

RECEIVED

2017 SEP 21 AM 9:44

OFFICE OF THE CITY CLERK
CITY OF MIAMI

AFFIDAVIT OF CANDIDATE
CITY OF MIAMI, FLORIDA

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)
CITY OF MIAMI)

Zoraida A. Barreiro (hereinafter "affiant"), being first duly sworn, deposes and says:

1. My name is Zoraida A. Barreiro.
2. For those candidates seeking the office of Mayor, please check the appropriate subsection (a) below. Those candidates seeking the office of Commissioner please check and fill in the blank in subsection (b) below:
 - (a) I am offering myself as a candidate for the office of Mayor of the City of Miami, Florida. If elected, I fully understand that I must maintain an actual and real residence within the City of Miami for the duration of my term of office.
 - (b) I am offering myself as a candidate for the office of Commissioner in District Number 3 of the City of Miami, Florida. If elected, I fully understand that I must maintain an actual and real residence within the district for the duration of my term of office.
3. I have resided in the City of Miami for a minimum of one year before qualifying if applying for Mayor, and one year in the district if applying for the Commission, and I am a registered voter and a duly qualified elector of the City of Miami, Florida, presently registered to vote in Precinct No. 567.

I presently reside at the following address (must include zip code):

2101 SW 4th Avenue, Miami, FL 33129

which is my legal address, and I have resided continually at said address from the 1st day of September, 2002 to the present.

4. Immediately prior to residing at the above-stated address, I have resided at the hereinbelow listed addresses for the cited periods of time (list hereinbelow all addresses at which you have resided for the past five years, as well as the length of time at each address):

<u>Prior Addresses</u>	<u>For the Period</u>
<u>n/a</u>	

5. In addition to the residence that I have listed as my present address, I also reside at the following listed addresses on a temporary basis as a secondary domicile or domiciles:

n/a

6. Affiant's spouse resides at the following address (must include city, state and zip code):

2101 SW 4th Avenue, Miami, FL 33129

7. Affiant's minor children reside at the following address (must include city, state and zip code):
2101 SW 4th Avenue, Miami, FL 33129

8. At the present time, affiant (is) (is not) registered to vote in any city, county or state other than as stipulated in subparagraph 3 above.

9. Name and business address of affiant's employer:
Fatima Home Care

1454 SW 1 Street, # 120, Miami, FL 33135

Vice President / Alt. Administrator

10. Affiant's occupation: _____
305-631-0029

Affiant's business telephone number(s): _____

11. Affiant has been employed in the above-cited capacity for the following period of time:
1997-Present

(Note: In the event the occupation of affiant has been for a period of less than one year, or the employment period with the same employer has been for a period of less than one year, affiant shall give the name(s) and address(es) of his/her employer(s) and occupation(s) for the period of one year prior to the date of this affidavit).

n/a

12. Affiant represents that he/she (is) (is not) currently holding another elective or appointive office – whether city, county or municipal – the term of which or any part thereof runs concurrently with that of the office he/she seeks, and that he/she has resigned from any office from which he/she is required to resign pursuant to F.S. 99.012 and/or the City of Miami Charter.

13. Affiant represents that, as of this date, he/she (is) (is not) seeking to qualify for public office which is currently held by an officer who has authority to appoint, employ, promote, or otherwise supervise him/her and who has qualified as a candidate for reelection to that office.

Note: If affiant is an employee of the City of Miami, affiant shall take a leave of absence, without pay from his/her employment during the period in which affiant has become a candidate for elective public office. This subsection does not apply to the Commissioners and Mayor, City Manager, City Attorney, City Clerk, and Independent Auditor General. Such leave of absence shall be effective upon whichever occurs first:

(a) Such employee receives contributions or makes expenditures, or gives her or his consent for any other person to receive contributions or make expenditures, with a view to bringing about his or her nomination or election to public office; or

(b) At the time such employee appoints a campaign treasurer and designates a primary depository; or

(c) At the time such employee files qualification papers and subscribes to a candidate's oath as required by law.

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14. Affiant's campaign headquarters address and telephone number:
1454 SW 1 Street, # 100, Miami, FL 33135 (Phone: 305-642-2228)

Affiant's campaign treasurer's name:
Zoraida A. Barreiro

Affiant's campaign treasurer's address:
2101 SW 4th Avenue, Miami, FL 33129

Telephone numbers: (work) 305-642-2228
(home) 305-856-7835

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15. Affiant represents that, if elected, he/she shall serve in the elective office to which he/she seeks election.

