

**Florida** DRIVER LICENSE

USA CLASS E

[REDACTED]

ST. FORT  
EVANS SIDNEY  
16400 NE 19TH AVE  
MIAMI BEACH, FL 33162-4115

DOB 07/11/1979 SEX M  
HAIR BRN EYES BRN HT 6-01  
WEIGHT 160 LBS HAIR NONE

EXPIRES 12/31/2016  
EDC X1234567890

REPLACED 07/30/2016

Operation of a motor vehicle constitutes consent to any sobriety test required by law.

CASH  
MONEY  
ORDER  
CHECK  
ID  
BY *Andressa Alvarez*

RECEIPT

DATE 8/21/2020 No. **360092**

FROM Evans St. fort **\$180.00**

One hundred eighty dollars DOLLARS

FOR RENT 2020 NMB General Election

FOR \_\_\_\_\_

ACCT.	
PAID	<u>180 00</u>
DUE	

CASH  
 MONEY ORDER  
 CHECK  
 CREDIT CARD

FROM \_\_\_\_\_ TO \_\_\_\_\_

BY Andrise Bernard

1152

*Exp has requested  
Receipt for money  
no returns tomorrow  
Before 10 am*

**CAMPAIGN TO ELECT EVANS ST FORT AS MAYOR**  
16480 NE 19TH AVE  
NORTH MIAMI BEACH, FL 33162

6-1657/670

1

08/26/20 DATE

**PAY TO THE  
ORDER OF**

*City of North Miami Beach*

\$ *180.00*

*One hundred eighty*

**DOLLARS**

 Security Features Detailed on Back.

**PROFESSIONAL  
BANK**

396 Alhambra Circle, Suite 255  
Coral Gables, FL 33134

*Client Relations Group*

**FOR**

*Qualifying Fee*

MP

⑈000⑈



**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

CITY CLERK'S OFFICE  
20 AUG 18 AM 11:47

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

**1. CHECK APPROPRIATE BOX(ES):**

Initial Filing of Form      Re-filing to Change:  Treasurer/Deputy     Depository     Office     Party

2. Name of Candidate (in this order: First, Middle, Last)  
Evans St. Fort

3. Address (include post office box or street, city, state, zip code)

16480 NE 19 AVE.  
North Miami Beach, FL 33162

4. Telephone  
(305 ) 710-7919

5. E-mail address  
Evans.stfort@gmail.com

6. Office sought (include district, circuit, group number)  
Mayor, Group 1

7. If a candidate for a nonpartisan office, check if applicable:  
 My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a  
 Write-In     No Party Affiliation     \_\_\_\_\_ Party candidate.

9. I have appointed the following person to act as my  Campaign Treasurer     Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer  
Evans St. Fort

11. Mailing Address  
16480 NE 19 AVE.

12. Telephone  
( 305 ) 710-7919

13. City  
North Miami Beach

14. County  
Miami

15. State  
FL

16. Zip Code  
33162

17. E-mail address  
Evans.stfort@gmail.com

18. I have designated the following bank as my  Primary Depository     Secondary Depository

19. Name of Bank

Marquis Bank

20. Address

19057 N.E 29 AVE

21. City  
Aventura

22. County  
Miami-Dade

23. State  
FL

24. Zip Code  
33180

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date  
08/17/2020

26. Signature of Candidate

*[Signature]*

**27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)**

I, Evans St. Fort, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer

08/17/2020

Date

*[Signature]*

Signature of Campaign Treasurer or Deputy Treasurer

2-  
Tues 11/17  
OFFICE USE ONLY

# STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

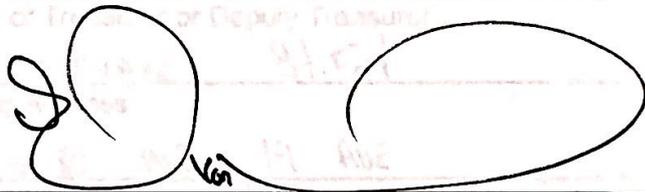
CITY CLERK'S OFFICE  
20 AUG 18 AM 11:46

I, Evans St. Fort

candidate for the office of Mayor, Group 1

have been provided access to read and understand the requirements of Chapter 106, Florida Statutes.

X



Signature of Candidate

08/17/2020

Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**  
(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

CITY CLERK'S OFFICE  
'20 AUG 18 PM 1:34

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

**1. CHECK APPROPRIATE BOX(ES):**

Initial Filing of Form      Re-filing to Change:  Treasurer/Deputy     Depository     Office     Party

**2. Name of Candidate (in this order: First, Middle, Last)**

EVANS St. Fort

**3. Address (include post office box or street, city, state, zip code)**

1648 N.E 158 St N. Miami Beach FL 33162

**4. Telephone**

(305) 710-7919

**5. E-mail address**

EVANS.StFort@gmail.com

**6. Office sought (include district, circuit, group number)**

Mayor Group 1

**7. If a candidate for a nonpartisan office, check if applicable:**

My intent is to run as a Write-In candidate.

**8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a**

Write-In     No Party Affiliation     \_\_\_\_\_ Party candidate.

