STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

1. Full Name of Committee

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OFFICE OF THE CITY CLERK

Miami Prosperous		(305)442-0243							
Mailing Address (include city, state and zip code)									
122 Minorca Ave., Coral	Gabl	es, FL 33134							
Street Address (include city, state and zip code)									
122 Minorca Ave., Coral Gables, FL 33134									
Affiliated or Connected O committees)	rgani	zations (includes other committees of co	ntinuous ex	xistence and political					
Name of Affiliated or Connected Organization		Mailing Address		Relationship					
N/A									
3. Area, Scope and Jurisdiction of the Committee Promotion of candidates and issues in the City of Miami, Florida.									
4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.)									
Political committee to support candidates and issues that benefit the people of Miami.									
5. Identify by Name, Address	and	Position, the Custodian of Books and Ac	counts (inc	lude treasurer's name)					
Full Name		Mailing Address	Committee Title or Position						
Jose Sanchez-Gronlier	122 3313	Minorca Ave., Coral Gables, FL 34	Treasure						

6. List by Name, Address	s and Position, Other Principa	Officers, Including (Officers and Men	nbers of the	
Full Name	Any (include chairman's nam	1e)			
Jose Sanchez-Gronlie	Mailing Adder 122 Minorca Ave., Cor 33134		Committee Title or Position Chairman		
7. List by Name, Address Committee is Supporti	s, Office Sought and Party Affiling (if none, please indicate)	liation Each Candidat	te or Other Indivi	idual that this	
Full Name	Mailing Address	Office	Sought	Party	
N/A				0 12	
List Any Issues this Co	ommittee is Supporting: Bette			Miami	
9. If this Committee is Su	pporting the Entire Ticket of a	Party, Give Name of	Party	TO 2 5	
N/A				彭吉四	
Donate to a.	ution, What Disposition will be 501(c)(3) organization	on or reimburs	sedonors a	is allowed by (
	Deposit Boxes, or Other Depos	T			
	ository & Account Number		Mailing Address		
Truist		201 Alhambra Circle Coral Gables, FL 33134			
and Positions of Such		tee with Federal Offic	ials and the Nam	nes, Addresses	
Report Title	Dates Required to be Filed	Name & Position of C	Official Ma	ailing Address	
N/A					
STATE OF Florida		Miami-	Miami-Dade county		
, Jose Sanchez	<u>c</u> -Gronlier	, certify that the info	ormation in this St	atement of	
Organization is complete, tru	ie and correct.				
X M		01	01/05/2023		
Signature of C	hairman of Political Committee	Date			

DS-DE 5 (Rev. 06/11) - Rule 1S-2.017