

**STATE OF FLORIDA  
APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**  
(Section 106 021(1) F S)

(PLEASE TYPE)

**OFFICE USE ONLY**  
RECEIVED  
2009 JAN 12 PM 5 42  
PRISCILLA A THOMPSON  
CITY CLERK  
CITY OF MIAMI FL

**CHECK APPROPRIATE BOX**

Original Appointment     Deputy Treasurer     Reappointment of Treasurer     Secondary Depository

Name of Candidate <b>Maria "Beba" Sardiña Mann</b>	1 Address (include post office box or street city state zip code) <b>1665 S W 23 Street, Miami, FL 33145</b>
---	---

Telephone (optional) <b>(305) 527-0159</b>	2 Party (Partisan candidates only) <b>N/A</b>	3 Office (add district circuit or group number) <b>Miami Commissioner, District 3</b>
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I have appointed the following person to act as my  Campaign Treasurer     Deputy Treasurer

4 Name of Treasurer or Deputy Treasurer  
**Paul D Mann**

5 Mailing Address (If post office box or drawer add street address) <b>1665 S W 23 Street</b>	6 Telephone <b>(305) 206-1585</b>
--	--------------------------------------

7 City <b>Miami</b>	8 County <b>Miami-Dade</b>	9 State <b>FL</b>	10 Zip Code <b>33145</b>
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I have designated the following named bank as my  Primary Depository     Secondary Depository

11 Name of Bank <b>Wachovia Bank</b>	12 Street Address <b>1699 S W 22 Street</b>
---	--

13 City <b>Miami</b>	14 County <b>Miami-Dade</b>	15 State <b>FL</b>	16 Zip Code <b>33145</b>
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17 Signature of Candidate <b>X</b> <i>Maria Sardiña Mann</i>	Date <b>01/12/09</b>
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**Campaign Treasurer's Acceptance of Appointment**

I Paul D Mann do hereby accept the appointment as  
(Please Print or Type)

Campaign Treasurer     Deputy Treasurer    for the campaign of Maria "Beba" Sardiña Mann

who is seeking nomination or election as a N/A candidate to the office of  
(Party)

Miami Commissioner, District 3 As a duly registered voter in Miami-Dade

County Florida I am qualified to accept this appointment

**UNDER PENALTIES OF PERJURY I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER S  
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE**

01/12/09  
Date

**X** *Paul D Mann*  
Signature of Campaign Treasurer or Deputy Treasurer

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DR. V. L. THOMPSON  
CITY CLERK  
CITY OF MIAMI FL

### STATEMENT OF CANDIDATE

(Section 106 023, F S )  
(Please Type)

I,       Maria "Beba" Sardiña Mann    ,  
candidate for the office of    City of Miami Commissioner, District 3    ,  
have received, read and understand the requirements of Chapter 106,  
Florida Statutes

    
X              
   Signature of Candidate

             
   Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1 000 (ss 106 19(1)(c) 106 265(1) Florida Statutes)

**From** bmann520@aol.com  
**To** tfernandez@ci.miami.fl.us  
**Cc** Tregalado@miamigov.com arvamiami@bellsouth.net  
**Subject** Planning Advisory Board  
**Date** Mon 12 Jan 2009 3:44 pm

**Attachments** AR M450\_20090112\_155237.PDF (9K)

Dear Teresita

Attached please find my formal resignation

I truly enjoyed my time and experience on the Planning Advisory Board. I consider myself lucky to have had this opportunity to be part of such a distinguished board and among a group of residents that care so much about the future of the City of Miami. I will miss everyone.

