# 2024 Form 1 - Statement of Financial Interests

**Filed with COE: 06/24/2025**

## General Information

Name: Ms Letitia Newbold

**PID 292933**

### AGENCY INFORMATION

| Organization | Suborganization | Title |
|---|---|---|
| Broward County | Planning Council | |
| Oakland Park | Mayor And City Council | Commissioner |

## 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 |
|---|---|---|
| OPKO Health, Inc. | 4400 Biscayne Boulevard | Pharmaceuticals |

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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 |
|---|---|---|---|
| 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 |
|---|
| **N/A** |

## 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 |
|---|---|
| Stock Options | OPKO Health |

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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 |
|---|---|
| Wells Fargo | 420 Montegomery St, San Francisco, CA 94104 |
| PriorityOne Credit | 3000 N University Dr, Sunrise, FL 33322 |

## 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 | |
|---|---|
| **Name of Business Entity** | Kitchen32 |
| **Address of Business Entity** | 2291 NW 28th St, Oakland Park, FL |
| **Principal Business Activity** | Catering |
| **Postion Held with Entity** | Manager |
| **I own more than a 5% Interest in the Business** | Yes |
| **Nature of my Ownership Interest** | Owner |

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## 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

***Letitia Newbold***

Digitally signed: **06/24/2025**

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