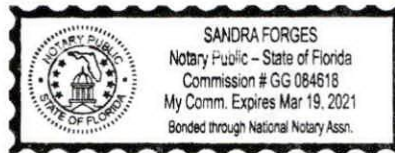
16. Following is the exact way in which affiant would like to have his/her name printed on the official ballot: Zoraida A. Barreiro

SIGNED THIS 21st DAY OF September, 2017


AFFIANT

BEFORE ME, the undersigned authority, personally appeared Zoraida A. Barreiro, who, after first being duly sworn, deposes and states that she executed the foregoing to the best of her knowledge and belief.


for CITY CLERK
CITY OF MIAMI, FLORIDA



(SEAL)

Did take an oath

Produced identification

Type of identification produced: FL Driver License

FORM 1

**STATEMENT OF
FINANCIAL INTERESTS**

2016

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :
 Barreiro Zoraida A.

MAILING ADDRESS :
 2101 SW 4 Avenue

CITY : ZIP : COUNTY :
 Miami 33129 Miami-Dade

NAME OF AGENCY :
 City of Miami

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
 City of Miami Commission District 3

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

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 OFFICE OF THE CITY CLERK
 CITY OF MIAMI

**** **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, 2016 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
Fatima Home Care	1454 SW 1 St., # 120, Miami, FL 33135	Healthcare

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
BABJ Investments	Tenants	1466 SW 1 Street, Miami, FL	Rent

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

2101 SW 4 Avenue, Miami, FL 33129

325 Ocean Drive, # 401, Miami Beach, FL 33139

Land 1.25 acres, Miami Dade, Florida

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
Stocks	BABJ Investments Corp.

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
Citimortgage	POBox 6243, SF, SD

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
	BABJ Investments	Fatima Home Care
ADDRESS OF BUSINESS ENTITY	1454 SW 1 Street, # 100, Miami	1454 SW 1 Street, # 120, Miami
PRINCIPAL BUSINESS ACTIVITY	Investments	Healthcare
POSITION HELD WITH ENTITY	Director	Vice President
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes	No
NATURE OF MY OWNERSHIP INTEREST	Active	Actie

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: 9/21/2017

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, write "none" or "n/a" in that section(s).</p> <p>NOTE: MULTIPLE FILING UNNECESSARY: 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><u>Facsimiles will not be accepted.</u></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>Local officers/employees 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>State officers or specified state employees 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>Candidates 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>Initially, each local officer/employee, state officer, and specified state employee must file within 30 days 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. Candidates must file at the same time they file their qualifying papers.</p> <p>Thereafter, file by July 1 following each calendar year in which they hold their positions.</p> <p>Finally, 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, 2016.</p>
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**CANDIDATE OATH –
NONPARTISAN OFFICE**

(Not for use by Judicial or
School Board Candidates)

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2017 SEP 21 AM 9:45
OFFICE OF THE CITY CLERK
CITY OF MIAMI

OFFICE USE ONLY

OATH OF CANDIDATE
(Section 99.021, Florida Statutes)

I, Zoraida A. Barreiro

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

I am a candidate for the nonpartisan office of City of Miami Commission, 3,
(office) (district #)
n/a, n/a; 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 of Candidate

(305)856-7835

Telephone Number

zoraidabarreiro@me.com

Email Address

2101 SW 4th Avenue

Address

Miami

City

FL

State

33129

ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109479690

* 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):

ZowRAY-D-ah ba'rerow

STATE OF FLORIDA

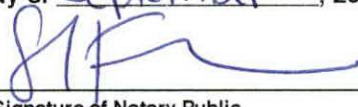
COUNTY OF Miami-Dade

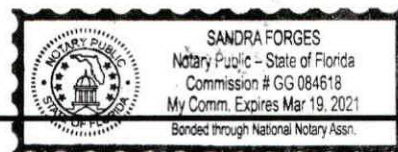
Sworn to (or affirmed) and subscribed before me this 21st day of September, 2017.

Personally Known: _____ or

Produced Identification:

Type of Identification Produced: FL Driver License


Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public




LOYALTY OATH

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

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OFFICE OF THE CITY CLERK
CITY OF MIAMI

I, Zoraida A. Barreiro
First Name Middle Initial Last Name

a citizen of the State of Florida and of the United States of America, ... and a candidate for public office ... do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.


