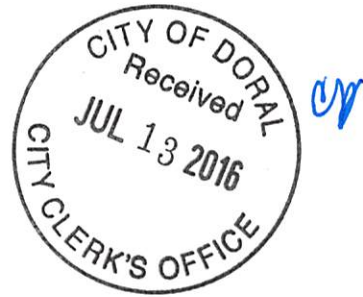


**CANDIDATE OATH –
NONPARTISAN OFFICE**

(Not for use by Judicial or
School Board Candidates)



OFFICE USE ONLY

OATH OF CANDIDATE
(Section 99.021, Florida Statutes)

I, Carlos Pereira
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the nonpartisan office of Doral City Council, _____,
(office) (district #)

_____, 1; I am a qualified elector of Miami-Dade County, Florida;
(circuit #) (group or seat #)

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

X [Signature] (786) 285 1403 Carlosdemocratic@gmail.com
Signature of Candidate Telephone Number Email Address

4500 N.W. 99th APT 201 Doral FL 33178
Address City State ZIP Code

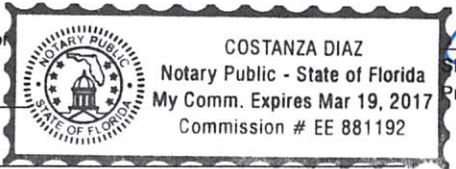
Candidate's Florida Voter Registration Number (located on your voter information card): 119147157

* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):
Karlos Pereira

STATE OF FLORIDA
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 13 day of July, 2016.

Personally Known: OR _____
Produced Identification: _____
Type of Identification Produced: _____
Signature of Notary Public: [Signature]
Print, Type, or Stamp Commissioned Name of Notary Public



Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :
Pereira Carlos Antonio

MAILING ADDRESS :
4500 N.W. 99th APT 201

Doral FL 33178 Dade

CITY : ZIP : COUNTY :

NAME OF AGENCY :
City of Doral

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
Council seat #1

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE



**** **BOTH PARTS OF THIS SECTION MUST BE COMPLETED** ****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

DECEMBER 31, 2015 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]
 (If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
<i>UBER</i>	<i>2200 N.W. 2nd Ave. #111 Miami FL 33127</i>	<i>Transportation</i>

PART B -- SECONDARY SOURCES OF INCOME
 [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]
 (If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
<i>APSolutions</i>	<i>Event Productions</i>	<i>1035 Meridian Av. # 2</i>	<i>N/A</i>

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]
 (If you have nothing to report, write "none" or "n/a")

N/A

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions]
 (If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
N/A	N/A

PART E — LIABILITIES [Major debts - See instructions]
 (If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
Proconfeqa	4995 N.W. 72 Ave Miami FL 33142

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]
 (If you have nothing to report, write "none" or "n/a")


NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
	Advanced Progressive Solutions	
ADDRESS OF BUSINESS ENTITY	1035 Moridian Ave. suite 2	
PRINCIPAL BUSINESS ACTIVITY	Event Production	
POSITION HELD WITH ENTITY	President	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	yes	
NATURE OF MY OWNERSHIP INTEREST	Partner	

PART G — TRAINING
 For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE OF FILER:

Signature: 

Date Signed: 7-13-16

CPA or ATTORNEY SIGNATURE ONLY

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

<p>WHAT TO FILE:</p> <p>After completing all parts of this form, <u>including signing and dating it</u>, send back only the first sheet (pages 1 and 2) for filing.</p> <p>If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).</p> <p>NOTE:</p> <p>MULTIPLE FILING UNNECESSARY: A candidate who previously filed Form 1 because of another public position must file a copy of his or her Form 1 when qualifying. A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.</p> <p>Facsimiles will not be accepted.</p>	<p>WHERE TO FILE:</p> <p>If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.</p> <p><i>Local officers/employees</i> file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)</p> <p><i>State officers or specified state employees</i> file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.</p> <p><i>Candidates</i> file this form together with their qualifying papers.</p> <p>To determine what category your position falls under, see page 3 of instructions.</p>	<p>WHEN TO FILE:</p> <p><i>Initially</i>, each local officer/employee, state officer, and specified state employee must file <i>within 30 days</i> of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment. <i>Candidates</i> must file at the same time they file their qualifying papers.</p> <p><i>Thereafter</i>, file by July 1 following each calendar year in which they hold their positions.</p> <p><i>Finally</i>, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2015.</p>
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Voter Information Card
Miami-Dade County, FL

