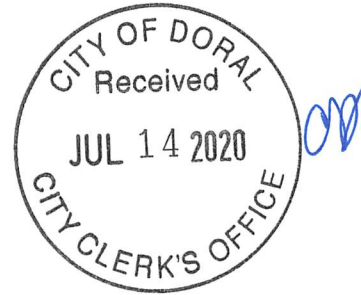


**CANDIDATE OATH –  
NONPARTISAN OFFICE**

(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



OFFICE USE ONLY

**Candidate Oath**

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

I, **Oscar Puig**

(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 **City of Doral City Council**, \_\_\_\_\_,  
(Office) (District #)


\_\_\_\_\_, **3**; I am a qualified elector of **Miami-Dade County** 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): **109585347**

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.]

**Oscar Puig OS-car PU-IG**

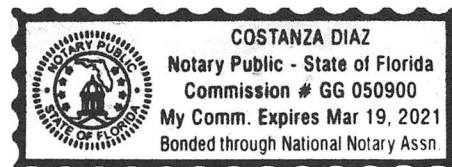
**X**  (786) 201-2620 oscarpuig@mac.com  
Signature of Candidate Telephone Number Email Address

**5232 NW 112th Place, Doral FL 33178**  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF **Miami-Dade**

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

Sworn to (or affirmed) and subscribed before me this **14**  
day of **July**, 20**20**.  
Personally Known:  or Produced Identification: \_\_\_\_\_  
Type of Identification Produced: \_\_\_\_\_



DECLARATION AND FIRST AMENDMENT WAIVER  
FOR CANDIDATES WHO AGREE TO COMPLY WITH  
THE VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES



**VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES**

As a candidate for public office in Miami-Dade County, I believe that political issues can be freely debated without appealing to racial, ethnic, religious, sexual, or other prejudices. I recognize that such negative appeals serve only to divide this community and create long-term moral, social, and economic problems. Therefore,

1. I shall not make my race, religion, national origin, gender, physical disability, or sexual orientation an issue in my campaign.
2. I shall not make my opponent's race, religion, national origin, gender, physical disability, or sexual orientation an issue in my campaign.
3. I will condemn any appeal to prejudice based on race, creed, national origin, religion, gender, physical disability, or sexual orientation.
4. I shall not, without just cause, attack or question my opponent's patriotism.
5. I shall not publish, display, or circulate any anonymous campaign literature or political advertisement.
6. I shall not tolerate my supporters engaging in these activities that I condemn, nor shall I accept their continued support if they engage in such activities. I will not permit any member of my campaign organization to engage in these activities and will immediately and publicly repudiate the support of any other individual or group that resorts to the methods and tactics I condemn.
7. I shall run a positive campaign emphasizing my qualifications for office and positions on issues of public concern.
8. I will limit my attacks on an opponent to legitimate challenges to that person's record, qualifications, and positions.
9. I will neither use nor permit the use of malicious untruths or innuendoes about an opponent's personal life, nor will I make or condone unfounded accusations discrediting that person's credibility.
10. I will take personal responsibility for approving or disavowing the substance of attacks on my opponent that may come from third parties supporting my candidacy.
11. I will not use or permit the use of campaign material that falsifies, distorts, or misrepresents facts.

**BY SIGNING THIS DECLARATION AND FIRST AMENDMENT WAIVER, I AGREE TO**

- ABIDE BY THE VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES,
- SUBMIT TO THE COMPULSORY JURISDICTION OF THE ETHICS COMMISSION, AND
- WAIVE MY FIRST AMENDMENT RIGHTS.