Take care  
 Beba

**A Good Credit Score is 700 or Above See yours in just 2 easy steps!**

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 RISCILL  
 CITY OF MIAMI FL

**BEBA SARDIÑA MANN**  
1665 SW 23 STREET  
MIAMI FL 33145

January 12, 2009

Mrs Teresita Fernandez  
HEARING BOARDS  
Miami Riverside Center (MRC)  
444 Southwest 2nd Avenue, 7th Floor  
Miami, Florida 33130

Re Planning Advisory Board

Dear Teresita

Pursuant to Sec 2-884, please accept this letter as my formal resignation effective January 12, 2009

It truly has been a pleasure and an honor to serve on the City of Miami Planning Advisory Board

Sincerely,



Beba Sardiña Mann

Cc Commissioner Tomas Regalado  
Mrs Arva Moore Parks

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2009 JAN 12 PM 5 42  
PRISCILLA T. JOHNSON  
CITY CLERK  
CITY OF MIAMI FL



Elections  
2700 NW 87th Avenue  
Miami, Florida 33172  
T 305-499-VOTE F 305-499-8547  
TTY: 305-499-8480

miamidade.gov

### CERTIFICATION

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

I, Tara C. Smith, Chief Deputy Supervisor of Elections of Miami-Dade County, Florida, do hereby certify that 264 signatures submitted by Maria "Beba" Sardiña Mann for the office of Commissioner - District 3 in the City of Miami matched the signatures on the voter files.

WITNESS MY HAND  
AND OFFICIAL SEAL,  
AT MIAMI, MIAMI-DADE  
COUNTY, FLORIDA,  
ON THIS 12<sup>th</sup> DAY OF  
AUGUST 2009

Tara C. Smith  
Chief Deputy Supervisor of Elections  
Miami-Dade County

RISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL  
2009 AUG 17 AM 11:09



AFFIDAVIT OF CANDIDATE  
CITY OF MIAMI, FLORIDA

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2009 SEP -8 AM 10:46  
PRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL

STATE OF FLORIDA )  
COUNTY OF MIAMI-DADE )  
CITY OF MIAMI )

MARIA SARDIÑA MANN (hereinafter "affiant"), being first duly sworn, deposes and says:

1. My name is MARIA SARDIÑA MANN.
2. For those candidates seeking the office of Mayor, please check the appropriate subsection (a) below. Those candidates seeking the office of Commissioner please check and fill in the blank in subsection (b) below:  
 (a) I am offering myself as a candidate for the office of Mayor of the City of Miami, Florida. If elected, I fully understand that I must maintain an actual and real residence within the City of Miami for the duration of my term of office.  
 (b) I am offering myself as a candidate of the office of Commissioner in District Number 3 of the City of Miami, Florida. If elected, I fully understand that I must maintain an actual and real residence within the district for the duration of my term of office.
3. I have resided in the City of Miami for a minimum of one year before qualifying if applying for Mayor, and one year in the district if applying for the Commission, and I am a registered voter and a duly qualified elector of the City of Miami, Florida, presently registered to vote in precinct No. 571.

I presently reside at the following address (must include zip code):

1665 SW 23 STREET, MIAMI, FLORIDA 33145,  
which is my legal address, and I have resided continually at said address from the 1 day of MARCH  
1990 to the present.

4. Immediately prior to residing at the above-stated address, I have resided at the hereinbelow listed addresses for the cited periods of time (list hereinbelow all addresses at which you have resided for the past five years, as well as the length of time at each address):

Prior Addresses	For the Period
<u>N/A</u>	<u>—</u>
<u>N/A</u>	<u>—</u>

5. In addition to the residence that I have listed as my present address, I also reside at the following listed addresses on a temporary basis as a secondary domicile or domiciles:

N/A

6. Affiant's spouse resides at the following address: (must include city, state and zip code)

1665 SW 23 STREET, MIAMI, FLORIDA 33145

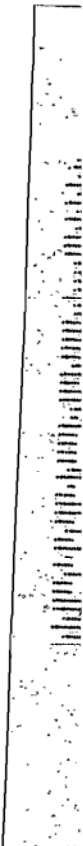
Department of Elections  
2700 NW 87 Avenue  
Miami, FL 33172

RETURN SERVICE  
REQUESTED



Dwight Danie, MSL  
3500 Pan American Drive  
Miami, FL 33133

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PRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL



7. Affiant's minor children reside at the following address: (must include city, state and zip code)

N/A

8. At the present time, affiant ~~(is)~~ (is not) registered to vote in any city, county or state other than as stipulated in subparagraph 3 above.

