FORM 6 — FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS — 2021

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

LAST NAME — FIRST NAME — MIDDLE NAME:
Regalado Raquel Aurora

MAILING ADDRESS:
111 NW 1st St, Ste 220

CITY: Miami ZIP: 33128 COUNTY: Miami-Dade

NAME OF AGENCY:
Miami Dade County

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
Miami Dade County Commission Dist 7

CHECK IF THIS IS A FILING BY A CANDIDATE ☐

FOR OFFICE USE ONLY:

PROCESSED
FLORIDA COMMISSION ON ETHICS
JUL 13 2022
RECEIVED

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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 July 1st, 20 22 was $ 158,019.

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 $ $15,000

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Real Property - 391 SW 82nd Ct, Miami FL 33133	$575,000
Raquel Regalado Professional LLC	$50,000
2017 Kia 500e	$18,500
Sams Account	$12,000.

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Mort (Wells Fargo Mortgage PO Box 10335	327,000
Aidvantage - US Dept of Education Loan Svg PO Box 4450 Portland OR 97208-4450	162,000
TD Bank finance (Fiat)	7981.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

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 2021 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
(1) Caracol Broadcasting	18001 NW 107 Ave Hialeah	64,000
(2) RRP LLC	3191 SW 27 st, Miami, FL 33133	10,000

~~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~~
(3) MDC BCC	111 NW 1st M, FL 33128		44,000

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	RRP LLC		
ADDRESS OF BUSINESS ENTITY	3191 SW 27st		
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY	Owner/Manager		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes		
NATURE OF MY OWNERSHIP INTEREST	85%		

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.

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 8TH day of July, 2022 by Raquel Regalado.

(Signature of Notary Public--State of Florida)

Jim B. Rene'
(Print, Type, or Stamp Commissioned Name of Notary Public)

JIM RENE NOTARY PUBLIC STATE OF FLORIDA Comm# GG237668 Expires 8/14/2022

Personally Known _____ OR Produced Identification ✓

Type of Identification Produced FL Drivers License

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 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 _____ 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 ☐