I, Oscar Puig, a candidate for the office of \_\_\_\_\_,  
please print your name  
City council seat 3 in City of Doral,  
elective office sought county, municipality, or other jurisdiction

agree to abide by the *voluntary* Statement of Fair Campaign Practices as provided in Section 2-11.1.1(D)(1) of the Code of Miami-Dade County, Florida, and to recognize as compulsory the jurisdiction of the Ethics Commission. I further agree that the Ethics Commission will have the authority to decide whether I have violated the *voluntary* Statement of Fair Campaign Practices and, if a violation is found, the Ethics Commission has the authority to impose the appropriate penalty, if any, which may include an admonition or public reprimand. I recognize that I have the right before signing this DECLARATION AND FIRST AMENDMENT WAIVER to consult my own legal counsel and to request and receive from the Ethics Commission an advisory opinion as to whether my planned campaign activities are likely to violate the *voluntary* Statement of Fair Campaign Practices. I also recognize that after signing this agreement, I will continue to have the right to request and receive from the Ethics Commission an advisory opinion regarding any future campaign activities that I may be considering. I hereby proclaim (1) that my agreement to abide by the Statement of Fair Campaign Practices is *voluntary*, knowing, and intelligent; (2) that I have not been forced, pressured, or otherwise coerced into making this agreement; and (3) that I am aware of the *voluntary* nature of this agreement. I recognize that there is no penalty for refusing to agree to abide by the *voluntary* Statement of Fair Campaign Practices. I also recognize that in signing this agreement, I will be forfeiting rights to which I would otherwise be entitled under the First Amendment to the U.S. Constitution and Article I, Section 4, of the Constitution of the State of Florida. Once the DECLARATION AND FIRST AMENDMENT WAIVER is signed, it is deemed irrevocable for the duration of the campaign.

x   
Signature

July 3rd, 2020

Date

# FORM 1

# STATEMENT OF FINANCIAL INTERESTS

# 2019

FOR OFFICE USE ONLY:

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :  
Puig, Oscar

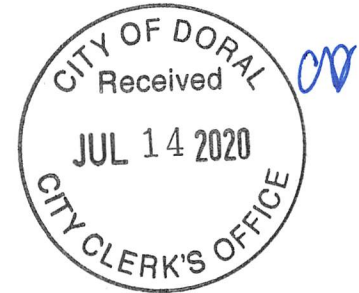
MAILING ADDRESS :  
5232 NW 112 Place

CITY : Doral                      ZIP : 33178                      COUNTY : Miami-Dade

NAME OF AGENCY :  
City of Doral

NAME OF OFFICE OR POSITION HELD OR SOUGHT :  
City of Doral city council seat 3

CHECK ONLY IF  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, 2019.

**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
Self employed	5232 NW 112 Place, Doral FL 33178	Realtor
JAHolding & Assc, Inc	5232 NW 112 Place, Doral FL 33178	B 2 B Commerce

**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
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")

5232 NW 112 Place, Doral FL 33178

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
Shellpoint Mortgage	PO Box 619063 Dallas TX 75261

**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	5232 NW 112 Place, Doral
PRINCIPAL BUSINESS ACTIVITY	B2B Commerce	
POSITION HELD WITH ENTITY	Owner / President	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	100%	
NATURE OF MY OWNERSHIP INTEREST	Personal Property	

**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:

7/3/2020

**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, 2019.



**Voter Information Card**  
Miami-Dade County, FL

Tarjeta de información del elector  
Condado de Miami-Dade, FL

**Kat Enfòmasyon Votè**  
Konte Miami-Dade, FL

Oscar Puig-Corve  
5232 NW 112Th Pl  
Doral FL 33178

ISSUED  
EMITIDA  
ENPRIME

06/14/12

**Bring photo identification  
when voting.**

Para votar, presente una  
identificación con fotografía.

Tranpripote yon pyès idantifikasyon  
ki gen foto w sou li lè w ap vin vote.

