

General Information

Name: Hon Francis Xavier Suarez

PID 230294

AGENCY INFORMATION

Organization	Suborganization	Title
Miami	Mayor And City Commission	Mayor
Miami-Dade Transportation Planning Organization (TPO)	Governing Board	TPO Board Member

Disclosure Period

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2024.

Primary Sources of Income

PRIMARY SOURCE OF INCOME (Over \$2,500) (Major sources of income to the reporting person)
 (If you have nothing to report, write "none" or "n/a")

Name of Source of Income	Source's Address	Description of the Source's Principal Business Activity
Quinn Emanuel LLP	2601 Bayshore Drive Suite 1550 Miami FL 33133	Of Counsel (Attorney -at -Law)
DaGrossa Capital Partners	2333 Ponce DeLeon Two Bay Corner Suite Miami FL 33134	Senior Operating Partner
Bilt Technologies	32 Bond Street, Floor 6, New York, NY 10012	Consultant
Emerge Americas	2222 Ponce de Leon Blvd, Miami, FL 33134	Consultant
City of Miami	3500 Pan American Dr. Miami FL 33133	Mayor

Secondary Sources of Income

SECONDARY SOURCES OF INCOME (Major customers, clients, and other sources of income to businesses owned by the reporting person) (If you have nothing to report, write "none" or "n/a")

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
N/A			

Real Property

REAL PROPERTY (Land, buildings owned by the reporting person) (If you have nothing to report, write "none" or "n/a")

Location/Description
3625 Battersea Road, Miami, FL 33133
1671 SW 32 Place, Miami, FL 33145
120 SW 37 Avenue, Unit 506, Miami, FL 33134
120 SW 37 Avenue, Unit 305, Miami, FL 33134
3201 West Flagler Street, Unit 102, Miami, FL 33135
3401 SW 11th Street, Unit 16, Miami, FL 33135

Intangible Personal Property

INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. over \$10,000) (If you have nothing to report, write "none" or "n/a")

Type of Intangible	Business Entity to Which the Property Relates
Florida Prepaid Savings Account	State of Florida - Florida Prepaid Savings Program

Liabilities

LIABILITIES (Major debts valued over \$10,000):
 (If you have nothing to report, write "none" or "n/a")

Name of Creditor	Address of Creditor
N/A	

Interests in Specified Businesses

INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses)
 (If you have nothing to report, write "none" or "n/a")

Business Entity # 1
N/A

Training

This section applies only to an appointed school superintendent, an elected municipal officer, elected local officer of an independent special district or a commissioner of a community redevelopment agency created under Part III, Chapter 163, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

- I certify that I have completed the required training under Section 112.3142, F.S.
- Required training under Section 112.3142, F.S., not applicable to filer for this form year.

Signature of Filer

Francis Xavier Suarez

Digitally signed: 07/01/2025

Filed with COE: 07/01/2025