FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2021

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

FOR OFFICE USE ONLY:

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DEPARTMENT OF STATE
2022 JUN 15 PM 2:23
DIVISION OF ELECTIONS
TALLAHASSEE, FLORIDA

LAST NAME — FIRST NAME — MIDDLE NAME:
PEREZ DANIEL ANTHONY

MAILING ADDRESS:
8720 SW 84TH STREET

CITY: MIAMI
ZIP: 33173-4144
COUNTY: MIAMI-DADE

NAME OF AGENCY:
HOUSE OF REPRESENTATIVES

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
STATE REPRESENTATIVE DISTRICT 116

CHECK IF THIS IS A FILING BY A CANDIDATE ☑

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2021 or a more current date. [Note: Net worth is not calculated by subtracting your *reported* liabilities from your *reported* assets, so please see the instructions on page 3.]

My net worth as of DECEMBER 31ST, 20 21 was $ 2,338,870.68.

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds $1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects, household equipment and furnishings; clothing; other household items, and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is $ 110,000.00

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
SEE ATTACHED - STATEMENT 1	3,122,899.45

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF $1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
SEE ATTACHED - STATEMENT 2	882,905.77

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART D -- INCOME

Identify each separate source and amount of income which exceeded $1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2021 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before *attaching your returns, as the law requires these documents be posted to the Commission's website.*

☐ I elect to file a copy of my 2021 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2020 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING $1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
SEE ATTACHED - STATEMENT 3		

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
SEE STATEMENT 4			

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

PART F - TRAINING

This section applies only to officers required to complete annual ethics training pursuant to section 112.3142, F.S [See instructions p. 6]

☐ **I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.**

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete

D Perez

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Miami Dade

Sworn to (or affirmed) and subscribed before me by means of ☑ physical presence or ☐ online notarization, this 14th day of June, 2022 by Daniel A. Perez

Arline Cabrera
(Signature of Notary Public--State of Florida)

ARLINE CABRERA
Notary Public-State of Florida
Commission # HH 197752
My Commission Expires
November 11, 2025

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ OR Produced Identification ✓

Type of Identification Produced FLDLP620-161-87-222-0

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, Anthony Fiore, CPA, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature

6/14/2022
Date

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

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

Daniel Anthony Perez
Form 6 - 2021
Full and Public Disclosure of Financal Interests Attachment

Statement 1 - Part B- Assets Individually Valued at Over $1,000

Description of Asset	Value of Asset
Cash - Chase Checking Account	95,448.70
IRA Retirement Account - AXA Advisors - Blackrock Global Alloc Investor CL A	12,083.21
FRS Investment Plan	14,367.54
Personal Residence - 8720 SW 84th St, Miami, FL 33173	1,300,000.00
5% Shares in UNNO HealthCare, LLC	1,000,000.00
5% Shares in UNNO Medical Centers, LLC	700,000.00
100% Shares in MALUP, LLC	1,000.00
Total Assets	3,122,899.45

Statement 2 - Part C - Liabilities in Excess of $1,000

Name and Address of Creditor	**Amout of Liability**
Mortgage on Personal Home - Banco Do Brasil Americas *1 Corporate Drive, Suite 360, Lake Zurich, IL 60047-8945*	732,031.84
Student Loan - Department of Education Fedloan Servicing P.O. Box 530210, Atlanta, GA 30353	122,635.93
Auto Lease - Honda Financial Services - 2022 Honda Odyssey P.O. Box 1027, Alpharetta, GA 30009-1027	14,364.00
Auto Lease - Chrysler Capital - 2021 2021 Dodge Durango 1601 Elm St, #800, Dallas, TX 75201	13,874.00
Total Liabilities	882,905.77

Statement 3 - Part D - Income

Primary Sources of Income Exceeding $1,000

Name and Address of Source of Income	**Amount**
Doctors Healthcare Plans 2020 Ponce De Leon Blvd, PH 1, Coral Gables, FL 33134	96,000
State of Florida 200 E Gaines Street, Tallahassee, FL 32399	26,646
MALUP, LLC 8720 SW 84th Street, Miami, FL 33173	14,861

Statement 4 - Part D - Income

Secondary Sources of Income

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity Source
MALUP, LLC	UNNO Medical Centers, LLC	1550 Madruga Ave #400, Coral Gables, FL 33146	General Counsel