Registration No.  
Núm. de inscripción  
Nim. Enskripsyon

109585347

Voting Location | Ubicación de la votación | Lokal Biwo Vòt  
**Eugenia B Thomas Elementary School**  
5950 NW 114 Ave

Precinct No.  
Núm. del recinto  
Nim. Biwo Vòt  
452

Date of Birth  
Fecha de Nacimiento  
Dat Nesans  
4/9/1967

Registration Date  
Fecha de inscripción  
Dat Enskripsyon  
2/14/1996

Party Affiliation | Afiliación partidista | Pati Politik  
**REPUBLICAN PARTY OF FLORIDA**

**Penelope Townsley**  
Supervisor of Elections | Supervisora de Elecciones | Sipèvizè Eleksyon

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

Congress  
Congreso  
Kongrè  
25

State Senate  
Senado Estatal  
Sena Eta a  
38

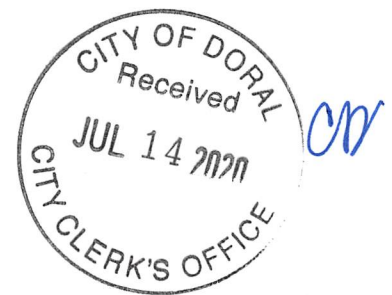
State House  
Cámara Estatal  
Lacham Eta a  
105

County Commission  
Comisión del Condado  
Komisyon Konte  
12

School Board  
Junta Escolar  
Asanble Edikasyon  
5

Community Council  
Consejo Comunitario  
Konsèy Kominotè  
0

Municipal | Municipal | Minisipalite  
**DORAL**





CFN 2004R0012294  
 OR Bk 21956 Pgs 1226 - 1227 (2pgs)  
 RECORDED 01/07/2004 11:11:21  
 DEED DOC TAX 1,770.00  
 HARVEY RUVIN, CLERK OF COURT  
 MIAMI-DADE COUNTY, FLORIDA

This Document Prepared By and Return to:  
**JORGE GAVIRIA**  
 9769 S. DIXIE WHY 101  
 MIAMI, FLORIDA 33156



Parcel ID Number: 30-3019-002-2710  
 Grantee #1 TIN:  
 Grantee #2 TIN:

# Warranty Deed

This Indenture, Made this 25th day of November, 2003 A.D. Between  
**Martin Arriola Argueta, a married man, joined by his wife Luciana B. Alberti**  
 of the County of **Miami-Dade**, State of **Florida**, grantor, and  
**Oscar Puig-Corve, a married man and Deidre Vivgs, husband & wife**

whose address is: 5232 NW 112 Place, Miami, FL 33178

of the County of **Miami-Dade**, State of **Florida**, grantee.

**Witnesseth** that the GRANTOR, for and in consideration of the sum of  
 -----**TEN DOLLARS (\$10)**----- DOLLARS,  
 and other good and valuable consideration to GRANTOR in hand paid by GRANTEE, the receipt whereof is hereby acknowledged, has  
 granted, bargained and sold to the said GRANTEE and GRANTEE'S heirs, successors and assigns forever, the following described land, situate,  
 lying and being in the County of **Miami-Dade** State of **Florida** to wit:  
**Lot 33, Block 7, of DORAL LANDINGS EAST, according to the plat**  
**thereof, as recorded in Official Records Book 148, at Page 75, of the**  
**Public Records of Miami-Dade County, Florida.**

Subject to current taxes, easements and restrictions of record.

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

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

Signed, sealed and delivered in our presence:

Printed Name: Jorge Gauria  
 Witness

Martin Arriola Argueta (Seal)  
 P.O. Address: 10750 NW 66 St., #207, Miami, FL 33178

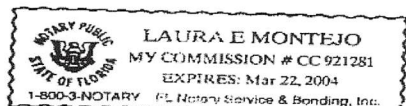
Printed Name: Laura E. Montejo  
 Witness

Luciana B. Alberti (Seal)  
 P.O. Address: 10750 NW 66 St., #207, Miami, FL 33178

STATE OF Florida  
 COUNTY OF Miami-Dade

The foregoing instrument was acknowledged before me this 25th day of November, 2003 by  
**Martin Arriola Argueta, a married man joined by his wife Luciana B. Alberti**

they are personally known to me or have produced their Florida driver's license as identification.



