

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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OFFICE OF THE CITY CLERK
CITY OF MIAMI

1. Full Name of Committee

Marina PARC Miami, Inc.

Telephone

305-761-7720

Mailing Address (include city, state and zip code)

3301 Rickenbacker Causeway
Key Biscayne, Florida 33149

Street Address (include city, state and zip code)

3301 Rickenbacker Causeway
Key Biscayne, Florida 33149

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

Name of Affiliated or Connected Organization	Mailing Address	Relationship
N/A		

3. Area, Scope and Jurisdiction of the Committee

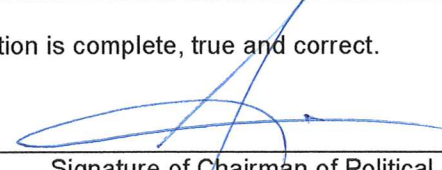
Ballot issues in City of Miami

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

Marine

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
Jose A. Riesco, CPA	2600 South Douglas Rd, #900, Coral Gables, Florida 33134	Treasurer
Jeannine Riesco Miranda	2600 South Douglas Rd, #900, Coral Gables, Florida 33134	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	
Aabad R. Melwani	3301 Rickenbacker Causeway, Key Biscayne, Florida 33149	Chairperson	
Jose A. Riesco, CPA	2600 South Douglas Rd, #900, Coral Gables, FL 33134	Treasurer	
Jeannine Riesco Miranda	2600 South Douglas Rd, #900, Coral Gables, FL 33134	Deputy Treasurer	
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
N/A			
8. List Any Issues this Committee is Supporting: City of Miami Referendum on Rickenbacker Causeway List Any Issues this Committee is Opposing: N/A			
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?			
Contribute to a 501(c)(3) or 501(c)(4) organization			
11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds			
Name of Bank or Depository & Account Number		Mailing Address	
City National Bank		8311 SW 40 Street Miami, FL 33155	
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
Form 8976	w/i 60 days	IRS	Ogden, UT
Form 1024	w/i a year	IRS	Ogden, UT
STATE OF <u>Florida</u>		<u>Miami-Dade</u> COUNTY	
I, <u>Aabad R. Melwani</u> , certify that the information in this Statement of Organization is complete, true and correct.			
X 		<u>8/1/2021</u>	
Signature of Chairman of Political Committee		Date	

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