9. Name and business address of affiant's employer:

RESIGNED TO RUN - SQUIRE, SANDERS & DEMPSEY, LLP  
2005 BISCAYNE BLVD., SUITE 4100, MIAMI, FL 33131

10. Affiant's occupation: EXECUTIVE LEGAL ASSISTANT

11. Affiant has been employed in the above-cited capacity for the following period of time:

JANUARY 17, 2001 TO JANUARY 30, 2009

(Note: In the event the occupation of affiant has been for a period of less than one year, or the employment period with the same employer has been for a period of less than one year, affiant shall give the name(s) and address(es) of his/her employer(s) and occupation(s) for the period of one year prior to the date of this affidavit).

12. Affiant represents that he/she (is) ~~(is not)~~ currently holding another elective or appointive office - whether city, county or municipal - the term of which or any part thereof runs concurrently with that of the office he/she seeks, and that he/she has resigned from any office from which he/she is required to resign pursuant to F.S.99.012 and/or the City of Miami Charter.

13. Affiant represents that, as of this date, he/she (is) ~~(is not)~~ seeking to qualify for public office which is currently held by an officer who has authority to appoint, employ, promote, or otherwise supervise him/her and who has qualified as a candidate for reelection to that office. (Note: If affiant is an employee of the City of Miami (other than city manager, city attorney, independent auditor general or city clerk) or member of a city board of the City of Miami, Florida (other than a city commissioner or mayor), affiant in the case of an employee shall take a leave of absence, without pay from his/her employment during the period in which affiant is seeking election to public office or in the case of a board member such member shall resign and such leave of absence or resignation to be effective upon whichever occurs first:

- (a) such employee or board member receives contributions or makes expenditures, or gives her or his consent for any other person to receive contributions or make expenditures, with a view to bringing about his or her nomination or election to public office; or
- (b) at the time such employee or board member appoints a campaign treasurer and designates a primary depository; or
- (c) at the time such employee or board member files qualification papers and subscribes to a candidates oath as required by law.

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Page 2



The definition of "city board" is found in Section 2-882 of the Miami City Code.

14. Affiant's campaign headquarters address and telephone number:

1665 SW 23 STREET, MIAMI, FL 786-449-5469

Affiant's campaign treasurer's name:

PAUL D. MANN

\*Affiant's campaign treasurer's address:

1665 SW 23 ST., MIAMI, FL

Telephone numbers: (work) (305) 206-1585

(home) \_\_\_\_\_

\*[A Campaign Treasurer or Deputy Treasurer shall be a registered voter in the State of Florida.]

15. Affiant represents that, if elected, he (she) shall serve in the elective office to which he (she) seeks election.

16. Following is the exact way in which affiant would like to have his/her name printed on the official ballot:

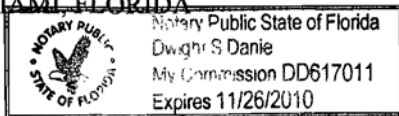
BEBA SARDIÑA-MANN

SIGNED THIS 8 DAY OF SEPTEMBER, 2009.

Maria Sardina Mann  
AFFIANT

BEFORE ME, the undersigned authority, personally appeared Maria B. Sardina Mann, who, after first being duly sworn, deposes and states that she executed the foregoing to the best of her knowledge and belief.

[Signature]  
CITY CLERK,  
CITY OF MIAMI, FLORIDA



(SEAL)

\_\_\_\_\_ Did take an oath

Produced identification

Type of identification produced: Drivers Licence M500-577-59-633-0

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RISCILEA A THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL

**FINANCIAL INTERESTS**

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Sardiña Mann, Maria

MAILING ADDRESS :

1665 SW 23 Street

Miami 33145 Dade

CITY : ZIP : COUNTY :

CITY OF MIAMI

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

City of Miami Commissioner, District 3

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

FOR OFFICE USE ONLY:

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RISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL  
ID Code

ID No.

