



LOBBYIST REGISTRATION AFFIDAVIT

1. Lobbyist Name: SCOTT MATTHEW H. Last name First Middle

Business phone (954) 760-4911 % TRIPP SCOTT
Mailing Address 110 SE 6th St, #1500 Fort Lauderdale, FL 33301 City State Zip

2. Principal Represented: JEAN-LOUIS LUK % HEALING HEARTS MIAMI, LLC
Principal's Address 5411 SW 149th Place Miami Zip 33185 (If different from above)

Other Principals or Interests and Address (Detail):

3. Subject Matter (Describe in detail): CONDITIONAL use permitting in the city OF NORTH MIAMI. 12610 NE 11 AVE, 1085 NE 126 ST

Lobbyist specifically includes principal as well as any agent, officer or employee of a principal. Each person who withdraws as a lobbyist is required to file a Certificate of Withdrawal.

4. Registration Fee paid? Yes ___ No ___ (Cash ___ or Check [X] \$250.00
Certificate of Withdrawal filed? Yes ___ No ___

5. Please identify all Council people or Personnel to be lobbied: PLANNING AND ZONING STAFF BOARD OF ADJUSTMENT

6. The subject matter in number (3) above is to be considered at a meeting of: (check all applicable)

- The City Council ___
Zoning Board of Adjustment [X]
Planning Commission ___
Other City Board ___
RFP Review/Selection Committee ___
Others (Specify) ___



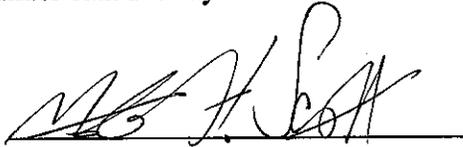
7. Please state the extent of any business, financial, familial, professional or other relationship which exists with any individual identified in number five above.

N/A

OATH

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

I, the undersigned registrant, do hereby depose under oath and say that the information disclosed and any attachments are true and correct.



Signature

Sworn to and subscribed before me this 26th day of February, 2016.



Notary Public



My Commission Expires: 5/28/17