Printed Name: \_\_\_\_\_  
 Notary Public  
 My Commission Expires: \_\_\_\_\_

J & M Condo. Management & Maintenance, Inc.

275 Fontainebleau Blvd. Suite 200

Miami, Fl. 33172

**CERTIFICATE OF APPROVAL OF SALE**

HOMES OF DORAL LANDINGS Association hereby certifies:

**OSCAR P-CORVE & DEIDRE VIVAS**

Have been approved by HOMES OF DORAL LANDINGS ASSOCIATION

As PURCHASERS of the following described property located within:

- Condominium complex in Miami-Dade County, Florida:

Unit Number: N/A

Property Address: 5232 NW 112 PL., MIAMI, FL. 33178

PURCHASED from J.E. ALVARADO & C.I. BELTRAN

**SELLERS**

The last maintenance payment in the amount of \$146.90 was made on DECEMBER 1, 2003.

The current balance due as of 12/5/03 is: \$0.00

DATED this 12 day of 15/, 2003.

**HOMES OF DORAL LANDINGS  
COMMUNITY ASSOCIATION, INC.**

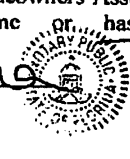
*[Handwritten Signature]*  
Authorized Signature

STATE OF FLORIDA )

MIAMI DADE COUNTY )

Subscribed and sworn to before me this 5 day of December, 2003 by SOAQUIN CALON as Pres. of DORAL Land Homeowners Association, Inc. on behalf of said Association. He/She is personally known to me or has produced Driver's license as identification and did not take an oath.

*[Handwritten Signature]*  
NOTARY PUBLIC  
MY COMMISSION EXPIRES:

 Commission # DD 020036  
Expires April 23, 2005  
Bonded Thru Atlantic Bonding Co., Inc.

**FOR SALES ONLY:** It is the responsibility of the closing agent or buyer(s) to forward to J & M Condo. Management a copy of the Warranty Deed and Settlement Statement at the time of closing showing who the new owner(s) of record is/are and to indicate where should all correspondence should be mailed.

FOLIO 35 3019 002 2710 PROP ADDR 5232 NW 112 PL

PROPERTY RECORD CARD

Generated Date: 07/14/2020

2019 Current

OFFICE OF THE PROPERTY APPRAISER

Roll Year: 2019

DOR CODE: 0105 RESIDENTIAL - SINGLE FAMILY : CLUSTER HOME STATUS: ACTIVE EPLG:

\*\* Note: values are subject to change due to tax roll corrections \*\*

<b>CURRENT OWNER AND MAILING:</b>	<b>LEGAL DESCRIPTION:</b>	<b>ACCOUNT FLAGS:</b>	<b>VALUE</b>
OSCAR PUIG CORVE &W DEIDRE VIVAS	DORAL LANDINGS EAST	# CAT TYPE DESCRIPTION	7002NV
5232 NW 112 PL	PB 148-75 T-18659	5 LEGC ST Strip Number	
MIAMI FL 33178-3503	LOT 33 BLK 7		
	LOT SIZE 4000 SQ FT		
	& INT IN COMMON AREAS		
(More...)	F/A/U 30-3019-001-0250		

MCD: 3500 Doral	ZONING 1: 0102 MODIFIED SINGLE FAM RES
CTCASE: N % CAP: 100.00	DISTRICT: 2 ZONING 2: 0000
HEX BASE YR: 2004 PORT YR: 0	GPAR: 0 NON-HEX BASE YR: 0
AG: N NFC: N	EEL/CONS EASMNT: N EEL/CONS COVENANT: N NH CD: 830.00 EAST TURNPIKE AREA

