2024 Form 1 - Statement of Financial Interests

Filed with COE: 05/20/2025

General Information

Name: Mr Elmo L Urra

PID 203471

AGENCY INFORMATION

Organization	Suborganization	Title
Hialeah Gardens	Mayor And City Council	City Council 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
CITY OF HIALEAH	501 PALM AVENUE HIALEAH FL 33010	MUNICIPAL GOVERNMENT
CITY OF HIALEAH GARDENS	10001 NW 87 AVE HIALEAH GARDENS FL 33016	MUNICIPAL GOVERNMENT
RAINBOW WINDOW TINTING	1031 E 49 STREET HIALEAH FL 33013	WINDOW TINTING
4691 RENTAL	4691 W 9 AVE HIALEAH FL 33012	RENTAL PROPERTY
1750 RENTAL	1750 W 46 ST #125	RENTAL PROPERTY

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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
RAINBOW WINDOW TINTING / EMERGENCY EQUIPMENT	CITY OF HIALEAH	501 PALM AVE HIALEAH FL 33010	CITY GOVERNMENT

Real Property

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

Location/Description
4691 W 9 AVE HIALEAH FL 33012
1031 E 49 ST HIALEAH FL 33013
1750 W 46 ST # 125 HIALEAH FL 33012
5010 E 2 AVE HIALEAH FL 33013

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
COREBRIDGE FINANCIAL	457 DEFERRED COMPENSATION PLAN
TD AMERITRADE	STOCK ACCOUNT

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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
CHASE	PO BOX 78420 PHOENIX AZ 85062
CHASE	PO BOX 78420 PHOENIX AZ 85062
WELLSFARGO	PO BOX 77021 MINNEAPOLIS MN 55480

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.

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Signature of Filer

Elmo L Urra

Digitally signed: **05/20/2025**

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