Signature of Candidate

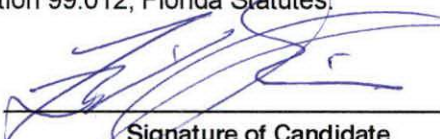
CITY OF MIAMI OATH OF CANDIDATE

OFFICE OF CITY OF MIAMI COMMISSIONER

Before me, an officer authorized to administer oaths, personally appeared
Zoraida A. Barreiro

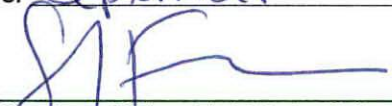
(PLEASE PRINT NAME)

who, being sworn, says he/she is a candidate for the office of **City of Miami Commissioner, District 3**, for the City of Miami, Florida; that he/she is a qualified elector of the City of Miami, Florida; that he/she is qualified under the Constitution, the Laws of Florida, and City of Miami Charter to hold the office to which he/she desires to be elected; that he/she has taken the oath required by Section 99.021, Florida Statutes; 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; and that he/she has resigned or taken a leave of absence from any office from which he/she is required to resign or take a leave of absence, pursuant to Section 99.012, Florida Statutes.


Signature of Candidate

2101 SW 4th Avenue Miami FL 33129
Address City State ZIP Code

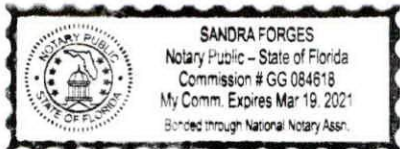
The Loyalty Oath and Oath of Candidate are sworn to (or affirmed) and subscribed before me this 21st day of September, 2017.


Signature of Officer Administering Oath or Notary Public

Sandra Forges
Name of Notary Typed, Printed or Stamped

Personally Known: _____ OR Produced Identification:

Type of Identification Produced: FL Driver License



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OFFICE OF THE CITY CLERK
CITY OF MIAMI

**ACKNOWLEDGMENT BY CANDIDATES COVERED BY
THE MANDATORY PROVISION
OF THE
ETHICAL CAMPAIGN PRACTICES ORDINANCE**

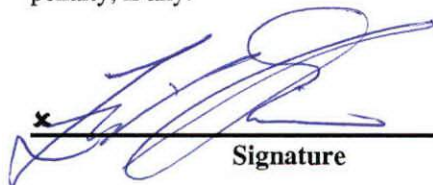
The Mandatory Fair Campaign Practices of the Ethical Campaign Practices Ordinance automatically extend to candidates and their respective campaign staffs for the Miami-Dade County Commission or Mayor; candidates and their respective campaign staffs for Miami-Dade Community Councils, candidates and their respective campaign staffs for any municipal elective office within Miami-Dade County; candidates and their respective campaign staffs for the Property Appraiser of Miami-Dade County; and any candidate and his or her campaign staff for elective office with a constituency in whole or in part in Miami-Dade County.

As provided in the Miami-Dade County Code at Sec. 2-11.1.1 (C), I shall not—

- (a) With actual malice make or cause to be made any untrue oral statement about another candidate or a member of his or her family or staff which exposes said person to hatred, contempt, or ridicule or causes said person to be shunned, avoided, or injured in his or her business or occupation;
- (b) With actual malice publish or cause to be published by writing, printing, picture, effigy, sign, or otherwise than by mere speech any untrue statement about another candidate or a member of his or her family or staff which exposes said person to hatred, contempt, or ridicule or causes said person to be shunned or avoided, or injured in his or her business or occupation;
- (c) Willfully injure, deface, or damage or cause to be injured, defaced, or damaged by any means any campaign poster, sign, leaflet, handbill, literature, or other campaign material of another candidate;
- (d) Knowingly obtain, or cause to be obtained, the campaign property of another candidate with the intent to, temporarily or permanently, deprive the candidate of a right to the property or a benefit thereof; or
- (e) Knowingly file with the Ethics Commission a groundless or frivolous complaint against another candidate.

