

AFFIDAVIT OF CANDIDATE

CITY OF MIAMI, FLORIDA

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OFFICE OF THE CITY CLERK
CITY OF MIAMI

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

MAYRA JOLI (hereinafter "affiant"), being first duly sworn, deposes and says:

1. My name is MAYRA JOLI.
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 _____ 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. N/A MS

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

700 JERONIMO DRIVE CORAL GABLES, FL 33146 MS

which is my legal address, and I have resided continually at said address from the 1 day of JUNE 2004 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):

Prior Addresses

7720 CAMINO REAL MIAMI FL MS 33143 For the Period 2000-2004

9686 FONTAINBLEAU MIAMI FL MS 33172 1990-2000

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:

978 NORTH RIVER DRIVE MIAMI, FL 33136 MS

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

700 JERONIMO DRIVE CORAL GABLES, FL 33146 AND

978 NORTH RIVER DRIVE MIAMI, FL 33136 MS

7. Affiant's minor children reside at the following address (must include city, state and zip code):

700 JERONIMO DRIVE CORAL GABLES, FL 33146

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:

THE JOLI LAW FIRM PLLC

1221 BRICKELL AVENUE SUITE 1210 MIAMI

10. Affiant's occupation: IMMIGRATION LAWYER

Affiant's business telephone number(s): 3057222828

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

SINCE YEAR 2000

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CITY OF MIAMI

(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).

NON APPLICABLE

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.

14. Affiant's campaign headquarters address and telephone number: FL 33131 HS
1221 BRICKELL AVENUE SUITE 1210 MIAMI 305 722 2828

Affiant's campaign treasurer's name:

Mayra Joli

Affiant's campaign treasurer's address:

1221 Brickell Avenue Suite 1210 Miami Fl 33131

Telephone numbers: (work) 3057222828

(home) 3057209021

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

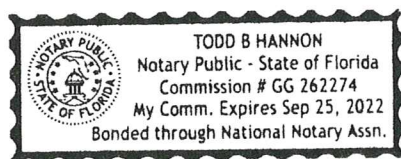
16. Following is the exact way in which affiant would like to have his/her name printed on the official ballot: MAYRA JOLI

SIGNED THIS 3 DAY OF September, 2021.

Mayra Joli
AFFIANT

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

[Signature]
CITY CLERK
CITY OF MIAMI, FLORIDA



(SEAL)

Did take an oath
 Produced identification

Type of identification produced: FL Driver's License

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

FOR OFFICE USE ONLY:

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OFFICE OF THE CITY CLERK CITY OF MIAMI

LAST NAME -- FIRST NAME -- MIDDLE NAME :

JOLI MAYRA

MAILING ADDRESS :

1221 BRICKELL AVENUE SUITE 1210

MIAMI 33131 DADE

CITY : ZIP : COUNTY :

of Miami FL

NAME OF AGENCY :

MIAMI MAYOR

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

CHECK ONLY IF [X] CANDIDATE OR [] NEW EMPLOYEE OR APPOINTEE

**** THIS SECTION MUST BE COMPLETED ****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2020.

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 [X] 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")

Table with 3 columns: NAME OF SOURCE OF INCOME, SOURCE'S ADDRESS, DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY. Row 1: THE JOLI LAW FIRM PLLC, 1221 BRICKEL AVENUE SUITE 1210 MIAMI, FL 33131, IMMIGRATION ATTORNEY.

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")

Table with 4 columns: NAME OF BUSINESS ENTITY, NAME OF MAJOR SOURCES OF BUSINESS' INCOME, ADDRESS OF SOURCE, PRINCIPAL BUSINESS ACTIVITY OF SOURCE. Row 1: NONE.

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

NON APPLICABLE

NON APPLICABLE

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

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
NONE	

PART E — LIABILITIES [Major debts - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
SHELL POINT MORTGAGE	P. O. BOX 51850 LIVONIA MI 48151-5850
LANDROVER FT. LAUDERDALE	400 WEST COPANS ROAD POMPANO, FL 33064

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
	ADDRESS OF BUSINESS ENTITY	1221 BRICKELL AVENUE 1210
PRINCIPAL BUSINESS ACTIVITY	LAW	
POSITION HELD WITH ENTITY	OWNER CEO	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES 100%	
NATURE OF MY OWNERSHIP INTEREST	PRESIDENT	

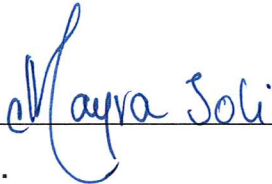
PART G — TRAINING For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S.

