISTRA	TION #:	y.
HAVE YOU BEEN RETAIN	NED TO LOBBY ANY OF TH	E FOLLOWING FOR THE STATE	D PURPOSE?
CITY OFFICIALS:	Manager, Special Assistant to C Assistant or Deputy, Police Ma	City Attorney, City Manager, City Cl City Manager, Heads or Directors of De jor or Chief, Fire Major or Chief, Build mbers, or any other City Official or staf	partments, and their ding and Zoning In-
FOR THIS PURPOSE:	of any ordinance, resolution, a	sapproval, adoption, repeal, passage, description or decision of the City Commission, any Board,	sion; or any action,
IF THE FOREGOING APP	LIES TO YOU, YOU ARE RI	EQUIRED TO REGISTER AS A LOI	BBYIST:
Print Your Name	Mario J. Garcia-Serra		
Time Tour Name		LOBBYIST	and the second s
Print Your Business Name, if	applicable Greenberg Trauri	g, P.A.	
Business Telephone Number	305-579-0837		
Business Address	333 SE 2nd Avenue, 44th F	loor, Miami, FL	33131
Dusiness Address	ADDRESS	CITY, STATE	ZIP CODE
Federal ID#: 59-127054			
State the extent of any Commission.	business or professional relatio	nship you have with any current member	er of the City
N/A		1	
PRINCIPAL REPRESENTED:			
NAMEHector Fernal	ndez COMPAN	Y NAME, , IF APPLICABLE Agave	Ponce, LLC
BUSINESS ADDRESS 2601 S		33133 TELEPHONE NO.: 404-923-552	

ANNUAL REPORT: On October 1st of each year, you are required to submit to the City Clerk a signed statement under oath listing all lobbying expenditures in excess of \$25.00 for the preceding calendar year. A statement is required to be filed even if there were no expenditures.

LOBBYIST ISSUE APLICATION: Prior to lobbying for a specific issue, you are required to fill out a Lobbyist Issue Application form with the Office of the City Clerk; stating under oath, your name, business address, the name of each principal who employed you to lobby, and the specific issue on which you wish to lobby.

NOTICE OF WITHDRAWAL: If you discontinue representing a particular client, a notice of withdrawal is required to be filed with the City Clerk.

ANNUAL LOBBYIST REGISTRATION FEE: This Registration must be on file in the Office of the City Clerk prior to The filing of an Issue Application to lobby on a specific issue, and payment of a \$150.00 Lobbyist Registration Fee is required.

:	Mario J. Garcia-Serra	hereby swear or affirm u	ander penalty of per-	
j	Print Name of Lobbyist jury that I have read the provis	sions of the City of Coral Gab	eles Ordinance 2006-	
â	11, governing Lobbying and t	that all of the facts contained	in this Registration	
	Application are true and that I	agree to pay the \$150.00 Ann	nual Lobbyist Regis-	
1	tration Fee.	Merci Seru ( Signature of Lobby)	carast	
STATE OF FLO	PRIDA )			
COUNTY OF D	ADE )			
BEFORE ME pedescribed in and strument for the period in th	ersonally appeared Mario Ga who executed the foregoing in purposes therein expressed.	arcia-Serra to me we strument, and acknowledged to	ell known and known to me to be the so and before me that he/she executed s	person aid in-
WITNESS my H	land and Official Seal this	Steel S	Rolan.	
Produced	ID	Notary Publ State of Flor		I set
\$150.00 Fee Paid	i	Received By	Date:	
Fee Waived for N	Not-for-Profit Organizations (d	ocumentary proof attached.)		H T S
		For Office Use Only		
Data Entry Datas	20			-







