

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR
POLITICAL COMMITTEES**
(Sections 106.011(1) and 106.021(1), F.S.)

RECEIVED

2010 SEP 29 AM 10:20

PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

CHECK APPROPRIATE BOX:

OFFICE USE ONLY

Original Appointment of Treasurer Reappointment of Treasurer Deputy Treasurer

1. Committee or Organization Miami Citizens & Business Owners to stop the abuse and waste of MPA	2. Telephone (786) 344-1314
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3. Name of Treasurer or Deputy Treasurer Juan C. Oves	4. Email (optional)	5. Telephone (optional) (786) 344-1314
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6. Mailing Address
1940 NW 21st Terrace, Miami, FL 33142

7. Street Address
1949 NW 21st Terrace, Miami, FL 33142

8. The following bank has been designated as the Primary Depository Secondary Depository

9. Name of Bank US Century Bank	10. Street Address 2301 NW 87th Avenue
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11. City Miami	12. State FL	13. Zip Code 33172
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14. Signature of Chairman <i>X Eloy Aparicio</i>	15. Name of Chairman (Print or Type) Eloy Aparicio
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Campaign Treasurer's Acceptance of Appointment

I, Juan C. Oves, do hereby accept the appointment as
(Please Print or Type)
treasurer or deputy treasurer for Miami Citizens & Business Owners to stop the abuse and waste of MPA
(Committee or Organization)

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.

09-25-10 *X Juan Oves*
Date Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF ORGANIZATION
OF POLITICAL COMMITTEE**

(PLEASE TYPE)

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PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

1. Full Name of Committee

Miami Citizens and Business Owners to stop the Abuse and Waste of Miami Parking Authority

Telephone

786 344-1314

Authority

3

Mailing Address (include city, state and zip code)

1940 NW 21 Terrace, Miami, FL 33142

Street Address (include city, state and zip code)

1940 NW 21 Terrace, Miami, FL, 33142

2. Affiliated or Connected Organizations (includes other committees of continuous existence and political committees)

Name of Affiliated or Connected Organization	Mailing Address	Relationship
NONE		

3. Area, Scope and Jurisdiction of the Committee

City of Miami

4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.)

City of Miami Election November 2 Parking Question

5. Identify by Name, Address and Position, the Custodian of Books and Accounts (include treasurer's name)

Full Name	Mailing Address	Committee Title or Position
Boy Aparicio Juan C. Oves	1805 SW 8th St., Miami, FL 33135 1940 NW 21st Terrace, Miami, FL 33142	Chairman/President Treasurer

6. List by Name, Address and Position, Other Principal Officers, including Officers and Members of the Finance Committee, if Any (include chairman's name)

Full Name	Mailing Address	Committee Title or Position
N/A		

7. List by Name, Address, Office Sought and Party Affiliation Each Candidate or Other Individual that this Committee is Supporting (if none, please indicate)

Full Name	Mailing Address	Office Sought	Party
NONE			

8. List Any Issues this Committee is Supporting: City of Miami Question of Parking Authority
List Any Issues this Committee is Opposing:

9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party
 N/A

10. In the Event of Dissolution, What Disposition will be Made of Residual Funds?
 Charity

11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds

Name of Bank or Depository & Account Number	Mailing Address
U.S. CENTURY BANK Account Number ---1882000599	2301 N.W. 87th Avenue

12. List all Reports Required to be Filed by this Committee with Federal Officials and the Names, Addresses and Positions of Such Officials, if Any

Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Address
N/A			

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 CITY CLERK
 CITY OF MIAMI, FL

STATE OF Florida Mami-Dade COUNTY

I, Boy Aparicio, certify that the information in this Statement of

Organization is complete, true and correct.

X Boy Aparicio 09/25/10
 Signature of Chairman of Political Committee Date

**REGISTERED AGENT
STATEMENT OF APPOINTMENT**
(Section 106.022, F.S.)

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CITY CLERK
CITY OF MIAMI, FL

- Original Appointment Change of Appointment
 Change of Mailing Address Change of Physical Address

Registered Agent and Office Information

Name Eloy Aparicio		Telephone 305-643-9800
Street Address 1805 SW 8th St		
City Miami	State FL	Zip Code 33135
Mailing Address 1805 SW 8th St		
City Miami	State FL	Zip Code 33135

I accept this appointment and confirm that I am familiar with and accept the obligations of the position as set forth in Section 106.022, F.S. I also understand that I may resign this appointment by executing a written statement of resignation and filing it with the Division of Elections.

Eloy Aparicio SA
Signature of Registered Agent

09-25-10
Date

Former Registered Agent and Office Information (for changes only)

Name		Telephone
Street Address		
City	State	Zip Code

Committee or Organization Information

Name of Committee or Organization Miami Citizens & Business Owners to stop the abuse and waste of Miami Parking Authority		
Street Address 1940 NW 21st Terrace		Telephone 786-344-1314
City Miami	State FL	Zip Code 33142

Committee or organization is registered with:

- Division of Elections County _____ City _____

Eloy Aparicio
Signature of Chairperson

Eloy Aparicio

Print Name of Chairperson

09-25-10
Date