

FOR OFFICE USE ONLY:
FLORIDA
COMMISSION ON ETHICS

JUN 24 2019

RECEIVED



ID Code

ID No. 241635

Conf. Code

Suarez, Xavier Louis

*****AUTO**MIXED AADC 323 T6 P1 48 863

Hon Xavier Louis Suarez
County Commissioner District 7
Miami-Dade County
Elected Constitutional Officer
Apt 1102
145 SE 25th Rd
Miami, FL 33129-2500

PROCESSED



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, 2018 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 June 1, 2019 was \$1,082,000 EST.

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 \$ 10,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)

VALUE OF ASSET

1) Residence, 145 SE 25 Rd # 1102, Miami FL	\$710,000 EST
2) Condo, 2625 Collins Ave # 1103, Miami Beach, FL	\$475,000 EST
3) Condo, 2555 Collins Ave # 1002, Miami Beach, FL	\$575,000 EST
4) COUNTY PENSION FUND	\$90,000 EST
5) CERTIFICATE OF DEPOSIT @ FIRST BANK	\$92,000

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

1) Ocwen Loan Services, West Palm Beach, FL; GMAC	\$330,000
2) Bk of America, Charlotte, NC; US Century Bk, Coral Gables, FL	\$250,000 \$30,000
3) PHH Mortgage Services, P.O. Box 371458, Pittsburgh, PA 15250	\$250,000
AMEX revolving credit	\$8000

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 2018 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 2018 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2018 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
LAW OFFICE OF XAVIER SUAREZ	145 S.E. 25th Miami, FL.	\$100,000.00
Miami Dade County	111 NW 1st St Miami, FL.	\$36,000.00

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
SOCIAL SECURITY	N/A	6401 SECURITY BOWL BALD. TR.	Pension

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

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

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.

STATE OF FLORIDA
 COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 10th day of

JUNE, 2019 by _____

Joanne Ellen Padron
 (Signature of Notary Public--State of Florida)



Joanne Ellen Padron
 NOTARY PUBLIC
 STATE OF FLORIDA
 Comm# GG217413
 Expires 5/14/2022

Personally Known OR Produced Identification _____

Type of Identification Produced _____

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Xavier Suarez

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