## CITY OF CORAL GABLES LOBBYIST ISSUE APPLICATION

•	F	REGISTRATION #:			
HAVE YOU BEEN	N RETAINED TO I	LOBBY ANY OF THE F	OLLOWI	NG FOR THE STATED	PURPOSE?
CITY OFFICIALS:	Manager, Assistant	City Commissioners, City Special Assistant to City or Deputy, Police Major of Board, Committee Membe	Manager, I or Chief, F	Heads or Directors of Dep ire Major or Chief, Buildi	artments, and their
FOR THIS PURPOS	decision	of the City Commission; ommittee or City Official.			
FILE THE FOLL ADDRESSED. I	OWING INFORM	YOU, YOU ARE REQUINCTION, UNDER OATH CHARGE, PROVIDING FILE.	I, WITH	THE CITY CLERK F	OR EACH ISSUE
Print Your Name		Ma		rcia-Serra	
		C		BBYIST	
Print Your Business	Name			g Traurig, P.A.	
Business Telephone	Number	(308	5) 579-	-0837	
Business Address		333 SE 2nd Av	enue	Miami, FL	33131
		ADDRESS		CITY, STATE	ZIP CODE
Corporation, Partne	rship, or Trust Repre	esented:			
Principal Name:	Agave Pon	ce, LLC			
Principal Address:	2601 S. Bayshore	Drive, Suite 1215, Miami, I	L 33133	Telephone Number: (3)	05) 858-1890
	detail, including ad required for each	dress, if applicable, of the specific issue)	specific iss	sue on which you will lob	by: (Separate Ap-
Old S	panish Villag	ge, 2801 - 2901	- 3001	Ponce de Leor	n Boulevard
			Jan 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
-					
(	2				

	jury that all the fithat these requirer Gables Ordinance	acts contained in this Applicat	or affirm under penalty of perion are true and that I am aware the provisions of the City of Coral lying.  February 6, 2014  Date	
described in and strument for the	oADE ) ersonally appeared who executed the purposes therein e	foregoing instrument, and ack	nowledged to and before me that he/s	me to be the person she executed said in-
Personall Produced			Notary Public State of Florida	
		For Office Use	e Only	
Data Entry Date		20	Entered By:	

Annual Fees Waived for Not-for-Profit Organization. Please attach documentary proof.





# CITY OF CORAL GABLES FEB - 6 AM II: 51 LOBBYIST ANNUAL REGISTRATION APPLICATION FOR EACH PRINCIPAL REPRESENTED

HAVE YOU BEEN RET.	AINED TO LOBBY ANY OF THE FOLLOWING FOR THE STATED PURPOSE?
CITY OFFICIALS:	Mayor, City Commissioners, City Attorney, City Manager, City Clerk, Assistant City Manager, Special Assistant to City Manager, Heads or Directors of Departments, and their Assistant or Deputy, Police Major or Chief, Fire Major or Chief, Building and Zoning Inspectors Board, Committee Members, or any other City Official or staff.
FOR THIS PURPOSE:	To encourage the approval, disapproval, adoption, repeal, passage, defeat or modification of any ordinance, resolution, action or decision of the City Commission; or any action, decision or recommendation of the City Commission, any Board, Committee or City Official.
IF THE FOREGOING A	PPLIES TO YOU, YOU ARE REQUIRED TO REGISTER AS A LOBBYIST:
Print Your Name	DAN FREED LOBBYIST
Print Your Business Name,	if applicable RTKL ASSOCIATES INC
Business Telephone Numbe	000 000 7000
Business Address	396 ALHANIBRA CIRCLE; SOUTH TOWER ADDRESS CITY, STATE ZIP CODE CORAL GABLES, FL 331-
Federal ID#: <u>52-088</u>	34069 CORAL GABLES, FL 331-
Commission.	ny business or professional relationship you have with any current member of the City

#### CITY OF CORAL GABLES RECEIVED BY THE OFFICE OF THE CITY CLERK

ANNUAL REPORT: On October 1st of each year, you are required to submit to the City Clerk a signed statement under oath listing all lobbying expenditures in excess of \$25.00 for the preceding the local file of the preceding of t

**LOBBYIST ISSUE APLICATION**: Prior to lobbying for a specific issue, you are required to fill out a Lobbyist Issue Application form with the Office of the City Clerk; stating under oath, your name, business address, the name of each principal who employed you to lobby, and the specific issue on which you wish to lobby.

**NOTICE OF WITHDRAWAL**: If you discontinue representing a particular client, a notice of withdrawal is required to be filed with the City Clerk.

ANNUAL LOBBYIST REGISTRATION FEE: This Registration must be on file in the Office of the City Clerk prior to The filing of an Issue Application to lobby on a specific issue, and payment of a \$150.00 Lobbyist Registration Fee is required.

required.	
	I <u>DAN FLEED</u> hereby swear or affirm under penalty of per- Print Name of Lobbyist jury that I have read the provisions of the City of Coral Gables Ordinance 2006-
	11, governing Lobbying and that all of the facts contained in this Registration
	Application are true and that I agree to pay the \$150.00 Annual Lobbyist Regis-
	tration Fee.  Signature of Lobbyist
STATE OF FL	ORIDA )
COUNTY OF I	DADE )
described in an	d who executed the foregoing instrument, and acknowledged to and before me that he/she executed said inequiposes therein expressed.
WITNESS my	W. OF FLOW. COMMISSION W. ET. 150010
Produced	Notary Public  d ID  State of Florida
\$150.00 Fee Pa	id Received By H. Date Date 08/06/2014
Fee Waived for	Not-for-Profit Organizations (documentary proof attached.)
	For Office Use Only
Data Entry Date	e:, 20 Entered By:



# CITY OF CORA 2014 FEB 6 AM II: 51

CITT OF CONAE GADLES	
LOBBYIST	
ISSUE APPLICATION	

	REC	GISTRATION	#:		
HAVE YOU BEEN RET	'AINED TO LOE	BBY ANY OF T	HE FOLLOWI	ING FOR THE STATE	ED PURPOSE?
CITY OFFICIALS:	Manager, Spe Assistant or I	ecial Assistant to Deputy, Police M	City Manager, I ajor or Chief, F	City Manager, City C Heads or Directors of De ire Major or Chief, Buil City Official or staff.	epartments, and their
FOR THIS PURPOSE:	decision of t		ssion; or any a	ation of any ordinance, ction, decision or reco	
IF THE FOREGOING A FILE THE FOLLOWIN ADDRESSED. ISSUE REGISTRATION DOCK	NG INFORMATI FEE: NO CHA	ION, UNDER ( ARGE, PROVIL	DATH, WITH	O REGISTER AS A L THE CITY CLERK AVE A CURRENT AN	FOR EACH ISSUE
Print Your Name		,	Dan F	reed	
			The second secon	BBYIST	
Print Your Business Name		K	IKL ASSO	ociates Inc.	
Business Telephone Numb	per	(7	786) 268-3	3200	
Business Address	396	6 Alhambra Cir	cle, South Tow	ver Coral Gable	es 33134
Dusiness Address	ADI	DRESS		CITY, STATE	ZIP CODE
Corporation, Partnership, o	or Trust Represent	ed:			
Principal Name: Ag	jave Ponce	e, LLC			
	S. Bayshore Drive	e, Suite 1215, Mia	ami, FL 33133	Telephone Number: (	305) 858-1890
ISSUE: Describe in detail, plication is require Old Span	ed for each speci	ific issue)		nue on which you will lo	
		100.000		** ***********************************	

#### CITY OF CORAL GABLES RECEIVED BY THE OFFICE OF THE CITY CLERK

Dan Freed 2014 FFB 7.6 AM 11: 51 hereby swear or affirm under penalty of per-
Print Name of Lobbyist jury that all the facts contained in this Application are true and that I am aware
that these requirements are in compliance with the provisions of the City of Coral
Gables Ordinance No. 2006-11, governing Lobbying.  February 6, 2014  Date
STATE OF FLORIDA ) COUNTY OF DADE  BEFORE ME personally appeared described in and who executed the foregoing instrument, and acknowledged to and before me that he/she executed said instrument for the purposes therein expressed.
WITNESS my Hand and Official Seal this February 6,2014.
Personally Known Produced ID  MARIA PATRICIA CARIPA Notary Public - State of Florida My Comm. Expires Aug 31, 2013 to of Florida Commission # EE 126810
For Office Use Only
Data Entry Date:, 20 Entered By:

Lobbyist Form – Issue Application - Revised 6/30/10)

Annual Fees Waived for Not-for-Profit Organization. Please attach documentary proof.

CITY OF CORAL GABLES
RECEIVED BY THE
OFFICE OF THE CITY CLERK



# CITY OF CORAL GABELS APR 11 AM 11: 48 LOBBYIST ANNUAL REGISTRATION APPLICATION FOR EACH PRINCIPAL REPRESENTED

REGISTRATION #:\_\_\_\_\_

CITY OFFICIALS:	Mayor, City Commissioners, City Attorney, City Manager, City Clerk, Assistant City Manager, Special Assistant to City Manager, Heads or Directors of Departments, and their Assistant or Deputy, Police Major or Chief, Fire Major or Chief, Building and Zoning Inspectors Board, Committee Members, or any other City Official or staff.
FOR THIS PURPOSE:	To encourage the approval, disapproval, adoption, repeal, passage, defeat or modification of any ordinance, resolution, action or decision of the City Commission; or any action, decision or recommendation of the City Commission, any Board, Committee or City Official.
IF THE FOREGOING A	PPLIES TO YOU, YOU ARE REQUIRED TO REGISTER AS A LOBBYIST:
Print Your Name	LOBBYIST
Print Your Business Name,	if applicable RTKL ASSOCIATES
	er 786.268.3200
Business Address	ADDRESS TOWER, SUITE SOO CITY, STATE ZIP CODE
Federal ID#: <u>52 - 088</u>	4069
State the extent of a Commission.	any business or professional relationship you have with any current member of the City

ANNUAL REPORT: On October 1st of each year, you are required to submit to the City Clerk a signed statement under oath listing all lobbying expenditures in excess of \$25.00 for the preceding calendar year. A statement is required to be filed even if there were no expenditures.