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:

09/03/2021

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:

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. To determine what category your position falls under, see page 3 of instructions.

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.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

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.

WHEN TO FILE: 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.

Thereafter, file by July 1 following each calendar year in which they hold their positions.

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 not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2020.

**CANDIDATE OATH –
NONPARTISAN OFFICE**

(Do not use this form if a Judicial or School Board Candidate)

Check box **only** if you are seeking to qualify as a write-in candidate:

Write-in candidate

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OFFICE OF THE CITY CLERK
CITY OF MIAMI

OFFICE USE ONLY

Candidate Oath

(Section 99.021(1)(a), Florida Statutes)

I, MAYRA SOLI
(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box . (See page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the nonpartisan office of Mayor, _____, _____
(Office) (District #)
_____ ; 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.

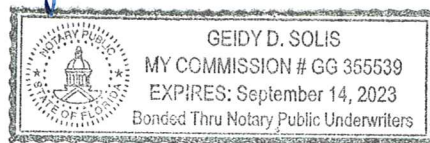
Candidate's Florida Voter Registration Number (located on your voter information card): 109714872

Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): *[Not applicable to write-in candidates.]*

X Mayra Soli (305) 720-9021 mayra@solilaw.com
Signature of Candidate Telephone Number Email Address
1221 Brickell Avenue Suite 1210 Miami FL 33131
Address City State ZIP Code

STATE OF FLORIDA
COUNTY OF Miami Dade

[Signature]
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:



Sworn to (or affirmed) and subscribed before me by physical or
 online presence this 25th day of August, 2021.

Personally Known: or Produced Identification: _____

Type of Identification Produced: _____

DATE MICROFILMED LOCATION CAMERA OPERATOR DEPUTY CLERK, CIRCUIT COURT

PREPARED BY: CARLOS A. TRIAY, ESQUIRE 150 BIRD ROAD, SUITE 101 CORAL GABLES, FLORIDA 33146 (305) 446-8988

OFF. REC: 16133PM 1996

PROPERTY APPRAISER'S PARCEL IDENTIFICATION NO.

93R568413 1993 NOV 13 09:05

GRANTEE S.S. NO. GRANTEE NAME: STEVEN P. BEFERA GRANTEE S.S. NO. GRANTEE NAME:

(SPACE ABOVE THIS LINE FOR RECORDING DATA)

WARRANTY DEED (Statutory Form--Section 689.02, F.S.)

This Indenture, made this 10 day of November, 1993, Between RIVERVIEW MANORS ENTERPRISES, INC., a Florida corporation

whose post office address is 978 N. River Drive, Miami, of the County of Dade, State of Florida, grantor*, and

STEVEN P. BEFERA, a single person

whose post office address is 978 NW N. River Drive, #7, of the County of Dade, State of Florida, grantee*,

Witnesseth, that said grantor, for and in consideration of the sum of Ten and No/100ths Dollars (\$10.00), and other good and valuable considerations to said grantor in had paid by said grantee, the receipt whereof is hereby acknowledged, has granted, bargained and sold to the said grantee, and grantee's heirs and assigns forever, the following described land, situate, lying and being in Dade County, Florida, to-wit:

Unit 7, of RIVERVIEW LANDINGS CONDOMINIUM, a condominium according to the Declaration thereof, as recorded in O.R. Book * , Page * of the Public Records of Dade County, Florida.

*RECORDED ON 11-1-93 IN CLERK'S FILE NO. 93R-535989

SUBJECT TO: Taxes and assessments for the year 1993 and thereafter. Zoning ordinances, restrictions prohibitions and other requirements imposed by governmental authority. Restrictions and matters appearing on the plat or otherwise common to the subdivision.

And said grantor does hereby fully warrant the title to said land, and will defend the same against the lawful claims of all persons whomsoever.

* "Grantor" and "grantee" are used for singular or plural, as context requires.

In Witness Whereof, grantor has hereunto set grantors' hand and seal the day and year first above written.

Signed, sealed and delivered in our presence:

GRANTOR(S): HARVEY RUVIN, CLERK DADE COUNTY, FL

Witness signature

RIVERVIEW MANORS ENTERPRISES, INC., a Florida corporation By: ROBERTO CAO, President

Printed Name CARLOS A. TRIAY

Witness signature

Federal Tax I.D. No.