Conf. Code

P. Req. Code

**\*\*BOTH PARTS OF THIS SECTION MUST BE COMPLETED\*\***

**DISCLOSURE PERIOD:**

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (check one).

DECEMBER 31, 2008 OR  SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_

**MANNER OF CALCULATING REPORTABLE INTERESTS:**

THE LEGISLATURE ALLOWS FILERS 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). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR  DOLLAR VALUE THRESHOLDS

**PART A -- PRIMARY SOURCES OF INCOME** [Major sources of income to the reporting person]

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Squire Sanders & Dempsey LLC	201 S. Biscayne Blvd., Suite 4100	Law Firm

**PART B -- SECONDARY SOURCES OF INCOME** [Major customers, clients, and other sources of income to businesses owned by the reporting person]

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

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

1665 SW 23 Street, Miami, FL 33145

**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.

**OTHER FORMS** you may need to file are described on page 6.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
RECEIVED	
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PRISCILLA A THOMPSON CITY CLERK CITY OF MIAMI, FL	

PART E — LIABILITIES [Major debts]	
NAME OF CREDITOR	ADDRESS OF CREDITOR
Washington Mutual	Phoenix, Arizona
Capital One	Charlotte, NC

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]			
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	/		
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
DO I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE (required):  


DATE SIGNED (required):  
 9/8/09

**FILING INSTRUCTIONS:**

**WHAT TO FILE:**  
 After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

**If you have nothing to report** in a particular section, you must write "none" or "n/a" in that section(s).

**Facsimiles will not be accepted.**

**NOTE:**  
**MULTIPLE FILING UNNECESSARY:**  
 Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

**WHERE TO FILE:**  
 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.

**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.)

**State officers or specified state employees** file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312

**Candidates** file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

**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** for publicly-elected local office must file at the same time they file their qualifying papers.

**Thereafter**, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

**Finally**, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.

**LOYALTY OATH**  
**CANDIDATES WITH NO PARTY AFFILIATION**  
(Sections 876.05-876.10, Florida Statutes)

OFFICE USE ONLY

STATE OF FLORIDA

MIAMI-DADE COUNTY

(PLEASE PRINT)

I,

Maria

First Name

B.

Middle Name/Initial

Sardiña-Mann

Last Name

a citizen of the State of Florida and of the United States of America, . . . and a candidate for public office . . . do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

**OATH OF CANDIDATE**

(Section 99.021, Florida Statutes)

I, Beba Sardiña-Mann

(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the office of Commissioner, District 3, \_\_\_\_\_,  
(office) (district) (circuit)  
\_\_\_\_\_. I am a qualified elector of Miami-Dade County, Florida. I am qualified  
(group)

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.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING LOYALTY OATH AND OATH OF CANDIDATE AND THAT THE FACTS STATED IN EACH ARE TRUE.

**SIGN HERE**



Maria Sardiña Mann

Signature of Candidate

1665 SW 23 Street

Mailing Address

(305) 527-0159

Day Phone

\_\_\_\_\_  
Fax Number

Miami

City

Florida

State

33145

Zip Code

9/8/09

Date Signed

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KRISTELLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL

LOYALTY OATH

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STATE OF FLORIDA)  
COUNTY OF MIAMI-DADE)  
CITY OF MIAMI)  
(Please Print)

2009 SEP -8 AM 10:46

PRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL

I, MARIA B. SARDIÑA MANN  
First Name Middle Initial Last Name

a citizen of the State of Florida and of the United States of America, ... and a candidate for public office... do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