LOBBYIST ISSUE APLICATION: Prior to lobbying for a specific issue, you are required to fill out a Lobbyist Issue Application form with the Office of the City Clerk; stating under oath, your name, business address, the name of each principal who employed you to lobby, and the specific issue on which you wish to lobby.

**NOTICE OF WITHDRAWAL**: If you discontinue representing a particular client, a notice of withdrawal is required to be filed with the City Clerk.

ANNUAL LOBBYIST REGISTRATION FEE: This Registration must be on file in the Office of the City Clerk prior to The filing of an Issue Application to lobby on a specific issue, and payment of a \$150.00 Lobbyist Registration Fee is required.

	Print Name of Lobbyist	y swear or affirm under penal	
11, govern	ning Lobbying and that all of	the facts contained in this Repay the \$150.00 Annual Lobby	egistration 20 CT
STATE OF FLORIDA	)		# <b>8</b>
COUNTY OF DADE	)		
BEFORE ME personally a described in and who exec strument for the purposes t		to me well known and acknowledged to and before	and known to me to be the person ore me that he/she executed said in-
WITNESS my Hand and C	Official Seal this 16th of A	101,2014 MALION	MARIA PATRICIA CARIPA Notary Public - State of Florida My Comm. Expires Aug 31, 2015 Commission # EE 126810
Produced ID		Notary Public State of Florida	0.(/4/22)///
\$150.00 Fee Paid X	Receive	ed By House	Date: 04/1/2014
Fee Waived for Not-for-Pr	ofit Organizations (documenta	ary proof attached.)	-4-(1)0
	For C	Office Use Only	
Data Entry Date:	20	Entered	Ву:



### CITY OF CORAL GABLES ORRYIST 2014 APR 11 AM 11: 48 **ISSUE APPLICATION**

	REGISTRATION #:	
HAVE YOU BEEN RETA	AINED TO LOBBY ANY OF THE FOLL	OWING FOR THE STATED PURPOSE?
CITY OFFICIALS:	Manager, Special Assistant to City Mana	rney, City Manager, City Clerk, Assistant City ger, Heads or Directors of Departments, and their ief, Fire Major or Chief, Building and Zoning Inany City Official or staff.
FOR THIS PURPOSE:		dification of any ordinance, resolution, action or any action, decision or recommendation of any
FILE THE FOLLOWING	G INFORMATION, UNDER OATH, WIFEE: NO CHARGE, PROVIDING YOU	D TO REGISTER AS A LOBBYIST AND TO ITH THE CITY CLERK FOR EACH ISSUE I HAVE A CURRENT ANNUAL LOBBYIST
Print Your Name	JOSH BAILEY	LOBBYIST
Print Your Business Name	RTKL ASSOCIATES	
Print Your Business Name Business Telephone Number	212 24	
		CORAL GOBLES, FL 33 134 CITY, STATE ZIP CODE
Business Telephone Number Business Address	786-268-3200 396 ALHAMBRA CR. ADDRESS	CORAL GOBLES, FL 33134 CITY, STATE ZIP CODE
Business Telephone Number	Trust Represented:	CORAL GOBLES, FL 33 134 CITY, STATE ZIP CODE
Business Telephone Number Business Address  Corporation, Partnership, or  Principal Name: ALAVE	Trust Represented:	CORAL GOBLES, FL 33 134  CITY, STATE ZIP CODE  Telephone Number: 305.858-1890
Business Telephone Number Business Address  Corporation, Partnership, or  Principal Name: ALAVE  Principal Address: 2601  JUTE  ISSUE: Describe in detail, in	Trust Represented:  Tonce LLC.  5. BAYSHORE DRIVE  RIS MIAMI, FC 33133	CITY, STATE 'ZIP CODE