Tarjeta de Información del Elector
Condado de Miami-Dade, FL

Kat Enfòmasyon Votè
Konte Miami-Dade, FL

Carlos A Pereira
4500 NW 99Th Ct APT 201
Doral FL 33178

ISSUED
EMITIDA
ENPRIME

03/01/16

**Bring photo identification
when voting.**

**Para votar, presente una
identificación con fotografía.**

**Tanpri pote yon pyès idantifikasyon
ki gen foto w sou li lè w'ap vin vote.**

Registration No.
Núm. de Inscripción
Nim. Enskripsyon

119147157

Voting Location | Centro de Votación | Lokal Biwo Vòt

John I. Smith K-8 Center - Middle L
5005 NW 112 Ave

Precinct No.
Núm. del Recinto
Nim. Biwo Vòt

454

Date of Birth
Fecha de Nacimiento
Dat Nesans

11/1/1973

Registration Date
Fecha de Inscripción
Dat Enskripsyon

9/30/2011

Party Affiliation | Afiliación Partidista | Pati Politik

FLORIDA DEMOCRATIC PARTY

Penelope Townsley

Supervisor of Elections | Supervisora de Elecciones | Sipèvizè Eleksyon

You are eligible to vote for the representatives from the districts listed below.
Ud. puede votar por los representantes de los distritos enumerados abajo.
W elijib pou w vote pou reprezantan ki nan distrik ki ekri anba la yo.

Congress
Congreso
Kongrè

25

State Senate
Senado Estatal
Sena Eta a

38

State House
Cámara Estatal
Lacham Eta a

116

County Commission
Comisión del Condado
Komisyon Konte

12

School Board
Junta Escolar
Asamble Edikasyon

5

Community Council
Consejo Comunitario
Konsèy Kominotè

N/A

Municipality | Municipio | Minisipalite

DORAL





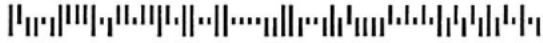
AUTO **CO 6632
1 062794



CARLOS A PEREIRA
4174 NW 79TH AVE APT 2A
DORAL FL 33166-6553



CB



Re: Account #: [REDACTED]
5300 NW 114TH AVE UNIT 110
DORAL, FL 33178

Dear Customer,

Thank you for your recent inquiry regarding your length of service with FPL. Your concerns are important to us.

Our records indicate that you had electric service with us at 5300 NW 114TH AVE UNIT 110 from August 1, 2013 to August 29, 2014.

It has been a pleasure to serve you. We welcome any future concerns you may have and look forward to meeting your future energy needs.

Should you have any questions regarding this matter, please do not hesitate to contact us at 305-442-8770.

Sincerely,

FPL Customer Care Center



USEFUL TELEPHONE NUMBERS
Customer Service : (305)442-8770
Outside Florida: 1-800-226-3545
Hearing/Speech Impaired: 711 (Relay Service)
Visit FPL's Web Site at <http://www.fpl.com>



CARLOS A PEREIRA
4174 NW 79TH AVE APT 2A
DORAL FL 33166-6553



Re: Account #: [REDACTED]
5584 NW 114TH AVE UNIT 110
DORAL, FL 33178

Dear Customer,

Thank you for your recent inquiry regarding your length of service with FPL. Your concerns are important to us.

Our records indicate that you had electric service with us at 5584 NW 114TH AVE UNIT 110 from August 29, 2014 to February 5, 2015.

It has been a pleasure to serve you. We welcome any future concerns you may have and look forward to meeting your future energy needs.

Should you have any questions regarding this matter, please do not hesitate to contact us at 305-442-8770.

Sincerely,

FPL Customer Care Center





CARLOS A PEREIRA
4174 NW 79TH AVE APT 2A
DORAL FL 33166-6553



CA

Re: Account #: [REDACTED]
4174 NW 79TH AVE APT 2A
DORAL, FL 33166

Dear Customer,

Thank you for your recent inquiry regarding your length of service with FPL. Your concerns are important to us.

Our records indicate that you have had electric service with us at 4174 NW 79TH AVE APT 2A since February 4, 2015.

FPL values you as a customer. We welcome any future concerns you may have and look forward to continuing to meet your energy needs.

Should you have any questions regarding this matter, please do not hesitate to contact us at 305-442-8770.