Maria Sardina Mann  
Signature of Candidate

OATH OF CANDIDATE

OFFICE OF CITY OF MIAMI COMMISSIONER

Before me, an officer authorized to administer oaths, personally appeared

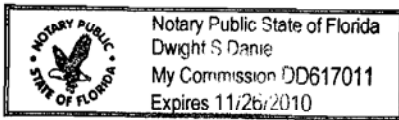
BEBA SARDIÑA-MANN  
(Please print name as you wish it to appear on ballot)

who being sworn, says, he (she) is a candidate for the office of City of Miami Commissioner, District 3; that he (she) is a qualified elector of the City of Miami, Florida; that he (she) is qualified under the Constitution, the Laws of Florida, and City of Miami Charter to hold the office to which he (she) desires to be elected; that he (she) has taken the oath required by ss. 876.05 – 876.10, Florida Statutes; 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; and that he (she) has resigned or taken a leave of absence from any office from which he (she) is required to resign or take a leave of absence, pursuant to Section 99.012, Florida Statutes.

Maria Sardina Mann  
Signature of Candidate

1665 SW 23 Street  
Address

Miami, FL 33145  
City State ZIP Code



The Loyalty Oath and the above Oath of Candidate are sworn to

and subscribe before me this 8 day of SEPTEMBER, 2009.

(Signature of Officer Administering the Oath, or of designated Notary Public – State of Florida) DJ Danie

Print, Type, or Stamp Commissioned Name of designated Notary Public) \_\_\_\_\_

Personally Known OR Produced Identification Type of Identification Produced Drivers License M500-577-59-633-0

**AFFIDAVIT FOR USE OF NICKNAME ON THE BALLOT**

I, MARIA SARDINA MANN, a candidate for the office of COMMISSIONER, DISTRICT 3 do hereby certify, pursuant to Florida Statutes 99.0955 that I have been generally known by, or have used as part of my legal name, the adopted nickname BEBA.

**I SWEAR OR AFFIRM THAT THE INFORMATION CONTAINED IN THIS DOCUMENT IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.**

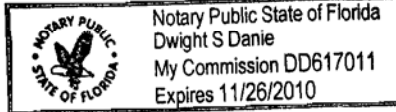
Maria Sardina Mann  
Signature of Affiant

1665 SW 23 ST., MIAMI FL 33145  
Address of Affiant

Sworn to (or affirmed) and subscribed before me this 8 day of SEPTEMBER, 2009

D. S. Danie  
Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned Name of Notary Public



Personally Known \_\_\_\_\_ or Produced Identification

Type of Identification Produced. Driver License  
M 500 - 557 - 59 - 633 - 0

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BRISCELLA THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL

You are eligible to vote for the representatives from the districts listed below.  
Ud es elegible para votar por los representantes de los distritos enumerados abajo.

ISSUED 09/25/2003  
IMPRESO

VOTER ID CARD  
MIAMI-DADE COUNTY, FL

CONGRESS 018  
CONGRESO  
STATE SENATE 036  
SENADO ESTATAL  
STATE HOUSE 113  
CAMARA ESTATAL



TARJETA DE IDENTIFICACIÓN DE ELECTOR  
CONDADO DE MIAMI-DADE, FLA.

COUNTY COMMISSION 05  
COMISION DEL CONDADO  
SCHOOL BOARD 06  
JUNTA ESCOLAR  
PARTY AFFILIATION  
PARTIDO  
REP

REGISTRATION DATE 12/01/86  
FECHA DE INSCRIPCIÓN  
IDENTIFICATION DATA 04/13/59  
DATOS DE IDENTIFICACIÓN  
PRECINCT NO. 571  
NUM. DE RECINTO

COMMUNITY COUNCIL  
CONSEJO COMUNITARIO  
MUNICIPAL  
MUNICIPAL  
MI03

REGISTRATION NO  
NUM DE INSCRIPCIÓN  
01376720

01376720  
MANN, MARIA SARDINA  
1665 SW 23RD ST  
MIAMI FL 33145

POLLING PLACE / CENTRO DE VOTACION

EL CORDERO PRESBY CHURCH  
2091 SW 14 AVE

*X Maria Sardina Mann*  
SIGNATURE OF VOTER / FIRMA DEL ELECTOR

2009 SEP - 8 AM 10:46  
RISCHILLI, JEFFERSON  
CITY CLERK  
CITY OF MIAMI, FL

You are required to notify the Elections Department of any change to your registration information. Florida law requires that you vote in the precinct where you live.  
Usted tiene la obligación de hacerle saber al Departamento de Elecciones todo cambio que pueda ocurrir en los datos referentes a su inscripción. Las leyes de la Florida disponen que usted vote en el recinto electoral en que vive.

