

# STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE USE ONLY

RECEIVED

2023 FEB -7 PM 3:24

MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

**1. Full Name of Committee**  
FRIENDS OF MIAMI-DADE COLLEGE

Telephone  
305-495-0954

Mailing Address (include city, state and zip code)  
Friends of Miami-Dade College  
C/O MBAF  
1172 S Dixie Highway, Suite 403  
Coral Gables, FL 33146-2918

Street Address (include city, state and zip code)

**2. Affiliated or Connected Organizations (includes other committees of continuous existence and political committees)**

Name of Affiliated or Connected Organization	Mailing Address	Relationship

**3. Area, Scope and Jurisdiction of the Committee**  
County Wide Issues

**4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.)**  
Education

**5. Identify by Name, Address and Position, the Custodian of Books and Accounts (include treasurer's name)**

Full Name	Mailing Address	Committee Title or Position
Antonio L. Argiz	C/O MBAF 1172 S Dixie Highway, Suite 403 Coral Gables, FL 33146-2918	Treasurer
Ed S. Torgas	C/O MBAF 1172 S Dixie Highway, Suite 403 Coral Gables, FL 33146-2918	Deputy Treasurer

**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 Address	Committee Title or Position
Louis Wolfson	9400 S. dadeland Blvd. Suite 100 Miami, FL 33156	Chairman & President

**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 Sought	Party
NA			

**8. List Any Issues this Committee is Supporting: Education Funding**

List Any Issues this Committee is Opposing: None

**9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party**

NA

**10. In the Event of Dissolution, What Disposition will be Made of Residual Funds?**

Upon Dissolution, any residual funds will be contributed to a political committee with similar purpose or to a 501 (C-3) organization with an education related purpose.

**11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds**

Name of Bank or Depository & Account Number	Mailing Address
Regions Bank - [REDACTED]	Mary Brickell Village 901 S. Miami Ave., Suite 210 Miami, FL 33130

**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 of Official	Mailing Address

STATE OF Florida Miami-Dade COUNTY

I, Louis Wolfson III, certify that the information in this Statement of

Organization is complete, true and correct.

X

  
Signature of Chairman of Political Committee

1/19/23  
Date



**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR  
POLITICAL COMMITTEES**  
(Sections 106.011(2) and 106.021(1), F.S.)

RECEIVED  
2023 FEB -7 PM 3:24  
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/Secondary Depository

1. Committee  
Friends of Miami-Dade College

2. Telephone  
(305 ) 495-0954

3. Name of Treasurer or Deputy Treasurer 4. Email (optional)  
Antonio L. Argiz targiz@bdo.com

5. Telephone (optional)  
(305 ) 987-4252

6. Mailing Address  
C/O MBAF 1172 S Dixie Highway, Suite 403, Coral Gables, FL 33146-2918

7. Street Address  
395 Casuarina Concourse, Coral Gables, FL 33143-6507

8. The following bank has been designated as the ☒ Primary Depository ☐ Secondary Depository

9. Name of Bank  
Regions Bank

10. Street Address  
Mary Brickell Village  
201 S. Miami Ave., Suite 210

11. City  
Miami

12. State  
FL

13. Zip Code  
33130

14. Signature of Chairman

X

15. Name of Chairman (Print or Type)  
Louis Wolfson III

**Campaign Treasurer's Acceptance of Appointment**

I, Antonio L. Argiz

, do hereby accept the appointment as

treasurer or deputy treasurer for

(Please Print or Type)

Friends of Miami-Dade College

(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.

1/4/23

Date

X

Signature of Campaign Treasurer or Deputy Treasurer

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR  
POLITICAL COMMITTEES**  
(Sections 106.011(2) and 106.021(1), F.S.)

RECEIVED

2023 FEB -7 PM 3: 24

MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

**CHECK APPROPRIATE BOX:**

Initial Filing for: ☐ Primary Treasurer ☐ Deputy Treasurer

Re-filing to Change: ☐ Primary Treasurer ☒ Deputy Treasurer ☐ Primary/Secondary Depository

OFFICE USE ONLY

1. Committee  
Friends of Miami-Dade College

2. Telephone  
(305 ) 495-0954

3. Name of Treasurer or Deputy Treasurer  
Ed S. Torgas

4. Email (optional)  
etorgas@mbaf.cpa

5. Telephone (optional)  
(305 ) 495-0954

6. Mailing Address  
C/O MBAF 1172 S Dixie Highway, Suite 403, Coral Gables, FL 33146-2918

7. Street Address  
1833 SW 21 Street, Miami, FL 33145

8. The following bank has been designated as the ☒ Primary Depository ☐ Secondary Depository

9. Name of Bank  
Regions Bank

10. Street Address  
Mary Brickell Village  
901 S. Miami Ave., Suite 210

11. City  
Miami,

12. State  
FL

13. Zip Code  
33130

14. Signature of Chairman

X

15. Name of Chairman (Print or Type)  
Louis Wolfson III

**Campaign Treasurer's Acceptance of Appointment**

I, Ed S. Torgas, do hereby accept the appointment as  
(Please Print or Type)

treasurer or deputy treasurer for Friends of Miami-Dade College  
(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.

1/4/2023

Date

X

Signature of Campaign Treasurer or Deputy Treasurer



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

OFFICE USE ONLY

RECEIVED

2023 FEB -7 PM 3: 24

MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

- ☐ Original Appointment ☐ Change of Appointment  
☒ Change of Mailing Address ☒ Change of Physical Address

**Registered Agent and Office Information**

Name  
Ed S. Torgas Telephone  
305-495-0954

Street Address  
1833 SW 21 Street

City State Zip Code  
Miami FL 33145

Mailing Address  
Same as above

City State Zip Code

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

1/4/2023

Date

**Former Registered Agent and Office Information (for changes only)**

Name  
Ed S. Torgas Telephone  
305-373-5500

Street Address  
1450 Brickell Avenue, Suite 1800

City State Zip Code  
Miami FL 33131

**Committee or Organization Information**

Name of Committee or Organization  
Friends of Miami-Dade College

Street Address Telephone  
1450 Brickell Avenue 305-373-5500

City State Zip Code  
Miami FL 33131

  
Signature of Chairperson

Louis Wolfson III

Printed Name of Chairperson

1/19/23  
Date