Sincerely,

FPL Customer Care Center





/ 27



Please request changes on the back. Notes on the front will not be detected.

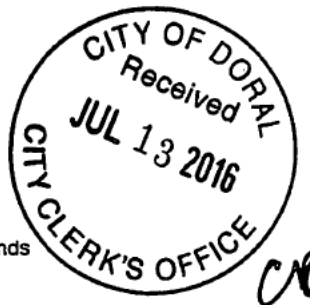
The amount enclosed includes the following donation:
FPL Care To Share \$ _____

X 8301 3
AUTO **CO 6632 070015



CARLOS A PEREIRA
4174 NW 79TH AVE APT 2A
DORAL FL 33166-6553

Make check payable to FPL in U.S. funds and mail along with this coupon to:



FPL
GENERAL MAIL FACILITY
MIAMI FL 33188-0001

Account number	Total amount you owe	New charges due by	Amount enclosed
[REDACTED]	\$170.11	Jan 25 2016	\$

Your electric statement

For: Dec 01 2015 to Jan 04 2016 (34 days)
Customer name: CARLOS A PEREIRA
Service address: 4174 NW 79TH AVE APT 2A

Statement date: Jan 04 2016
Next meter reading: Feb 01 2016

Amount of your last bill	Payments (-)	Additional activity (+ or -)	Balance before new charges (=)	New charges (+)	Total amount you owe (-)	New charges due by
189.87	102.00 CR	0.00	87.87	82.24	\$170.11	Jan 25 2016

Meter reading - Meter ACD0981

Current reading 55183
Previous reading - 54457
kWh used 726

Energy usage
kWh this month 726
Service days 34
kWh per day 21

Amount of your last bill 189.87
Payments received - Thank you 102.00CR
Balance before new charges \$87.87*

**The electric service amount includes the following charges:

Customer charge: \$7.57
Fuel: \$18.73
(First 1000 kWh at \$0.025800)
(Over 1000 kWh at \$0.035800)
Non-fuel: \$41.13
(First 1000 kWh at \$0.056660)
(Over 1000 kWh at \$0.067480)

New charges (Rate: RS-1 RESIDENTIAL SERVICE)

Electric service amount 67.43**
Storm charge 0.74
Gross receipts tax 1.75
Franchise charge 1.54
Utility tax 5.78
Late payment charge 5.00
Total new charges \$82.24

Total amount you owe \$170.11

- Payments received after **January 25, 2016** are considered late; a late payment charge, the greater of \$5.00 or 1.5% of your past due balance will apply. Your account may also be billed a deposit adjustment.
- The total amount you owe includes an amount covered by a short-term payment arrangement. Please pay by the agreed upon date.
- The number of days included in your bill can vary month to month. So even if you use the same amount of energy per day, your bill may be higher this month due to greater number of service days. Visit www.FPL.com for more information.

Please have your account number ready when contacting FPL.
Customer service: (305) 442-8770
Outside Florida: 1-800-226-3545
To report power outages: 1-800-4OUTAGE (468-8243)
Hearing/speech impaired: 711 (Relay Service)
Online at: www.FPL.com

REPLACEMENT BILL
Print date: Jan 26, 2016





Official Change Of Address CONFIRMATION LETTER

VERIFICATION REQUIRED

Mail will be forwarded for all persons at the old address with the following last name:

PEREIRA

Your mail will be forwarded to your NEW address, as you requested, on: **Jan 29, 2016**

YOUR OLD ADDRESS

**PEREIRA
4174 NW 79TH AVE APT 2A
DORAL FL 33166-6553**



YOUR NEW ADDRESS

00001028 03 AT 0.676 T:0009



**PEREIRA
4500 NW 99TH CT APT 201
DORAL FL 33178-3306**

If the information contained on this page is incorrect, or you have not received mail at your new address for **10 Postal business days or more**, please call **1-800-ASK-USPS (1-800-275-8777)**.

If you need to view or cancel this Change-of-Address Order, change the date to start forwarding your mail or change the move type from Family to Individual, visit managemymove.usps.com and enter the Confirmation Code: XXXXXXXXXX

Visit managemymove.usps.com to add your email address and receive email reminders of mail forwarding expiration dates.

NOTIFY CORRESPONDENTS WHO SEND YOU MAIL

Mail forwarding may be available for up to 12 months and covers only certain classes of mail.