ADDITIONAL PROPERTY INFORMATION

LOT SIZE: 4,000 S	BUILDING AREA: 2,004	L/B RATIO: 2.00	POOL: N	AVG UNIT SIZE: 2,004.00
BUILDINGS: 1	YEAR BLT: 1997	EFF AGE: 1997	UNITS: 1	
BDRM: 3	BATH: 2	1/2 BTH: 0	EFF: 0	
1BD: 0	2BD: 0	3BD: 0	4BD: 0	

VALUE HISTORY:	2017	2018	2019	\$ UNIT OF MEASURE	\$ PER UNIT
LAND VALUE	94,000	94,000	104,000	26.00	
BUILDING VALUE	221,515	218,785	216,055	107.81	
MARKET VALUE	315,515	312,785	320,055	159.71	320,055.00
ASSESSED VALUE	202,263	206,510	210,433		
TOTAL EXEMPTION VALUE	50,000	50,000	50,000		

SALE HISTORY

#	AMOUNT	DATE	I/V	SALE TYPE	SALECD	ORBOOK	ORPG	GRANTOR	GRANTEE
01	295,000	11/01/2003	I	Qualified	00	21956	1226		
02	184,000	12/01/2000	I	Qualified	00	19451	444		
03	175,000	06/01/1998	I	Qualified	00	18174	4407		
04	1,985,800	04/01/1997	I	Qualified	02	17621	1638		

PREVIOUS OWNER INFORMATION

01 SECONDARY HOLDINGS INC	02 LENNAR HOMES INC	03 OR 17621-1638 0497 2
04 CARLOS PADRON-WELLS &W LIGIA	05 OR 18174-4407 0698 1	06 MARTIN ARRIOLA ARGUETA
07 F/A/U 30-3019-002-2710	08	09

EXEMPTIONS:	2017	2018	2019
-------------	------	------	------



Homestead  
Second Homestead

25,000  
25,000

25,000  
25,000

25,000  
25,000

FOLIO 35 3019 002 2710 PROP ADDR 5232 NW 112 PL

LAND RECORD CARD

Generated Date: 07/14/2020

2019 Current

OFFICE OF THE PROPERTY APPRAISER

Roll Year: 2019

DOR CODE: 0105 RESIDENTIAL - SINGLE FAMILY : CLUSTER HOME STATUS: ACTIVE EFLG:

\*\* Note: values are subject to change due to tax roll corrections \*\*

-----

TOT LOT SIZE:	4,000 S	USE CODE:	0105	ZONING 1:	0102 MODIFIED SINGLE FAM RES
MKT LND VAL:	104,000	OVERALL RATE:	0.00	ZONING 2:	0000
AG MKT VAL:	0	AG VALUE:	0	AG DIFF:	0
ZNG ORDN:		LND CHG:		LND CHG DATE:	

MARKET LAND		ZONE TYP	FF	DEPTH	DFAC	%COND	UNITS	UNITPRC	ADJUPRC	VALUE	OVERRVAL
CODE DESCRIPTION		0102 S	0.00	0.00	1.0000	1.00	4,000.00	26.00	26.00	104,000	
L996 TV Stub											
INF CODE	REASON										

CLASSIFIED AG

MARKET AG

FOLIO 35 3019 002 2710 PROP ADDR 5232 NW 112 PL

BUILDING RECORD CARD

Generated Date: 07/14/2020

2019 Current

OFFICE OF THE PROPERTY APPRAISER

Roll Year: 2019

DOR CODE: 0105 RESIDENTIAL - SINGLE FAMILY : CLUSTER HOME STATUS: ACTIVE EFLG:

\*\* Note: values are subject to change due to tax roll corrections \*\*

BUILDING INFORMATION

BLDG#	SEGID	ACTYR	EFFAGE	TYPE	DT	CLASS	GRADE	BASEPRICE	TOTADJPTS	ADJBASEPRC	ADJAREA	REPCOSTNEW
1	1	1997	1997	0001	01	D	-1	135.00	100	135.00	2,004	270,540

