

FORM 1**STATEMENT OF
FINANCIAL INTERESTS****2020**Please print or type your name, mailing
address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Martinez Jose A

MAILING ADDRESS :

1001 New York Ave

CITY :

ZIP :

COUNTY :

Saint Cloud

FL

Osceola

NAME OF AGENCY :

City of St. Cloud

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

City Councilman, Seat 3

CHECK ONLY IF ☒ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE

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****** 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

**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
Elite Metro Corp	1001 New York Ave, St. Cloud, FL 34769	Metro by T-Moblie

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
See Part F			

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

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

See Attached Detail

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
NA	

PART E — LIABILITIES [Major debts - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
See Attached Detail	

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	See Attaced Detail	
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

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:

7/22/2021

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.

PART C - REAL PROPERTY

3306 Cypress Point Cir St Cloud FL 34772
3574 Kaiser Ave Saint Cloud FL 34772
12576 HWY A1A Vero Beach FL 32963
349 Forham Sebastian FL 32958
5058 S HWY A1A Melbourne Beach FL 32951
4340 Lake Shore Dr Saint Cloud FL 34772
4355 Lake Shore Dr Saint Cloud FL 34772
107 109 Perkins St Leesburg FL 34748
2211 Guadalupe St Kissimmee FL 34743
124/126 East 17th St Saint Cloud FL 34769
12/14 East 17th St Saint Cloud FL 34769

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PART E - LIABILITIES

3574 Kaiser Ave Saint Cloud FL 34772	Wells Fargo
12576 HWY A1A Vero Beach FL 32963	Daisy MAE Property LLC
349 Forham Sebastian FL 32958	Daisy MAE Property LLC
5058 S HWY A1A Melbourne Beach FL 32951	United Community Bank/Seaside
4340 Lake Shore Dr Saint Cloud FL 34772	Cenntennial Bank
4355 Lake Shore Dr Saint Cloud FL 34772	Fred Belanger
107 109 Perkins St Leesburg FL 34748	United Southern
2211 Guadalupe St Kissimmee FL 34743	Wells Fargo
124/126 East 17th St Saint Cloud FL 34769	Centennial
12/14 East 17th St Saint Cloud FL 34769	Centennial

PART F - INTERESTS IN SPECIFIED BUSINESS

ELITE METRO CORP	50%	1001 New York Ave, St. Cloud, FL 34769	President
ELITE METRO CORP SC LLC	50%	1001 New York Ave, St. Cloud, FL 34769	President
ELITE METRO CORP OK LLC	50%	1001 New York Ave, St. Cloud, FL 34769	President
ELITE METRO CORP PA LLC	50%	1001 New York Ave, St. Cloud, FL 34769	President
ELITE METRO CORP NC LLC	50%	1001 New York Ave, St. Cloud, FL 34769	President
ELITE METRO AZ LLC	50%	1001 New York Ave, St. Cloud, FL 34769	President
ELITE METRO CA LLC	50%	1001 New York Ave, St. Cloud, FL 34769	President
ELITE METRO NM LLC	50%	1001 New York Ave, St. Cloud, FL 34769	President
ELITE METRO TN LLC	50%	1001 New York Ave, St. Cloud, FL 34769	President
FABIANI GROUP LLC	50%	1001 New York Ave, St. Cloud, FL 34769	President
FABIANI INVESTMENT CORP	50%	1001 New York Ave, St. Cloud, FL 34769	President
FABIANI PROPERTIES LLC	50%	1001 New York Ave, St. Cloud, FL 34769	President
715-717 S SALISBURY BLVD LLC	50%	1001 New York Ave, St. Cloud, FL 34769	President