Filed with COE: 06/29/2026

General Information

Name: Mr Orlando Lamas

PID 230041

AGENCY INFORMATION

Organization	Suborganization	Title
Miami Springs	Mayor And City Council	Councilman

Disclosure Period

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2025.

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
Studio Lamas Architects	14006 NW 82 Ave Miami, FL	Architecture
Three County Construction	14006 NW 82 Ave Miami, FL	Construction
The Bend Hospitality	6844 NW 169 St Miami, FL	Hospitality
Swan Ave Investments	951 Swan Ave Miami Springs, FL	Hospitality Management

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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
144 South Dr Miami Springs, FL
5621 W. 21 Ct Hialeah, FL

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
Stocks	Personal

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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
Space Coast Financial	6301 nw 36 st Miami, FL
TD Autofinance	PO Box 100114 Columbia, SC

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	The Bend Liquor Lounge
Address of Business Entity	6844 nw 169 st
Principal Business Activity	Lounge
Postion Held with Entity	partner
I own more than a 5% Interest in the Business	Yes
Nature of my Ownership Interest	partner/owner
Business Entity # 2	
Name of Business Entity	Mamma Tried Bar
Address of Business Entity	207 NE 1 St Miami, FL
Principal Business Activity	Lounge
Postion Held with Entity	Partner

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I own more than a 5% Interest in the Business	Yes
Nature of my Ownership Interest	Owner/Partner
Business Entity # 3	
Name of Business Entity	Chelas Cocteleria
Address of Business Entity	15301 NW 67 Ave Miami Lakes
Principal Business Activity	Restaurant
Postion Held with Entity	Partner
I own more than a 5% Interest in the Business	Yes
Nature of my Ownership Interest	Owner/Partner

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

Orlando Lamas

Digitally signed: **06/29/2026**

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