



City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: 2/26/19 Time: _____

Agenda/Item Number: C-1

Issue: Coral Gables Art Cinema

Name: Brenda Mase

Mailing address: 2400 Aragon Ave

City: Coral Gables State/Zip: 33134

Phone: 786 472 2249 E-mail: brenda@gcblscinema.us

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

☐ Yes ☒ No

Representing: Cables Cinema

☐ 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: Brenda Mase

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: 2/26 Time: _____

Agenda/Item Number: C-1

Issue: Cinema

Name: Martin Ebbert

Mailing address: 6510 San Vicente

City: Coral Gables State/Zip: FL

Phone: _____ 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

☐ Proponent

☐ Opponent

☐ To provide information

Comments regarding this issue:

Signature: Martin Ebbert

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