**9. I have appointed the following person to act as my**  Campaign Treasurer     Deputy Treasurer

**10. Name of Treasurer or Deputy Treasurer**

EVANS St. Fort

**11. Mailing Address**

16480 N.E 19 AVE

**12. Telephone**

(305) 710-7919

**13. City** N. Miami Beach    **14. County** Dade    **15. State** FL    **16. Zip Code** 33162    **17. E-mail address** EVANS.StFort@gmail.com

**18. I have designated the following bank as my**  Primary Depository     Secondary Depository

**19. Name of Bank**

Banks of America

**20. Address**

19645 Biscayne Blvd

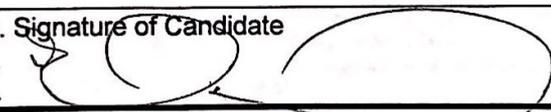
**21. City** N. Miami Beach    **22. County** Dade    **23. State** FL    **24. Zip Code** 33162

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

**25. Date**

08-18-20

**26. Signature of Candidate**

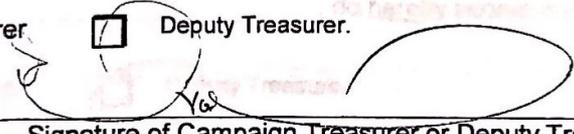
X 

**27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)**

I, EVANS St. Fort, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

08/18/20  
Date

X   
Signature of Campaign Treasurer or Deputy Treasurer

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**  
(Section 106.021(1), F.S.)

CITY CLERK'S OFFICE  
20 AUG 21 PM 3:13

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

**1. CHECK APPROPRIATE BOX(ES):**

Initial Filing of Form      Re-filing to Change:  Treasurer/Deputy     Depository     Office     Party

2. Name of Candidate (in this order: First, Middle, Last)

EVANS St. Fort

3. Address (include post office box or street, city, state, zip code)

1041 N.E 178 ter W. Miami Beach  
FL 33162

4. Telephone

(305) 710-7919

5. E-mail address

Evans.StFort@gmail.com

6. Office sought (include district, circuit, group number)

Mayor Group 1

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In     No Party Affiliation     \_\_\_\_\_ Party candidate.

9. I have appointed the following person to act as my  Campaign Treasurer     Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

EVANS St Fort

11. Mailing Address

16480 N.E 19 Ave

12. Telephone

(305) 710-7919

13. City

N. Miami Beach

14. County

DADE

15. State

FL

16. Zip Code

33162

17. E-mail address

EVANS.StFort@gmail.com

18. I have designated the following bank as my  Primary Depository     Secondary Depository

19. Name of Bank

Professional Bank

20. Address

19645 Biscayne Blvd

21. City

N. Miami Beach

22. County

Dade

23. State

FL

24. Zip Code

33162

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

08/21/20

26. Signature of Candidate

X

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, EVANS St Fort, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:

Campaign Treasurer

Deputy Treasurer.

08/21/20

Date

X

Signature of Campaign Treasurer or Deputy Treasurer



**AFFIDAVIT OF CANDIDATE**

9. Name and business address of \_\_\_\_\_  
**CITY OF NORTH MIAMI BEACH, FLORIDA**

STATE OF FLORIDA)  
COUNTY OF MIAMI-DADE)  
CITY OF NORTH MIAMI BEACH)

10. I, EVANS St. Fort (hereinafter "affiant"), being first duly sworn, deposes and says:

- 1. My name is EVANS St. Fort.
- 2. For those candidates seeking the office of Mayor, please check the appropriate subsection (a) below. Those candidates seeking the office of Commissioner, please check and fill in the blank in subsection (b) below:
  - (a) I am offering myself as a candidate for the office of Mayor of the City of North Miami Beach, Florida. If elected, I fully understand that I must maintain an actual and real residence within the City of North Miami Beach for the duration of my term of office.
  - (b) I am offering myself as a candidate of the office of Commissioner in Group Number \_\_\_ of the City of North Miami Beach, Florida. If elected, I fully understand that I must maintain an actual and real residence within the city for the duration of my term of office.
- 3. I have resided in the City of North Miami Beach, Florida for a minimum of one year before qualifying if applying for Mayor, and one year before qualifying for City Commission, and I am a registered voter and a duly qualified elector of the City of North Miami Beach, Florida, presently registered to vote in Precinct No. 127.0.

I presently reside at the following address (must include zip code):  
1041 N.E 178 terrace North Miami Beach FL 33162,  
which is my legal address, and I have resided continually at said address from the 01 day of August to the present.