To change your address, within Miami-Dade County, name and/or party affiliation, complete and sign the form and return it to the Elections Department.  
Para cambiar la dirección de su domicilio, en el Condado de Miami-Dade, su nombre/apellido y/o su afiliación partidista, complete y firme el formulario y hágalo llegar al Departamento de Elecciones.

New Residence Address/Nueva dirección de su domicilio  
City/Ciudad Zip Code/Zona postal  
New Name/Nuevo nombre y apellido  
Party Affiliation/Afiliación partidista  
Daytime Phone/Teléfono diurno  
Signature/Firma

Constance A. Kaplan  
Supervisor of Elections

Miami-Dade Elections Department  
P.O. Box 012241, Miami, FL 33101-2241  
305-375-4600



Miami-Dade Water and Sewer Department  
 P O Box 026055  
 Miami, FL 33102-6055

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 RISCILE...  
 CITY CLERK  
 CITY OF MIAMI, FL

Name: MARIA B SARDINA  
 Account Number: [REDACTED]  
 Billing Date: 07/16/2009  
 Past Due Date: 08/06/2009

Billing Inquiries (hours 8 00 - 7 00 PM) 305-665-7477  
 All Other Inquiries (hours 8 00 - 7 00 PM) 305-665-7488

**Messages**

*PAY your bill and VIEW your account on-line at [www.miamidade.gov](http://www.miamidade.gov). To PAY by phone, call 1-877-565-9300.*  
**NEED MORE TIME TO PAY YOUR BILL?**  
*Call 305 665-7477 and apply for a two-week extension using our 24-HOUR automated system.*

**Account Summary**

Previous Balance \$ 63.57  
 Payment Received -63.57  
 Current Charges 61.63  
 Adjustments 4.81  
**Total Account Balance \$ 66.44**

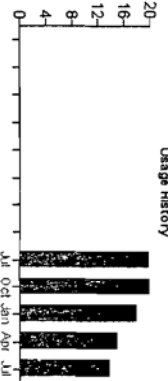
Service From	Service To	Meter Number	Days of Service	Prior Reading	Current Reading	Consumption in CCF	Consumption in Gallons
04/06/09	07/09/09	21435963	94	1635	1649	14	10472

Service Address: 1665 SW 23RD ST, RES

**Water Charges**



Usage History



Hydrant Charge 2.40  
 Water Charges 14.84  
**Water Charges Subtotal \$ 17.24**  
 Adjustments  
 Late Payment Fee \$ 1.76

11103850



NOTICE

2009 SEP -8 AM 10:47

FRISCOLLA, J. JOHNSON  
CITY CLERK  
CITY OF MIAMI, FL



Delivering Excellence Every Day

Miami-Dade Water and Sewer Department

P O Box 026055

Miami, FL 33102-6055

Name:

MARIA B SARDINA

Account Number:

01/16/2008

Billing Inquiries (hours 8 00 - 7 00 PM) 305-665-7477

Billing Date:

02/06/2008

All Other Inquiries (hours 8 00 - 7 00 PM) 305-665-7488

Past Due Date:

02/06/2008

Page 1 of 2

Messages

PAY your bill and VIEW your account  
on-line at [www.miamidade.gov](http://www.miamidade.gov). To PAY by  
phone, call 1-877-565-9300.

