

General Information

Name: Mr Yioset De La Cruz

PID 44140

AGENCY INFORMATION

Organization	Suborganization	Title
Hialeah Gardens	Mayor And City Council	Mayor

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 Gardens	10001 NW 87 Avenue Hialeah Gardens, FL 33016	Municipal Government

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
8851 NW 119 St. #2228 Hialeah Gardens, FL 33018
5665 W 26 Avenue, Hialeah, FL 33016
13379 Hamlin Avenue, Clewiston, FL 33340
1069 Villa Dr. Labelle, FL 33935

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
IRA	Primerica
Retirement 401 a 457 deferred	Corebridge Financial

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
Jaco Motor Home	Bank of America 8078 NW 103 St. Hialeah Gardens, FL 33016
Space Coast Credit Union	12080 Hialeah Gardens Blvd. Hialeah Gardens, FL 33018

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.

Amendment Reason

Explanation of changes why are you amending your previous form 1 submission?

I am an elected municipal officer and did not check the correct box to I certify that I had completed the required training. Also had not listed my primary source of income.

Signature of Filer

Yioset De La Cruz

Digitally signed: 06/29/2026

Filed with COE: 06/29/2026