

2020  
2019

**FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS**

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

**FOR OFFICE USE ONLY:**  
RECEIVED  
2020 MAY 27 PM 5:08  
MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

LAST NAME — FIRST NAME — MIDDLE NAME:  
**SUAREZ, XAVIER LOUIS**

MAILING ADDRESS:  
**145 S.E. 25 RD #1102**

CITY: **Miami** ZIP: **33129** COUNTY: **Miami-Dade**

NAME OF AGENCY: **Miami-Dade County**

NAME OF OFFICE OR POSITION HELD OR SOUGHT: **Miami Dade County Mayor**

CHECK IF THIS IS A FILING BY A CANDIDATE

**PART A -- NET WORTH**

Please enter the value of your net worth as of December 31, 2019 or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of MAY 27, 20 20 was \$ 907,000.00

**PART B -- ASSETS**

**HOUSEHOLD GOODS AND PERSONAL EFFECTS:**  
Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is \$ 25,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
<b>145 S.E. 25 RD #1102 Miami, FL 33129</b>	<b>600,000.</b>
<b>CONDO @ 2655 COLLINS AVE #1103 MB, FL. 33140</b>	<b>450,000.</b>
<b>CONDO @ 2555 COLLINS AVE #1002 MIAMI BEACH FL. 33140</b>	<b>550,000.</b>
<b>2016 MERCEDES C-300 (EQUITY APPROX. \$4000.</b>	<b>4,000.</b>

**PART C -- LIABILITIES**

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):  
NAME AND ADDRESS OF CREDITOR

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
<b>MR. COOPER 8950 CYPRESS WATERS BLVD, COPPER, TX 75019</b>	<b>225,000.</b>
<b>BANK OF AMERICA, DALLAS TEXAS 75202 (FIRST/SEC.) 901 MAIN ST</b>	<b>255,000/30,000.</b>
<b>AMERANT 7010 CORAL WAY MIAMI, FL. 33155</b>	<b>85,000.</b>
<b>OCWEN 1661 WORTHINGTON RD STE 100 W. PALM BEACH, FL. 33409</b>	<b>290,000.</b>

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:  
NAME AND ADDRESS OF CREDITOR

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
<b>AMEX 4315 SOUTH 2700 WEST SALT LAKE CITY UTAH 84184</b>	<b>10,000.</b>
<b>TRF 51 SW 1ST AVE, MIAMI, FL. 33130</b>	<b>11,000.</b>

HSNWD BY MERCEDES FINANCE = P.O. BOX 605, ROANOK, TEXAS 76267

**PART D -- INCOME**

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2019 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

I elect to file a copy of my 2019 federal income tax return and all W2's, schedules, and attachments.  
 [If you check this box and attach a copy of your 2019 tax return, you need not complete the remainder of Part D.]

**PRIMARY SOURCES OF INCOME (See instructions on page 5):**

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
LAW OFFICE OF XAVIER SUAREZ	145 SE 25 <sup>th</sup> ST #1102, Miami, FL 33129	EST \$100,000
Miami Dade County Commissioner	111 N.W. St. Miami, FL 33128	\$6,000 salary / \$24,000 Bkft.

**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
U.S. Social Security	U.S. Dept. of Treasury	4500 Penn Pl. N.W. Washington	

**PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]**

	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			

**PART F - TRAINING**

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

**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 by means of  
 physical presence or  online notarization, this 27 day of

May 2020 by Xavier Suarez

(Signature of Notary Public--State of Florida)  
 (Print, Type, or Stamp Commissioned Name of Notary Public)  
**MARGARET A. ROBINSON**  
 State of Florida-Notary Public  
 Commission # GG 247184  
 My Commission Expires August 09, 2022

[Signature]  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known  OR Produced Identification   
 Type of Identification Produced \_\_\_\_\_

RECEIVED  
 2020 MAY 27 PM 5:00  
 MIAMI-DADE COUNTY  
 ELECTRONIC DEPARTMENT

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 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

\_\_\_\_\_  
 Signature Date

**Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.**

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