2025 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 04/02/2026

General Information

Name: Hon Reemberto Diaz

PID 207811

AGENCY INFORMATION

Organization	Suborganization	Title
Judicial Circuit (11Th)	Elected Constitutional Officer	Circuit Court Judge

CANDIDATE FOR

Position	Agency Name	Position sought or held
Circuit Judge	11th Judicial Circuit	Circuit Court Judge

Net Worth

My Net Worth as of December 31, 2025 was $ 2,970,000.00.

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Assets

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.

The aggregate value of my household goods and personal effect is $ 150,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

Description of Asset	Value of Asset
6234 Paradise Point Drive	$ 2,200,000.00
Paradise Point Marina Slip #8	$ 550,000.00
2024 Lexus LC500	$ 90,000.00
Retirement Account	$ 355,000.00

Liabilities

LIABILITIES IN EXCESS OF $1,000:

Name of Creditor	Address of Creditor	Amount of Liability
First Horizon Bank	1515 Sunset Drive Coral Gables, Florida	$ 280,000.00
Capital One	1680 Capital One Drive McLean, VA	$ 55,000.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

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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 2025 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 2025 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding $1,000	Address of Source of Income	Amount
See Attached		

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
See Attached			

Interests in Specified Businesses

Business Entity # 1
N/A

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Training

Based on the office or position you hold, the certification of training required under Section 112.3142, F.S., is not applicable to you for this form year.

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form 6 and that the facts stated in it are true.

Reemberto Diaz

Digitally signed: **04/02/2026**

Filed with COE: 04/02/2026

Form **1040-SR** Department of the Treasury—Internal Revenue Service **U.S. Income Tax Return for Seniors** **2025** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2025, or other tax year beginning , 2025, ending , 20 See separate instructions.

☐ Filed pursuant to section 301.9100-2 ☐ Combat zone ☐ Deceased Spouse

☐ Other

Your first name and middle initial	Last name	Your social security number
Reemberto	Diaz	
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.	Apt. no.	Check here if your main home, and your spouse's if filing a joint return, was in the U.S. for more than half of 2025. ☒
6234 Paradise Point Drive		

City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code
Palmetto Bay	FL	33157

Foreign country name	Foreign province/state/county	Foreign postal code

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Filing Status Check only one box.

☒ Single
☐ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS). Enter spouse's SSN above and full name here: ----------
☐ Head of household (HOH)
☐ Qualifying surviving spouse (QSS)
If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: ----------

☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required):

Digital Assets At any time during 2025, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) . . . . . ☐ Yes ☒ No

Dependents (see instructions)

If more than four dependents, see instructions and check here . . ☐

	Dependent 1	Dependent 2	Dependent 3	Dependent 4
(1) First name				
(2) Last name				
(3) SSN				
(4) Relationship				
(5) Check if lived with you more than half of 2025	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.
(6) Check if	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled
(7) Credits	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents

☐ Check if your filing status is MFS or HOH and you lived apart from your spouse for the last 6 months of 2025, or you are legally separated according to your state law under a written separation agreement or a decree of separate maintenance and you did not live in the same household as your spouse at the end of 2025.

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a Form W-2, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	198,267.
b	Household employee wages not reported on Form(s) W-2	1b	
c	Tip income not reported on line 1a (see instructions)	1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
e	Taxable dependent care benefits from Form 2441, line 26	1e	
f	Employer-provided adoption benefits from Form 8839, line 31	1f	
g	Wages from Form 8919, line 6	1g	
h	Other earned income (see instructions). Enter type and amount:	1h	0.
i	Nontaxable combat pay election (see instructions) . 1i		
z	Add lines 1a through 1h	1z	198,267.

Attach Sch. B if required.	2a	Tax-exempt interest .	2a		b Taxable interest . .	2b	
	3a	Qualified dividends . .	3a		b Ordinary dividends .	3b	
	c	Check if your child's dividends are included in: 1 ☐ Line 3a 2 ☐ Line 3b					
	4a	IRA distributions . . .	4a		b Taxable amount . .	4b	
	c	Check if (see instructions): 1 ☐ Rollover 2 ☐ QCD 3 ☐ _____					
	5a	Pensions and annuities	5a		b Taxable amount . .	5b	
	c	Check if (see instructions): 1 ☐ Rollover 2 ☐ PSO 3 ☐ _____					
	6a	Social security benefits	6a	46,217.	b Taxable amount . .	6b	39,284.
	c	If you elect to use the lump-sum election method, check here (see instructions) . . . . . ☐					
	d	If you are married filing separately and lived apart from your spouse the entire year (see inst.), check here . . . . . ☐					
	7a	Capital gain or (loss). Attach Schedule D if required				7a	
	b	Check if: ☐ Schedule D not required ☐ Includes child's capital gain or (loss) _____					
	8	Additional income from Schedule 1, line 10				8	
	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your **total income** . .				9	237,551.
	10	Adjustments to income from Schedule 1, line 26				10	
	11a	Subtract line 10 from line 9. This is your **adjusted gross income** . . .				11a	237,551.
Tax and Credits	b	Amount from line 11a (adjusted gross income)				11b	237,551.
	12a	Someone can claim ☐ You as a dependent ☐ Your spouse as a dependent					
	b	☐ Spouse itemizes on a separate return c ☐ You were a dual-status alien					
	d	**You:** ☒ Were born before January 2, 1961 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1961 ☐ Is blind					
Standard Deduction See *Standard Deduction Chart* on the last page of this form.	e	**Standard deduction or itemized deductions** (from Schedule A) . . .				12e	34,420.
	13a	Qualified business income deduction from Form 8995 or Form 8995-A .				13a	
	b	Additional deductions from Schedule 1-A, line 38				13b	0.
	14	Add lines 12e, 13a, and 13b				14	34,420.
	15	Subtract line 14 from line 11b. If zero or less, enter -0-. This is your **taxable income**				15	203,131.
	16	**Tax** (see instructions). Check if any from: 1 ☐ Form(s) 8814 2 ☐ Form(s) 4972 3 ☐ _____				16	42,065.
	17	Amount from Schedule 2, line 3				17	
	18	Add lines 16 and 17				18	42,065.
	19	Child tax credit or credit for other dependents from Schedule 8812 . .				19	
	20	Amount from Schedule 3, line 8				20	
	21	Add lines 19 and 20				21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-				22	42,065.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21 . .				23	0.
	24	Add lines 22 and 23. This is your **total tax**				24	42,065.