FUNC	ECON	PHYS	%GOOD	ITEMS	DEPRVALUE	OVERRVALUE	TOTALVALUE	ADJ.AREA	STYLE	DESCRIPTION
0.00	0.00	0.00	79.00	0.00	213,727		0	2,004	01	Single Family Residential

BEDROOMS: 3 BATHROOMS: 2 HALF-BATHS: 0 FLOORS: 2 UNITS: 1

SUBAREA INFORMATION

DESCRIPTION	YEAR ON	ACTUAL AR	ADJ AREA	DEPR VAL
First Floor	1997	1,024	1,024	109,210
Second Floor	1997	910	728	77,641
Garage, Unfinished	1997	437	218	23,250
Porch, Pitch	1997	67	34	3,626

STRUCTURAL ELEMENTS INFORMATION

CATEGORY	POINTS
Exterior	100.00
Foundation	0.00
Interior	0.00
Roofing Cover	0.00
Roofing Structure	0.00
TOTAL	100.00

EXTRA FEATURES INFORMATION

XFCD DESCRIPTION	SEG	UNITS	UNITPRC	ACYR	EFYR	DT	NOTES	OR%	%GD	DEPRECVL	OVERRVAL
0090 Patio - Brick, Tile, Flagstone	1	230	11.00	2010	2010	01		1	1	2,328	
TOTAL XF VALUE BLDG 1:										2,328	

TOTAL SEG ADJ VALUE BLDG 1:	213,727
TOTAL XF ADJ VALUE BLDG 1:	2,328
TOTAL SEG AND XF ADJ VALUE BLDG 1:	216,055
TOTAL SEG AND XF SITE VALUE BLDG 1:	216,055

---

TOTAL ADJ VALUE OF ALL BUILDINGS AND XF :	216,055
TOTAL AREA (ADJ SQ FT) OF ALL BUILDINGS :	2,004
TOTAL SITE VALUE OF ALL BUILDINGS AND XF :	0
TOTAL IMPROVEMENT VALUE :	216,055

# 2019 Real Estate Property Taxes

## Notice of Ad Valorem Tax and Non-Ad Valorem Assessments

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

FOLIO NUMBER	MUNICIPALITY	MILL CODE
35-3019-002-2710	DORAL	3500

OSCAR PUIG CORVE &W DEIDRE VIVAS  
5232 NW 112 PL  
MIAMI, FL 33178-3503

Property Address  
5232 NW 112 PL

Exemptions:  
ADDL HOMESTEAD, HOMESTEAD

### AD VALOREM TAXES

TAXING AUTHORITY	ASSESSED VALUE	RATE	TAXABLE VALUE	TAX AMOUNT
Miami-Dade School Board	210,433	7.02500	185,433	1,302.67
School Board Operating	210,433	0.12300	185,433	22.81
School Board Debt Service				
State and Other				
Florida Inland Navigation Dist	210,433	0.03200	160,433	5.13
South Florida Water Mgmt Dist	210,433	0.11520	160,433	18.48
Okeechobee Basin	210,433	0.12460	160,433	19.99
Everglades Construction Proj	210,433	0.03970	160,433	6.37
Childrens Trust Authority	210,433	0.46800	160,433	75.08
Miami-Dade County				
County Wide Operating	210,433	4.66690	160,433	748.72
County Wide Debt Service	210,433	0.47800	160,433	76.69
Library District	210,433	0.28400	160,433	45.56
Fire Rescue Operating	210,433	2.42070	160,433	388.36
Fire Rescue Debt Service	210,433	0.00000	160,433	0.00
Municipal Governing Board				
Doral Operating	210,433	1.90000	160,433	304.82
Doral Debt	210,433	0.18720	160,433	30.03

