



LOBBYIST REGISTRATION AFFIDAVIT

1. Lobbyist Name: RAVELO ALFREDO M. Last name First Middle

Business phone (305) 740-5442

Mailing Address 4533 PONCE DELEON BLVD. CORAL GABLES, FL 33146 City State Zip

2. Principal Represented: CAUSEWAY VILLAGE LLC

Principal's Address 9551 F. BAYHARBOR DR. BAY HARBOR FL 33154 (If different from above)

Other Principals or Interests and Address (Detail):

3. Subject Matter (Describe in detail): CAUSEWAY VILLAGE

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 \_\_\_) Certificate of Withdrawal filed? Yes \_\_\_ No \_\_\_

5. Please identify all Council people or Personnel to be lobbied: ALL COUNCIL MEMBERS & STAFF

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

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

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

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

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.

[Handwritten Signature]
Signature

Sworn to and subscribed before me this 1st day of NOVEMBER, 2016.

[Handwritten Signature]
Notary Public Victoria Lara

My Commission Expires: October 13, 2020

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