Payments and Refundable Credits

25	Federal income tax withheld from:			
a	Form(s) W-2	25a	38,895.	
b	Form(s) 1099	25b		
c	Other forms (see instructions)	25c		
d	Add lines 25a through 25c			25d 38,895.
26	2025 estimated tax payments and amount applied from 2024 return			26
	If you made estimated tax payments with your former spouse in 2025, enter their SSN (see instructions):			
27a	Earned income credit (EIC)	27a		
b	Clergy filing Schedule SE (see instructions) ☐			
c	If you do not want to claim the EIC, check here ☐			
28	Additional child tax credit (ACTC) from Schedule 8812. If you do not want to claim the ACTC, check here ☐	28		
29	American opportunity credit from Form 8863, line 8	29		
30	Refundable adoption credit from Form 8839, line 13	30		
31	Amount from Schedule 3, line 15	31		
32	Add lines 27a, 28, 29, 30, and 31. These are your **total other payments and refundable credits**			32
33	Add lines 25d, 26, and 32. These are your **total payments**			33 38,895.

If you have a qualifying child, you may need to attach Sch. EIC.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**		34
35a	Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐		35a
b	Routing number x x x x x x x x x c Type: ☐ Checking ☐ Savings		
d	Account number x x x x x x x x x x x x x x x x x x x x x x		
36	Amount of line 34 you want **applied to your 2026 estimated tax**	36	

Direct deposit? See instructions.

Amount You Owe

37	Subtract line 33 from line 24. This is the **amount you owe.** For details on how to pay, go to *www.irs.gov/Payments* or see instructions		37 3,170.
38	Estimated tax penalty (see instructions)	38	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions. ☐ **Yes.** Complete below. ☒ **No**

Designee's name | Phone no. | Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		Attorney	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (305)801-5755	Email address		

Joint return? See instructions. Keep a copy for your records.

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
Firm's name Self-Prepared			Phone no.	
Firm's address			Firm's EIN	

SCHEDULE A (Form 1040)

Department of the Treasury
Internal Revenue Service

Itemized Deductions

Attach to Form 1040 or 1040-SR.

Go to *www.irs.gov/ScheduleA* for instructions and the latest information.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

2025

Attachment Sequence No. **07**

Name(s) shown on Form 1040 or 1040-SR

Reemberto Diaz

Your social security number

Medical and Dental Expenses		**Caution:** Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see instructions)	1		
	2	Enter amount from Form 1040 or 1040-SR, line 11b (2: 237,551.)			
	3	Multiply line 2 by 7.5% (0.075)	3	17,816.	
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4
Taxes You Paid	5	State and local taxes (SALT).			
	a	State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box ☒	5a	5,450.	
	b	State and local real estate taxes (see instructions)	5b	14,130.	
	c	State and local personal property taxes	5c	126.	
	d	Add lines 5a through 5c	5d	19,706.	
	e	Enter the smaller of line 5d or $40,000 ($20,000 if married filing separately). If Form 1040 or 1040-SR, line 11b is more than $500,000 ($250,000 if married filing separately), or if you completed Form 2555, Form 4563, or excluded income from Puerto Rico, see instructions	5e	19,706.	
	6	Other taxes. List type and amount:	6		
	7	Add lines 5e and 6			7 19,706.
Interest You Paid	8	Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ☐			
Caution: Your mortgage interest deduction may be limited. See instructions.	a	Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a	11,014.	
	b	Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address	8b		
	c	Points not reported to you on Form 1098. See instructions for special rules	8c		
	d	Reserved for future use	8d		
	e	Add lines 8a through 8c	8e	11,014.	
	9	Investment interest. Attach Form 4952 if required. See instructions	9		
	10	Add lines 8e and 9			10 11,014.
Gifts to Charity	11	Gifts by cash or check. If you made any gift of $250 or more, see instructions	11	1,500.	
Caution: If you made a gift and got a benefit for it, see instructions.	12	Other than by cash or check. If you made any gift of $250 or more, see instructions. You **must** attach Form 8283 if over $500	12	2,200.	
	13	Carryover from prior year	13		
	14	Add lines 11 through 13			14 3,700.
Casualty and Theft Losses	15	Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions			15
Other Itemized Deductions	16	Other—from list in instructions. List type and amount:			16
Total Itemized Deductions	17	Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12e			17 34,420.
	18	If you elect to itemize deductions even though they are less than your standard deduction, check this box ☐			