Printed Name MARIA FERNANDEZ VALLS

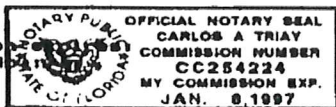
RECORDED IN OFFICIAL RECORDS BOOK OF DADE COUNTY, FLORIDA. RECORD VERIFIED HARVEY RUVIN CLERK CIRCUIT COURT

STATE OF FLORIDA COUNTY OF DADE

The foregoing instrument was acknowledged before me this 10 day of November, 1993, by ROBERTO CAO, President of RIVERVIEW MANORS ENTERPRISES, INC., who has produced Florida driver's license as identification and who did (did not) take an oath.

NOTARY PUBLIC:

My commission expires Commission No.



Printed Name:

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Voter Information Card
Miami-Dade County, FL

Tarjeta de Información del Elector
Condado de Miami-Dade, FL

Mayra Joli
700 Jeronimo Dr
Coral Gables FL 33146

Kat Enfòmasyon Votè
Konte Miami-Dade, FL

ISSUED
EMITIDA
ENPRIME
10/16/19

Bring photo identification
when voting.
Para votar, presente una
identificación con fotografía.
Tanpri pote yon pyès idantifikasyon
ki gen foto w sou li lè w'ap vin vote.

Registration No.
Núm. de Inscripción
Nim. Enskripsyon
109714872



Voter Information Card
Miami-Dade County, FL

Tarjeta de Información del Elector
Condado de Miami-Dade, FL

Mayra Joli
700 Jeronimo Dr
Coral Gables FL 33146

Kat Enfòmasyon Votè
Konte Miami-Dade, FL

ISSUED
EMITIDA
ENPRIME
05/12/17

Bring photo identification
when voting.
Para votar, presente una
identificación con fotografía.
Tanpri pote yon pyès idantifikasyon
ki gen foto w sou li lè w'ap vin vote.

Registration No.
Núm. de Inscripción
Nim. Enskripsyon
109714872

Voting Location | Centro de Votación | Lokal Biwo Vòt
Coral Gables Senior High School
450 Bird Rd

Precinct No.
Núm. del Recinto
Nim. Biwo Vòt
611

Date of Birth
Fecha de Nacimiento
Dat Nesans
[REDACTED]

Registration Date
Fecha de Inscripción
Dat Enskripsyon
3/4/1997

Party Affiliation | Afiliación Partidista | Pati Politik
REPUBLICAN PARTY OF FLORIDA

Christina White

Supervisor of Elections | Supervisora de Elecciones | Sipèvizè Eleksyon

You are eligible to vote for the representatives from the districts listed below.
Ud. pòdè votar pou los representantes de los distritos enumerados abajo.
W elijib pou w vote pou reprezantan ki nan distrik ki ekri anba la yo.

Congress
Congreso
Kongrè
27

State Senate
Senado Estatal
Sena Eta
37

State House
Cámara Estatal
Lacham Eta
114

County Commission
Comisión del Condado
Komisyon Konte
7

School Board
Junta Escolar
Asanble Edikasyon
6

Community Council
Consejo Comunitario
Konsèy Kominotè
N/A

Municipality | Municipio | Minisipalite
CORAL GABLES
[REDACTED]

Voting Location | Centro de Votación | Lokal Biwo Vòt

Coral Gables Sr. High School
450 Bird Rd

Precinct No.
Núm. del Recinto
Nim. Biwo Vòt
611

Date of Birth
Fecha de Nacimiento
Dat Nesans
[REDACTED]

Registration Date
Fecha de Inscripción
Dat Enskripsyon
3/4/1997

Party Affiliation | Afiliación Partidista | Pati Politik
NO PARTY AFFILIATION

Christina White

Supervisor of Elections | Supervisora de Elecciones | Sipèvizè Eleksyon

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Asanble Edikasyon
6

Community Council
Consejo Comunitario
Konsèy Kominotè
N/A

Municipality | Municipio | Minisipalite
CORAL GABLES
[REDACTED]

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CITY OF MIAMI

Mayra Joli For Mayor of Miami
1221 Brickell Avenue Ste 1210
Miami, FL 33131

1000

Date 9/3/2021

63-27/631 FL
937

Pay To The Order Of City of Miami \$ 1,070.00
= One thousand Seventy and 00/100 Dollars

BANK OF AMERICA

For Ready to fight!

Mayra Joli



City of Miami
OFFICIAL RECEIPT

No. **505771**
Date: 9/3/2021

\$ 1,070 Sales Tax \$ — Total \$ 1,070.00
One thousand and seventy /100 Dollars

Received from: Mayra Joli
Address: 1221 Brickell Ave, Ste 1210 Miami, FL 33131
For: Qualifying - Mayor Reference No: Check # 1000

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: Todd B. Hannon
Department: City Clerk
Division: Election

C FN/TM 402 Rev. 03/03

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

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