I, Zoraida A. Barreiro, a candidate for the office of
please print your name
City of Miami Commission District 3 in Miami-Dade County, Florida
elective office sought county, municipality, or other jurisdiction

acknowledge that the Mandatory Fair Campaign Practices as provided in the Miami-Dade County Code at Sec. 2-11.1.1 (C)(1) applies to me throughout this campaign period, regardless of when I sign this acknowledgment. I recognize as compulsory the jurisdiction of the Ethics Commission. The Ethics Commission has the authority to decide whether I have violated the Mandatory Fair Campaign Practices of the Ethical Campaign Practices Ordinance and, if a violation is found, the Ethics Commission has the authority to impose the appropriate penalty, if any.



 Signature

9/21/2017

 Date

Candidates for county office file with the Miami-Dade County Elections Department. Candidates for municipal office file with their respective municipal clerks. For further information, please contact the Miami-Dade County Office of Governmental Affairs at 305 499-8410.

Miami Dade County Elections Dept.
 2700 NW 87th Ave. *or* P.O. Box 521550
 Miami, FL 33172 Miami, FL 33152-1550



Elections
2700 NW 87th Avenue
Miami, Florida 33172
T 305-499-8683 F 305-499-8547
TTY 305-499-8480

miamidade.gov

RECEIVED
2017 AUG 25 PM 3:08
OFFICE OF THE CITY CLERK
CITY OF MIAMI

August 17, 2017

Todd B. Hannon
City Clerk
City of Miami
3500 Pan American Drive
Miami, FL 33133

Dear Mr. Hannon:

The Miami-Dade Elections Department has completed the verification of the petitions for Zoraida A. Barreiro, a candidate for Commissioner District 3 of the City of Miami. A total of 369 petitions were reviewed for verification; of which 352 were certified.

For purposes of signature verification, my office follows the directives given by the municipality. You are encouraged to ensure compliance with municipal charter or code requirements.

Please find the certification for the petition enclosed. Should you have any questions or concerns, please feel free to contact Michelle McClain, Deputy Supervisor of Elections for Voter Services at 305-499-8302.

Sincerely,

Christina White
Supervisor of Elections

Enclosure (1)

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CITY OF MIAMI



Elections
2700 NW 87th Avenue
Miami, Florida 33172
T 305-499-8683 F 305-499-8547
TTY 305-499-8480

miamidade.gov

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OFFICE OF THE CITY CLERK
CITY OF MIAMI

CERTIFICATION

Batch 1

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2017 SEP 21 AM 9:46
OFFICE OF THE CITY CLERK
CITY OF MIAMI

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

I, Christina White, Supervisor of Elections of Miami-Dade County, Florida, do hereby certify that **352** signatures submitted by **Zoraida A. Barreiro** for the office of **Commissioner District 3** for the **City of Miami** matched the signatures on the voter files.

WITNESS MY HAND
AND OFFICIAL SEAL,
AT MIAMI, MIAMI-DADE
COUNTY, FLORIDA,
ON THIS 17th DAY OF
AUGUST, 2017

Christina White
Supervisor of Elections

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2017 SEP 21 AM 9:45

OFFICE OF THE CITY CLERK
CITY OF MIAMI

CAMPAIGN ACCOUNT OF ZORAIDA A BARREIRO
CITY OF MIAMI DISTRICT 3
2101 SW 4 AVE
MIAMI, FL 33129

140

Date 9/21/2017

Pay to the Order of City of Miami \$ 682.00 ⁰⁰/₁₀₀

Six hundred eighty two ⁰⁰/₁₀₀ Dollars

OCEAN BANK
780 N W 42ND AVE.
MIAMI, FLORIDA 33126 610

For _____

MP



City of Miami
OFFICIAL RECEIPT

No. **485047**

\$ 682.00 Sales Tax \$ — Total \$ 682.00
SIX HUNDRED & EIGHTY TWO ⁰⁰/₁₀₀ /100 Dollars
Date: 9/21/17

Received from: ZORAIDA A. BARREIRO

Address: 2101 SW 4 AVE MIAMI FL 33129

For: Qualifying - Commission D3 Reference No: CHECK NO. 140

This Receipt not VALID unless dated, filled in and signed by authorized employee of department or division designated hereon and until the City has collected the proceeds of any checks tendered as payment herein.

