

**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, JUAN CARLOS ESQUIVEL

(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 DORAL CITY COUNCIL, N/A
(Office) (District #)

N/A, SEAT No.3; 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): 109835194

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.]

JUHG-full-kat-net KAD-cat-red-lame-foe-set BED-set-cad-full-fit-vet-bed-lame

X (786) 647-8500 jc@jcesquivelfordoral.com

Signature of Candidate Telephone Number Email Address
9845 N.W. 25th Terrace, DORAL FLORIDA 33172
Address City State ZIP Code

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

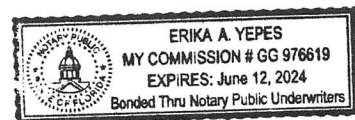
Signature of Notary Public

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

Sworn to (or affirmed) and subscribed before me this _____
day of 21st, July, 2020.

Personally Known: ☒ or Produced Identification: _____

Type of Identification Produced: _____



FORM 1**STATEMENT OF
FINANCIAL INTERESTS****2019**

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

ESQUIVEL JUAN CARLOS

MAILING ADDRESS :

9845 N.W. 25TH TERRACE



CITY : DORAL, FLORIDA ZIP : 33172 COUNTY : MIAMI -DADE

NAME OF AGENCY :
CITY OF DORAL FLORIDANAME OF OFFICE OR POSITION HELD OR SOUGHT :
CITY COUNCIL SEAT No. 3CHECK 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
FRACHT USA CORP	8400 N.W. 25TH STREET , S104,DORAL	LOGISTICS -BRANCH MGR
=====	=====	=====
=====	=====	=====
=====	=====	=====

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
ETERNITY FLOWERS	PART OWNER/BUSINESS	9845 NW 25TERR,DORAL	EVENTS & FLOWERS
PORT LOGISTICS SOL.	OWNER / BUSINESS	9600 NW 25TH ST S4E	LOGISTICS & TRANSP
=====	=====	=====	=====

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]

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

OWN 3 APARTMENTS IN VENEZUELA

OWN PORT LOGISTICS VENEZUELA CA - REP OF THE US CO.

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
PER, BUSINESS IRA'S (\$37,500)	ME, PORT LOGISTICS AND ETERNITY FLOWERS
2019 MB + FUR&FIXT (\$85,000)	ME

PART E — LIABILITIES [Major debts - See instructions]

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
CAP ONE FINANCE \$ 21,000	P.O. BOX 60511, CITY OF INDUSTRY CA 91716
===	===

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")

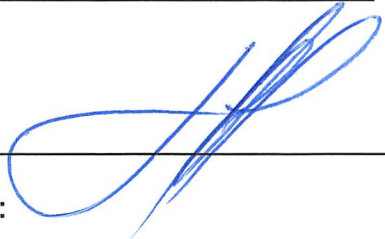
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY		
ADDRESS OF BUSINESS ENTITY	9600 NW 25TH ST,S-4E,DORAL	9845 NW 25TERR, DORAL
PRINCIPAL BUSINESS ACTIVITY	LOGISTICS & TRANSPORT	FLOWERS & EVENT CO.
POSITION HELD WITH ENTITY	OWNER/PRESIDENT	DIRECTOR
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	50%	5%
NATURE OF MY OWNERSHIP INTEREST	FOUNDER	FOUNDER

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:

JULY, 17, 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, Ruben Alcobay, Esq., 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:

7/20/2019

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

Juan Carlos Esquivel
9845 NW 25Th Ter
Doral FL 33172

ISSUED
EXPIRATION
06/30/20

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.
Num. de Inscripción
Nim. Enskripsyon

109835194

Voting Location | Centro de Votación | Lokal Biwo Vot
Fire Fighters Memorial Building
8000 NW 21 St

Precinct No.
Núm. del Recinto
Nim. Biwo Vot
371

Date of Birth
Fecha de Nacimiento
Dat Nesans
12/29/1965

Registration Date
Fecha de Inscripción
Dat Enskripsyon
9/27/1999

Party Affiliation | Afiliación Partidista | Pati Politik

REPUBLICAN PARTY OF FLORIDA

Christina White

Supervisor of Elections | Supervisora de Elecciones | Supervizè Eleksyon

You are eligible to vote for the representatives from the district listed below.
Ud puede votar por los representantes de los distritos correspondientes abajo.
W edijib pou w vote pou reprezantan ki nan distrik ki nan anba la yo.

Congress
Congreso
Kongre
25

State Senate
Senado Estatal
Sena Eta
36

State House
Cámara Estatal
Lacham Eta
116

County Commission
Comisión del Condado
Komisyon Konte
12

School Board
Junta Escolar
Asanble Edikasyon
5

Community Council
Consejo Comunitario
Komisy Komunitè
N/A

Municipality | Municipio | Minisipalite
DORAL



Handwritten signature

Florida *The Sunshine State*
DRIVER LICENSE CLASS E


[REDACTED]

JUAN CARLOS
ESQUIVEL
9845 NW 25TH TER
DORAL, FL 33172-1377
DOB: 12-29-1965 SEX: M
ISSUED: 08-10-2016 HGT: 5-08
EXPIRES: 12-29-2024
REST:
ENDORSE:




SAFE DRIVER
Operation of a motor vehicle constitutes consent to any sobriety test required by law.





CITY OF DORAL CANDIDATE AFFIRMATION

Before me, an officer authorized to administer oaths, personally appeared
JUAN CARLOS ESQUIVEL to me well known _____ or who produced
FDL No: E-214423654690 as identification, who, being sworn, says
that he/she is a candidate for the office of City of Doral Council Seat No. 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]
(Signature of Candidate)

Juan Carlos Esquivel
(Candidate Printed Name)

9845 N.W. 25th Terrace
(Candidate Address)

Doral Florida 33172
(Candidate Address)

Sworn to and subscribed before me this 21 day of July, 2020 at the
City of Doral, Miami-Dade County, Florida.



[Signature]
Connie Diaz, MMC
City Clerk, City of Doral



Juan Carlos Esquivel Campaign Account
9845 NW 25th Ter
Doral, FL 33172-1377

1003

63-751/631

7/21/2020

**PAY
TO THE
ORDER OF**

CITY OF Doral

\$120⁰⁰

ONE HUNDRED TWENTY DOLLARS ⁰⁰/₁₀₀ **DOLLARS**

Wells Fargo Bank N.A.

JCESquivelForDoral.com

FOR

Council SEAT #3 Election

MP



Juan Carlos Esquivel Campaign Account

9845 NW 25th Ter
Doral, FL 33172-1377

1001

63-751/631

7/21/2020

**PAY
TO THE
ORDER OF**

CITY OF Doral

\$ 200⁰⁰/₁₀₀

TWO HUNDRED DOLLARS

100/100 DOLLARS



Security features
are included.
Details on back.

Wells Fargo Bank N.A.

JCESquivelForDoral.com

FOR

Qualifying Reps

MP



Juan Carlos Esquivel Campaign Account

9845 NW 25th Ter
Doral, FL 33172-1377

1002

63-751/631

7/21/2020

PAY
TO THE
ORDER OF

CITY OF DORAL

\$500⁰⁰

FIVE HUNDRED DOLLARS

⁰⁰/₁₀₀

DOLLARS



Security features
are included.
Details on back.

Wells Fargo Bank N.A.

JCESquivelForDoral.com

FOR

SIGN BOND

MP