To ensure delivery of all your mail and to avoid forwarding delays, you should notify everyone who sends you mail.

MAIL FORWARDING EXPIRATION DATES

First Class Mail, Priority & Express....	Jan 29, 2017
Newspapers, Magazines.....	Mar 29, 2016
Packages ¹	Jan 29, 2017
Catalogs	Not Forwarded ²
Standard Mail	Not Forwarded ²

1. Some restrictions apply 2. Unless requested by mailer

IMPORTANT MESSAGES FROM THE U.S. POSTAL SERVICE REGARDING YOUR MAIL FORWARDING REQUEST:

Yellow stickers with your new address are placed on mail forwarded by the U.S. Postal Service. To receive your mail faster, notify the sender of your new address.

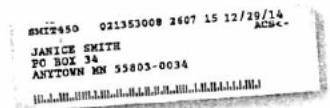
Please retain this Official Change of Address Confirmation page for your records as local agencies and/or resources may require it for proof of your move.

WHY THE YELLOW LABELS?



Yellow labels indicate the correspondent doesn't know your new address.

If you receive mail with a yellow label attached, notify the sender of your new address.



of the paper used to produce the USPS® Official Change of Address Confirmation Letter is sourced from sustainable forests.



CITY OF DORAL
GENERAL ELECTION 2016
CANDIDATE AFFIRMATION

Before me, an officer authorized to administer oaths, personally appeared Carlos Pereira to me well known or who produced _____ as identification, who, being sworn, says that he/she is a candidate for the office of Council seat #1; that he/she has resided in the City of Doral for the past two (2) years; that he/she is a qualified elector of Miami-Dade County, Florida; that he/she qualified under the Constitution and the laws of Florida to hold the office to which he/she seeks election; that he/she has qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with that of the office he/she seeks; that he/she has resigned from any office from which he/she is required to resign pursuant to § 99.012 Florida Statutes; and that he/she will support the Constitution of the United States and the Constitution of the State of Florida.



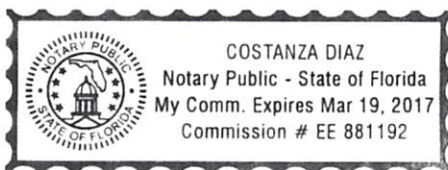
[Signature]
(Signature of Candidate)

Carlos Pereira
(Candidate Printed Name)

4500 N.W. 99 ct. #201
(Candidate Address)

Doral FL 33178
(Candidate Address)

Sworn to and subscribed before me this 13 day of July, 2016 at the City of Doral, Miami-Dade County, Florida.



[Signature]
Connie Diaz, City Clerk, City of Doral

COLLOS PEREIRA CAMPAIGN

4500 NW 99th

APT 201

Doral FC. 33122

095

63-91/2631

DATE 13 July 2016

PAY TO THE ORDER OF

City of Doral

\$ 170 ^{XX}/₀₀

One Hundred Dollars ^{XX}/₀₀

DOLLARS

Security Features Details on Back



BRANCH BANKING AND TRUST COMPANY
1-800-BANK BBT BBT.com

FOR ELECTION ASSESSMENT FEE

[Signature]

MP



CARLOS PEREIRA CAMPAIGN

4500 NW 99th

APT 201

Doral FL 33178

096

63-91/2631

DATE 13 July 2011

PAY TO THE ORDER OF

City of Doral

\$ 200 ⁰⁰/₁₀₀

Two Hundred Dollars ⁰⁰/₁₀₀

DOLLARS



Security Features Details on Back.



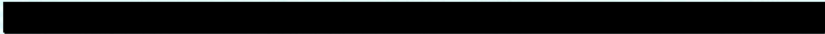
BRANCH BANKING AND TRUST COMPANY
1-800-BANK BBT BBT.com

FOR

QUALIFYING FEE

[Signature]

MP



CARLOS PEREIRA CAMPAIGN

615 00 NW 99 CT

APT 201

DORAL FL. 33178

097

63-91/2631

DATE 13 July 2016.

PAY TO THE ORDER OF

CITY OF DORAL

\$

500.^{xx}/₀₀

Five Hundred Dollars and ^{xx}/₀₀

DOLLARS



Security Features Details on Back



BRANCH BANKING AND TRUST COMPANY
1-800-BANK BBT BBT.com

FOR

SIGN BOND

[Signature]

MP

[Redacted area]