By: Sandra Forges
Department: City Clerk
Division: Election

C FN/TM 402 Rev. 03/03

Distribution: White - Customer; Canary - Finance; Pink - Issuing Department

AT2 016746 0008 A-6742 A
BARREIRO, BRUNO A & ZORAIDA
2101 SW 4TH AVE
MIAMI FL 33129-1901

AUTO RENEWAL

AMOUNT DUE: \$1,116.07

Payment is due by August 10, 2016

Your State Farm Agent

IRIS LOPEZ

Office: 305-858-5553

Address: 2350 SW 27TH AVE STE 104

MIAMI, FL 33145-3682

If you have a new or different car, have added any drivers, or have moved, please contact your agent.

RECEIVED
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OFFICE OF THE CITY CLERK
CITY OF MIAMI

ST-1AB
0103-1G12



Policy Number: [REDACTED]
Policy Period: August 10, 2016 to February 10, 2017

Vehicle:
2011 HONDA CRV

Principal Driver:
BRUNO A BARREIRO

CONVENIENT PAYMENT OPTION: To use State Farm's 50-50 payment plan, submit one half of your premium plus a \$2.00 handling charge. The balance will be due 60 days after your renewal date.

IMPORTANT NOTICE- Under No-Fault Coverage, the only medical expenses we will pay are reasonable medical expenses that are payable under the Florida Motor Vehicle No-Fault Law. The most we will pay for such reasonable medical expenses is 80% of the "schedule of maximum charges" found in the Florida Motor Vehicle No-Fault Law

and in the Limits section of the Florida Car Policy's No-Fault Coverage.

Based on your driving record, you have our Accident-Free Discount for preferred customers.

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon
(continued on next page)

Policy Number: 682 2882-B10-59D
Prepared June 16, 2016
Form 1004933

Page number 1 of 6

↓ Please fold and tear here ↓

144211 201 11-01-2015

**Power To Pay
Your Way**



Online
PC or
mobile devices



Mobile
Download our
Pocket Agent App



Mail
Send us
a check



Call your Agent 305-858-5553
Automated line: 1-800-440-0998
Key code: 6774925570



Walk In
See your
State Farm Agent



Insured: BARREIRO, BRUNO A & ZORAIDA
Policy Number: [REDACTED]

Amount Due: \$1,116.07
Please pay by August 10, 2016
Make payment to State Farm

[REDACTED]
Insurance Support Center
P.O. Box 588002
North Metro, GA 30029-8002



For Office Use Only

AUTO REN	\$1,116.07	0901
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4-A4 A 6742-FA6F
APP DT 09-19-2016 MUTL VOL



AT2 017501 0008 A-6742 A
BARREIRO, BRUNO A & ZORAIDA
2101 SW 4TH AVE
MIAMI FL 33129-1901

AUTO RENEWAL

AMOUNT DUE: \$1,041.36

Payment is due by August 10, 2017

Your State Farm Agent

IRIS LOPEZ

Office: 305-858-5553

Address: 2350 SW 27TH AVE STE 104
MIAMI, FL 33145-3682

If you have a new or different car, have added any drivers, or have moved, please contact your agent.

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2017 SEP 21 AM 9:16
OFFICE OF THE CITY CLERK
CITY OF MIAMI

Policy Number: [REDACTED]
Policy Period: August 10, 2017 to February 10, 2018

Vehicle:
2011 HONDA CRV

Principal Driver:
BRUNO A BARREIRO

CONVENIENT PAYMENT OPTION: To use State Farm's 50-50 payment plan, submit one half of your premium plus a \$2.00 handling charge. The balance will be due 60 days after your renewal date.

IMPORTANT NOTICE- Under No-Fault Coverage, the only medical expenses we will pay are reasonable medical expenses that are payable under the Florida Motor Vehicle No-Fault Law. The most we will pay for such reasonable medical expenses is 80% of the "schedule of maximum

charges" found in the Florida Motor Vehicle No-Fault Law and in the Limits section of the Florida Car Policy's No-Fault Coverage.

Based on your driving record, you have our Accident-Free Discount for preferred customers.

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use
(continued on next page)

Policy Number: 682 2882-B10-59D
Prepared June 16, 2017
Form 1004933

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Insured: BARREIRO, BRUNO A & ZORAIDA

Policy Number: [REDACTED]

Amount Due: \$1,041.36

Please pay by August 10, 2017

Make payment to State Farm

[REDACTED]
Insurance Support Center
P.O. Box 588002
North Metro, GA 30029-8002



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