Account Summary

Previous Balance	\$ 135.95
Payment Received	-135.95
Current Charges	276.69
<b>Total Account Balance</b>	<b>\$ 276.69</b>

Service From	Service To	Meter Number	Days of Service	Prior Reading	Current Reading	Consumption in CCF	Consumption in Gallons
10/13/07	01/09/08	21435963	88	1468	1521	53	39644

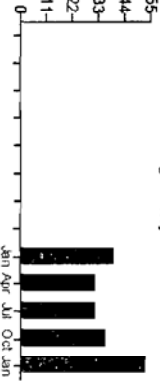
Service Address: 1665 SW 23RD ST, RES

Water Charges

Hydrant Charge	2.40
Water Charges	88.25
Water Charges Subtotal	\$ 90.65



Usage History



11109971

STIN ARPS PROPERTY SYSTEM - STREET INQUIRY (13)

STREET ID: '055231 IN USE: 'YES

--HOUSE RANGE--	QUAD	NAME	TYPE	--SIDE--
1641 - 1699	SW 23		ST.	1 ODD
FACE:	S	PRIMARY ZONE:		EMPOWERMENT ZONE: N
ZIP CODE:	331453900	SD1 ZONE:		LATIN QUATERS: N
CENSUS TRACT:	6900	SD2 ZONE:		VOTING DISTRICT: 03
CENSUS BLOCK:	1005	DDRI ZONE:	N	
FIRE 901 ZONE:	0403	SEOPWDRI ZONE:	N	
FIRE SFBC ZONE:	3A	HIST PRESVN DIST:	N	
NBHD CODE:	10	SCENIC CORRIDOR:	N	
SUB NBHD CODE:	03	PEDESTRIAN PATHWAY:	N	
SOLID WASTE ROUTE:	223	OMNI TAX DISTRICT:	N	
TRASH ROUTE:	00	DDA DISTRICT:	N	
STREET CLEAN ROUTE:	000	CD TARGET AREA:	00	

NEXT STREET:  
HOUSE NO: QUAD: NAME: TYPE:  
ACTION: 1-CONTINUE ACTION: 01  
XMIT:

**RECEIVED**  
2009 SEP -8 PM 12:26  
PRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL



Property Search  
1665 SW 23 ST

Address Owner Folio

Welcome  
Search Results  
Property Details

City Information

District	3
Commissioner	Joe M. Sanchez
Net ID	10
Net Name	CORAL WAY
Net Administrator	JAWAL QA
Net Phone	(305) 329 4750
Code Inf ID	3
Code Inf	FRANCISCO
Administrator	MANCOS
Code Inf Phone	(305) 329 4770
General City Information	Call 311

Zones & Districts  
Export Mailing List

Miami 150 yds

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PROPERTY  
 2009 SEP - 8 AM 11:29  
 FRANCISCO  
 CITY OF MIAMI, FL

**Florida** *The Sunshine State*

**DRIVER LICENSE CLASS E**  
**M500-557-59-633-0**

MARIA GARDINA MANN  
 1686 SW 23 ST  
 MIAMI, FL 33146-3961  
 DOB: 04-13-1959 SEX: F HGT: 5-06  
 ISSUED: 04-08-2007 EXPIRES: 04-13-2013

*Maria Gardina Mann*

X620704061009 SAFE DRIVER

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

RECEIVED  
 2009 SEP - 8 AM 10:47  
 TRICILLIA A. THOMPSON  
 CITY CLERK  
 CITY OF MIAMI, FL

RESTRICTIONS A-Corrective Lenses

ENDORSEMENTS

CLASS E - Any non-commercial vehicle with a GVWR less than 26,001 lbs

REPLACEMENT LICENSE REQUIRED WITHIN 10 DAYS OF ADDRESS OR NAME CHANGE

The State of Florida retains all property rights herein

Executive Director *Diana Wright*  
 Electra Theodorides-Bryte  
 Sandra C. Lambert *Sandra Lambert*  
 Director of Driver Licenses  
 X620704061689



www.hsmv.state.fl.us