I <u>プロル BAICEY</u> hereby swear or affirm under penalty of per-		
Print Name of Lobbyist jury that all the facts contained in this Application are true and that I am aware		
that these requirements are in compliance with the provisions of the City of Coral		
Gables Ordinance No. 2006-11, governing Lobbying.		
Signature of Lobbyist Date	2019 APR 1 1	GITY OF COR.
STATE OF FLORIDA ) COUNTY OF DADE ) Shua David Bacley	AH 11: 48	AL GABLES BY THE CITY CLERK
BEFORE ME personally appeared to me well known and known to me described in and who executed the foregoing instrument, and acknowledged to and before me that he/she strument for the purposes therein expressed.	to be t	the person ed said in-
WITNESS my Hand and Official Seal this 11th day of And, 2011		
Personally Known  Produced ID // LIULLUCKSL State of Florida		
YOLANDE A. DAV Notary Public - State o My Comm. Expires Feb Commission # EE 15 Bonded Through National No	1 Florida 5, 2016 53326	
For Office Use Only		
Data Entry Date: 20 System Page	STATE OF	<b>经</b> 有关格

Annual Fees Waived for Not-for-Profit Organization. Please attach documentary proof.

		Bank a	f Americ	a Advantage"			
	JOSHUA D BAILEY NATHALIE C BAILEY	05-02				173	38
	141 SW 96TH TER APT 302 PLANTATION, FL 33324	(954) 551-3279		_ 04.//./	4Da	_	0 VA 650
Aand Clarus	Pay CMY OF C. to the order of HUNDR	-	BL#S FIFT	<u> </u>	\$	/50 ∞	Boners,
2	Bank of America		, ————	Acho	1124	ollars (1	Postgrafi Detade pn Bach
	Memo LOBBYLST REGI			_		te.	•
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PEC	
	DATE CH/11/2014 No. 635931
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BAL. ĐƯỀ	OMONEY ORDER CREDIT
	CARD BY SOL



## CITY OF CORAL GABLES LOBBYIST ANNUAL REGISTRATION APPLICATION FOR EACH PRINCIPAL REPRESENTED

TO KEU	REGISTRATION #:	n jun	CHI O
HAVE YOU BEEN RETAI	NED TO LOBBY ANY OF THE FOLLOWING FOR THE STATED PU	JRPOS	ECON E
CITY OFFICIALS:	Mayor, City Commissioners, City Attorney, City Manager, City Clerk, Manager, Special Assistant to City Manager, Heads or Directors of Departm Assistant or Deputy, Police Major or Chief, Fire Major or Chief, Building a spectors Board, Committee Members, or any other City Official or staff.	nents, a	nd their
FOR THIS PURPOSE:	To encourage the approval, disapproval, adoption, repeal, passage, defeat of any ordinance, resolution, action or decision of the City Commission; decision or recommendation of the City Commission, any Board, Com Official.	or any	action,
IF THE FOREGOING APP	PLIES TO YOU, YOU ARE REQUIRED TO REGISTER AS A LOBBY	— IST:	
Print Your Name	EDUARDO ANIA		
Print Your Business Name, if	applicable KEY KESHA HUISNS, INC. (0/0 SPA	vsh0	11/1400
Business Telephone Number	305-857-0400		•
Business Address	2601 S BAY Shove Do #2001 MAMI, Fl. ADDRESS CITY, STATE ZI	33/3 P CODI	33
Federal ID#: 45-0391	567		
State the extent of an Commission DEA	y business or professional relationship you have with any current member of the loper for ABARE FONCE LLC Playerf  Spanish VIIIAGE	the City	
			_
PRINCIPAL REPRESENTED		)	110
NAME	COMPANY NAME, , IF APPLICABLE AGAIS TO	NCE,	4
BUSINESS ADDRESS 391	# 200, Cond GABles, E/	1102	

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I Escisso Avi/A hereby swear or affirm under penalty of per-
Print Name of Lobbyist jury that I have read the provisions of the City of Coral Gables Ordinance 2006-
11, governing Lobbying and that all of the facts contained in this Registration
Application are true and that I agree to pay the \$150.00 Annual Lobbyist Regis-
tration Fee.
Signature (f Lobbyist
STATE OF FLORIDA )
COUNTY OF DADE )
BEFORE ME personally appeared Educato Mila to me well known and known to me to be the person described in and who executed the foregoing instrument, and acknowledged to and before me that he/she executed said instrument for the purposes therein expressed.
WITNESS my Hand and Official Seal this June 27, 2014 MARIA PATRICIA CARIPA Notary Public - State of Florida
Personally Known  Notary Public  Notary Public  Notary Public
Produced ID State of Florida
\$150.00 Fee Paid Date:
Fee Waived for Not-for-Profit Organizations (documentary proof attached.)
For Office Use Only
Data Entry Date:, 20