

FD 54653

FORM 6X AMENDMENT TO FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS

LAST NAME - FIRST NAME - MIDDLE NAME (same as on original Form 6):
BOVO ESTEBAN L.

◆ THIS FORM 6X AMENDS THE FORM 6 (Full and Public Disclosure of Financial Interests) I FILED FOR THE YEAR: 2011

MAILING ADDRESS:
765 WEST 76 STREET

◆ DURING THAT YEAR, I HELD, OR WAS A CANDIDATE FOR, THE POSITION OF: MIAMI-DADE COUNTY COMMISSIONER

CITY: HIALEAH, FL ZIP: 33014 COUNTY: MIAMI-DADE

◆ WITH THIS GOVERNMENTAL AGENCY: MIAMI-DADE COUNTY

PART A -- NET WORTH

[Instructions on page 3] If your reported net worth will change because of this amendment, please enter the corrected value of your net worth as of the date chosen for the original Form 6 you are seeking to amend, together with that date:

My net worth as of MARCH 31, 2012 was \$ 18,485.

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS (Instructions on page 3):

If you are amending the value originally reported for household goods and personal effects, please enter the amended value below:

The aggregate value of my household goods and personal effects as of the above date was \$ _____

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET	VALUE OF ASSET
ELB BUSINESS & COMMUNITY CONSULTING, INC (100% OWNED) 765 WEST 76 STREET, HIALEAH, FL 33014	45,000

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (Instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

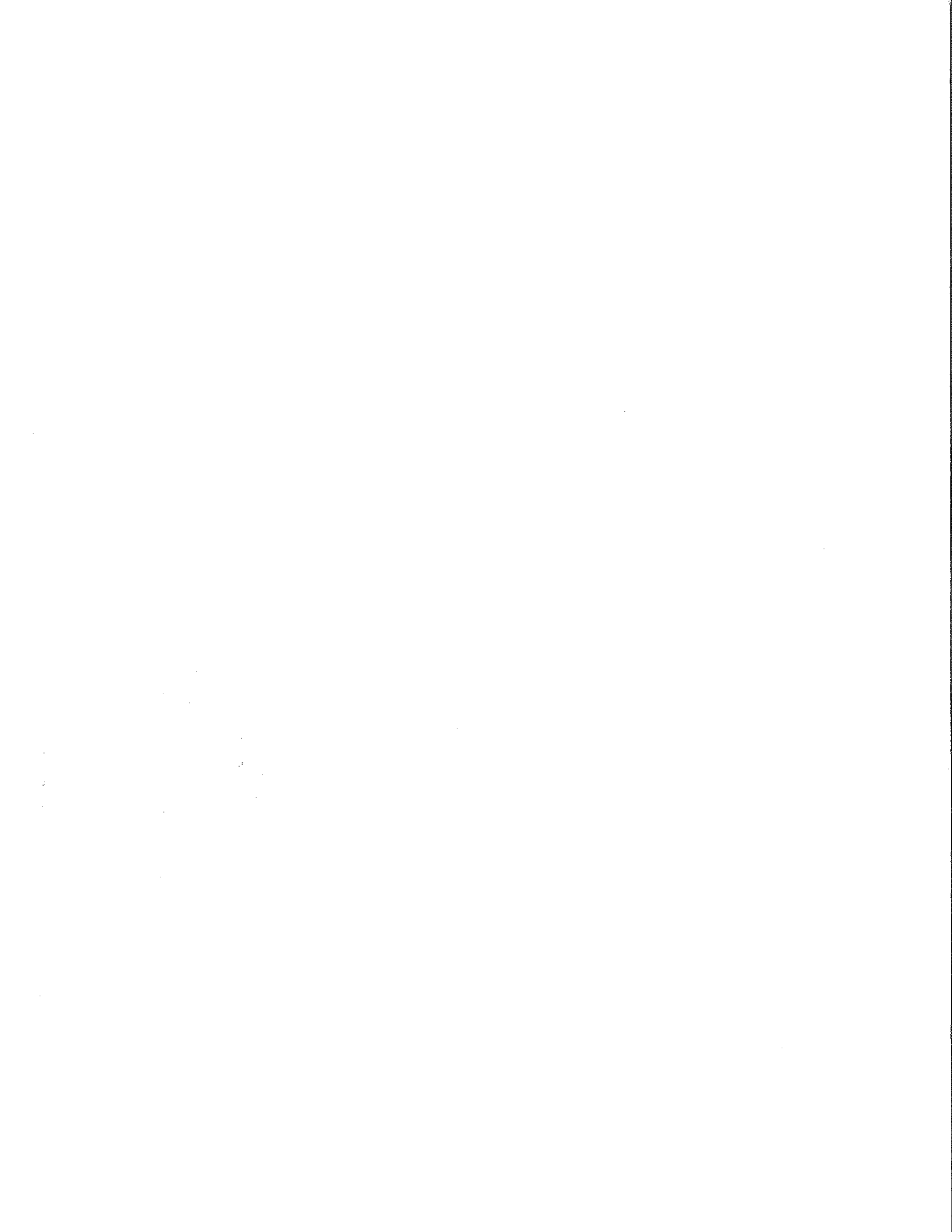
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PART D -- INCOME

If you are filing an amended copy of your federal income tax return, including all W2's, schedules, and attachments, please check here:

PRIMARY SOURCES OF INCOME (Instructions on page 4):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT



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SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
ELB BUS & COMM CONSULTI	MIAMI CHILDRENS HOSPITAL	3100 SW 62 AVE, MIAMI, FL	HOSPITAL

PART E — INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 5]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

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PART F — EXPLANATION OF CHANGES

THE INITIALLY FILED 2011 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS-FORM 6, IS HEREBY BEING AMENDED AS A RESULT OF AN INADVERTENT OMISSION OF AN ASSET, THE DISCLOSURE OF A SECONDARY SOURCE OF INCOME, AND THE RESULTING INCREASE IN NET WORTH.

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

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
 COUNTY OF miami - Dade

Sworn to (or affirmed) and subscribed before me this 12 day of June, 20 12 by Esteban L. Bova, Jr.

Lynda J. Rimart
 (Signature of Notary Public--State of Florida)



LYNDA T RIMART
 MY COMMISSION # DD893220
 EXPIRES May 26, 2013
 FloridaNotaryService.com

Lynda J. Rimart
 (Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ OR Produced Identification

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Type of Identification Produced B100-212-62-212-0

INSTRUCTIONS FOR COMPLETING and FILING FORM 6 X:

INTRODUCTORY INFORMATION (At Top of Form):

NAME, DISCLOSURE PERIOD, NAME OF POSITION, and NAME OF AGENCY: Use the same information as on the original Form 6 you are seeking to amend.

MAILING ADDRESS: Use your current mailing address.

PARTS A through E:

Use these sections of the form to report the new information you believe should have been reported on your original Form 6, continuing on a separate sheet if necessary. Additional instructions are found on pages 3-5, attached.

PART F:

Use this section of the form to explain the changes in your original Form 6.

OATH:

All information on this form should be submitted under oath.

WHERE TO FILE:

If you are amending a Form 6 you filed as a candidate, file the Form 6X at the office where you filed your qualifying papers. All other persons should file Form 6X with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709.

QUESTIONS:

About this form or the ethics laws may be addressed to the Commission on Ethics, Post Office Drawer 15709, Tallahassee, Florida 32317-5709; telephone (850) 488-7864.

