### STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

	Control of the last				
1. Full Name of Committee				Telephone	
FRIENDS OF THE GABLES				305-445-0777	
Mailing Address (include city	y, stat	te and zip code)			
2600 SOUTH DOUGLAS	ROA	AD, SUITE 900		,	
CORAL GABLES, FL 331	34				
Street Address (include city,					
2600 SOUTH DOUGLAS CORAL GABLES, FL 331		AD, SUITE 900			
CONAL GABLES, FL 331	34				
2. Affiliated or Connected Or committees)	ganiz	zations (includes other committees of con	tinuous ex	istence and political	
Name of Affiliated or Connected Organization		Mailing Address		Relationship	
		- Walling / Add 655		rtolationip	
N/A					
		,			
3. Area, Scope and Jurisdict					
MIAMI-DADE COUNTY-CAN	DIDA	TE AND BALLOT ISSUES FOR COUNTY-	WIDE AND	MUNICIPAL ELECTIONS	
4. Nature of Organization or	Orga	nization's Special Interest (e.g., medical, l	egal, educa	ation etc.)	
GOOD GOVERNMENT	3		- g, - a.a.	, 0.01/	
5. Identify by Name, Address	and	Position, the Custodian of Books and Acc	counts (inc	lude treasurer's name)	
Full Name		Mailing Address		Committee Title or Position	
JOSE A RIESCO, CPA 2600 S		0 SOUTH DOUGLAS ROAD,	TREASURER		
		TE 900			
	CO	RAL GABLES, FL 33134			
	260		DEDUTY	TDE A CLIDED	
JEANNINE R MIRANDA		0 SOUTH DOUGLAS ROAD, TE 900	DEPUTY	TREASURER	
	1	RAL GABLES, FL 33134			
		*			

6. List by Name, Address and Position, Other Principal Officers, Including Officers and Members of the Finance Committee, If Any (include chairman's name)						
Full Name	Mailing Addr	Mailing Address		Committee Title or Position		
MANNY MIGUELEZ	SUITE 900	2600 SOUTH DOUGLAS ROAD,		CHAIRPERSON		
7. List by Name, Address, Office Sought and Party Affiliation Each Candidate or Other Individual that this Committee is Supporting (if none, please indicate)						
Full Name	Mailing Address	Office	e Sought Party		,	
TO BE DETERMINED						
8. List Any Issues this Co	ommittee is Supporting: TO BE	DETERMINED				
List Any Issues this Committee is Opposing: TO BE DETERMINED						
9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party  N/A						
10. In the Event of Dissolution, What Disposition will be Made of Residual Funds?  ANY DISPOSITION ALLOWED UNDER FLORIDA LAW FOR RESIDUAL FUNDS						
11. List all Banks, Safety	Deposit Boxes, or Other Depos	sitories Used for Co	mmittee	Funds	9	m
Name of Bank or Depository & Account Number Mailing Address				O		
CITY NATIONAL BANK		2855 SOUTH LEJEUNE ROAD CORAL GABLES, FL 33134				
12. List all Reports Required to be Filed by this Committee with Federal Officials and the Names, Addresses and Positions of Such Officials, If Any						
Report Title	Dates Required to be Filed	Name & Position o	f Official	Ma	ailing Addres	ss
FORM 8871 FORM 1120POL FORM 990	UPON FORMATION ANNUALLY, MARCH 15 ANNUALLY, MAY 15	INTERNAL REV SERVICE	ENUE	OGDE	N, UT 842	01
STATE OF FLORID	)A	MIAM	I-DAD	E	cou	INTY
I, MANNY MIGUELEZ , certify that the information in this Statement of						
Organization is complete, true and correct.						
X Signature of	Chairman of Political Committee		3/3	/20 Z		

## APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR

**POLITICAL COMMITTEES** 

(Sections 106.011(2) and 106.021(1), F.S.)