### NON-AD VALOREM ASSESSMENTS

REVENUE AUTHORITY	RATE	TAXABLE VALUE	TAX AMOUNT
L0507 DORAL LNDG	@ 2.1503	14,000	30.10
T0004 GARB, TRASH, TRC, RECYCLE	@ 484.0000	1,000	484.00

### AMOUNT IF PAID BY (pay only one amount)

Nov 30, 2019					Combined Taxes and Assessments	<b>\$3,558.81</b>
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↑ RETAIN FOR YOUR RECORDS ↑

### 2019 Real Estate Property Taxes

35-3019-002-2710  
FOLIO NUMBER  
5232 NW 112 PL  
PROPERTY ADDRESS  
LEGAL DESCRIPTION  
DORAL LANDINGS EAST  
PB 148-75 T-18659  
LOT 33 BLK 7  
LOT SIZE 4000 SQ FT  
& INT IN COMMON ARE

OSCAR PUIG CORVE &W DEIDRE VIVAS  
5232 NW 112 PL  
MIAMI, FL 33178-3503



Make checks payable to:  
Miami-Dade Tax Collector  
(in U.S. funds drawn on U.S. banks)  
Amount due May be Subject to Change Without Notice  
Mail payments to:  
200 NW 2nd Avenue, Miami, FL 33128

Duplicate public\_user 07/14/2020

### PAY ONLY ONE AMOUNT

If Paid By Please Pay

Nov 30, 2019 **\$0.00**



# CITY OF DORAL CANDIDATE AFFIRMATION

Before me, an officer authorized to administer oaths, personally appeared Oscar Puig to me well known  or who produced \_\_\_\_\_ as identification, who, being sworn, says that he/she is a candidate for the office of City of Doral city council seat 3; that he/she has resided in the City of Doral for the past two (2) years; that he/she is a qualified elector of Miami-Dade County, Florida; that he/she qualified under the Constitution and the laws of Florida to hold the office to which he/she seeks election; 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; that he/she has resigned from any office from which he/she is required to resign pursuant to § 99.012 Florida Statutes; and that he/she will support the Constitution of the United States and the Constitution of the State of Florida.

(Signature of Candidate)

Oscar Puig

(Candidate Printed Name)

5232 NW 112 Place,  
Doral FL 33178

(Candidate Address)

(Candidate Address)

Sworn to and subscribed before me this 14 day of July, 2020 at the City of Doral, Miami-Dade County, Florida.



Connie Diaz, MMC  
City Clerk, City of Doral

**OSCAR PUIG CORVE** 11-19  
**OSCAR PUIG CAMPAIGN**  
5232 NW 112TH PLACE  
DORAL, FL 33178

112  
63-1482/670  
021

7/13/2020 Date

Pay to the  
Order of

City of Doral

\$ 120<sup>00</sup>

One hundred twenty

Dollars



Photo  
Safe  
Deposit®  
Details on back



**Bank**

America's Most Convenient Bank®

For

Asses Fee

[Signature]

MP

OSCAR PUIG CORVE 11-19  
OSCAR PUIG CAMPAIGN  
5232 NW 112TH PLACE  
DORAL, FL 33178

110  
63-1482/670  
021

7/13/2020  
Date

Pay to the  
Order of

City of Doral

\$ 200<sup>00</sup>

Two hundred ~~and~~ 00/100

Dollars



Photo  
Safe  
Deposit®  
Details on back



**Bank**

America's Most Convenient Bank®

For

Qualifying fee

[Signature] MP

OSCAR PUIG CORVE 11-19  
OSCAR PUIG CAMPAIGN  
5232 NW 112TH PLACE  
DORAL, FL 33178

111  
63-1482/670  
021

7/13/2020

Date

Pay to the  
Order of

City of Doral

\$

500<sup>00</sup>

Five hundred exact

Dollars



Photo  
Safe  
Deposit®  
Details on back



Bank

America's Most Convenient Bank®

For

Sign Bond >

MP