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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:				
Initial Filing for: Primary Treasurer Deputy Treasurer				
			OFFICE USE ONLY	
Re-filing to Change:	Primary/Second	ary Depository		
1. Committee		2. Telephone		
Friends of the Gables		(305 ) 445-0777		
Name of Treasurer or Deputy Treasurer     4. Email (optional)	5. Telephone (optional)			
Jose A. Riesco, CPA jose@riescoan	dcompany.cor	(305 ) 445-0777		
6. Mailing Address				
2600 S. Douglas Road, Suite 900, Coral Gables	s, Florida 3313	4		
7. Street Address				
2600 S. Douglas Road, Suite 900, Coral Gables,	Florida 33134		*	
8. The following bank has been designated as the Prin	nary Depository	Seconda	ry Depository	
9. Name of Bank 10. Street Address				
City National Bank	2855 S. Le	2855 S. Le Jeune Road		
11. City	12. Sta	ite	13. Zip Code	
Coral Gables	Flo	rida	33134	
14. Signature of Chairman 15. Na		Name of Chairman (Print or Type)		
X Eps	Manny Miguelez			
Campaign Treasurer's Acceptance of Appointment				
Jose A. Riesco, CPA , do hereby accept the appointment as				
(Please Print or Type)				
treasurer or deputy treasurer for Friends of the Gables				
(Committee)				
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.				
3-3-202, X				
Date	Signature of Camp	aign Treasurer or I	Deputy Treasurer	

# APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR

**POLITICAL COMMITTEES** 

(Sections 106.011(2) and 106.021(1), F.S.)

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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:				
Initial Filing for: Primary Treasurer Deputy Treasurer	,			
			OFFICE USE ONLY	
Re-filing to Change: Primary Treasurer    Deputy Treasurer	Primary/Secor	ndary Depository		
1. Committee		2. Telephone		
Friends of the Gables		(305 ) 445-(	1777	
3. Name of Treasurer or Deputy Treasurer 4. Email (optional)	•		5. Telephone (optional)	
Jeannine R. Miranda jen@riescoand	company.cor	m (305 ) 445-0	)777	
6. Mailing Address				
2600 S. Douglas Road, Suite 900, Coral Gables	s, Florida 331	134		
7. Street Address				
2600 S. Douglas Road, Suite 900, Coral Gables,	Florida 3313	34		
8. The following bank has been designated as the Prin	mary Depository	Seconda	ry Depository	
9. Name of Bank	10. Street Addre	ess		
City National Bank		2855 S. Le Jeune Rd.		
		50 Pa 4968 V 10 Pa		
11. City	12. S		13. Zip Code	
Coral Gables	FI	lorida	33134	
14. Signature of Chairman	15. Name of Ch	5. Name of Chairman (Print or Type)		
X Ellis	Manny M	Manny Miguelez		
Campaign Treasurer's Acceptance of Appointment				
Jeannine R. Miranda				
, do hereby accept the appointment as (Please Print or Type)				
treasurer or deputy treasurer for Friends of the Gables				
(Committee)				
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S				
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.				
3-3-2021 X				
Date	Signature of Cam	paign Treasurer or [	Deputy Treasurer	

#### **REGISTERED AGENT** STATEMENT OF APPOINTMENT (Section 106.022, F.S.)

OFFICE PISE ONEY VED

2021 MAD

(Section 100.022, F.S.)		2021 MAR -4 AM 9: 49			
Original Appointment		MIAMI-DADE COUNTY ELECTIONS DEPARTMENT			
Change of Mailing Address Change of Physic	al Address				
Registered Ag	ent and Office Information	on			
Name Jose A. Riesco, CPA	Telephone 305-445-0777				
Street Address 2600 S. Douglas Road, Suite 900					
City Coral Gables	State Florida	Zip Code 33134			
Mailing Address 2600 S. Douglas Road, Suite 900					
City Coral Gables	State Florida	Zip Code 33134			
I accept this appointment and confirm that I am familiar with and accept the obligations of the position as set forth in Section 106.022, F.S. I also understand that I may resign this appointment by executing a written statement of resignation and filing it with the applicable filing officer.					
Signature of Registered Agent Date					
Former Registered Agent a	nd Office Information (fo	r changes only)			
Name Melvin Sosa	Telephone 305-373-5500				
Street Address 3150 S.W. 38th Ave., 11th Floor					
City Miami	State Florida	Zip Code 33146			
Committee or Organization Information					
Name of Committee or Organization  Friends of the Gables					
Street Address 2600 S. Douglas Road, Suite 900		Telephone 305-445-0777			
City Coral Gables	State Florida	Zip Code 33134			
Signature of Chairperson					
Manny Miguelez	3/3	12621			
Printed Name of Chairperson	Date '				