4. Immediately prior to residing at the above-stated address, I have resided at the herein below listed addresses for the cited periods of time (list herein below all addresses at which you have resided for the past five years, as well as the length of time at each address):

Prior Addresses	For the Period of
<u>1648 N.E 158 st</u>	<u>08/01/2019 - 7/31/20</u>
<u><del>1580 S.W. 171 Pembroke Pines FL 33162</del></u>	<u>07/31/2019 prior</u>

1580 S.W. 171  
Pembroke Pines

5. In addition to the residence that I have listed as my present address, I also reside at the following listed addresses on a temporary basis as a secondary domicile or domiciles:

~~\_\_\_\_\_~~

CITY CLERK'S OFFICE  
20 AUG 21 PM 3:13

6. Affiant's spouse resides at the following address: (must include city, state and zip code)

1580 SW 171st. Ter, Pembroke Pines, FL 33027

7. Affiant's minor children reside at the following address: (must include city, state and zip code)

1580 SW 171st. Ter, Pembroke Pines, FL 33027

8. At the present time, affiant (is) (is not) registered to vote in any city, county or state other than as stipulated in subparagraph 3 above.

9. Name and business address of affiant's employer:

St. Fort's Funeral Home

16480 NE 19 AVE, NMB, FL 33162

10. Affiant's occupation: Funeral Home Operator

11. Affiant has been employed in the above-cited capacity for the following period of time:

10+ Years

(Note: In the event the occupation of affiant has been for a period of less than one year, or the employment period with the same employer has been for a period of less than one year, affiant shall give the name(s) and address(es) of his/her employer(s) and occupation(s) for the period of one year prior to the date of this affidavit).

\_\_\_\_\_

\_\_\_\_\_

12. Affiant represents that he/she (is) (is not) currently holding another elective or appointive office – whether city, county or municipal – the term of which or any part thereof runs concurrently with that of the office he/she seeks, and that he/she has resigned from any office from which he/she is required to resign pursuant to F.S.99.012 and/or the City of North Miami Beach, Florida Charter.

13. Affiant represents that, as of this date, he/she (is) (is not) seeking to qualify for public office which is currently held by an officer who has authority to appoint, employ, promote, or otherwise supervise him/her and who has qualified as a candidate for reelection to that office. A member of the 2020 Census Complete Count Committee shall resign from the Committee and such resignation shall be effective upon whichever occurs first:

- (a) such Committee member receives contributions or makes expenditures, or gives her or his consent for any other person to receive contributions or make expenditures, with a view to bringing about his or her nomination or election to public office; or
- (b) at the time such employee or Committee member appoints a campaign treasurer and designates a primary depository; or
- (c) at the time such employee or Committee member files qualification papers and subscribes to a candidate oath as required by law.

14. Affiant's campaign headquarters address and telephone number:

16480 NE 19 AVE N. Miami Beach 33162

Affiant's campaign treasurer's name:

EVANS St. Fort

\*Affiant's campaign treasurer's address:

Same

Telephone numbers: (work) 305-940-1428

(home) 305-760-7919

\*[A Campaign Treasurer or Deputy Treasurer shall be a registered voter in the State of Florida.]

15. Affiant represents that, if elected, he/she shall serve in the elective office to which he/she seeks election.

16. Following is the exact way in which affiant would like to have his/her name printed on the official ballot:

EVANS St. Fort

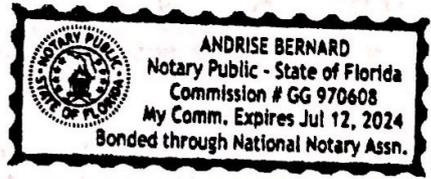
SIGNED THIS 21 DAY OF Aug, 2020

[Signature]

AFFIANT

BEFORE ME, the undersigned authority, personally appeared Evans St. Fort, who, after first being duly sworn, deposes and states that Evans St. Fort executed the foregoing to the best of his knowledge and belief.

Andrise Bernard  
CITY CLERK,  
CITY OF NORTH MIAMI BEACH, FLORIDA



(SEAL)

       Did take an oath

DL Produced identification

Type of identification produced: S 316 217 79 0110 0

FORM 1

STATEMENT OF FINANCIAL INTERESTS

2019

with check

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICIAL USE ONLY:

CLERK'S OFFICE  
AUG 21 PM 3:13

LAST NAME -- FIRST NAME -- MIDDLE NAME :

St. Fort Evans

MAILING ADDRESS :

16480 NE 19 AVE.

CITY : ZIP : COUNTY :  
North Miami Beach 33162 Miami-Dade

NAME OF AGENCY :  
North Miami Beach City Commission

NAME OF OFFICE OR POSITION HELD OR SOUGHT :  
Mayor

CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

\*\*\*\* THIS SECTION MUST BE COMPLETED \*\*\*\*

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2019.

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR  DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

Table with 3 columns: NAME OF SOURCE OF INCOME, SOURCE'S ADDRESS, DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY. Row 1: St. Fort Funeral Home, 16480 NE 19 AVE. NMB, FL 33162, Funeral Home.

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

Table with 4 columns: NAME OF BUSINESS ENTITY, NAME OF MAJOR SOURCES OF BUSINESS' INCOME, ADDRESS OF SOURCE, PRINCIPAL BUSINESS ACTIVITY OF SOURCE. All cells are empty.

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

Table with 1 column for real property reporting. All cells are empty.

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc. - See instructions]  
 (If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

**PART E — LIABILITIES** [Major debts - See instructions]  
 (If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR

**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses - See instructions]  
 (If you have nothing to report, write "none" or "n/a")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY		
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

**PART G — TRAINING**

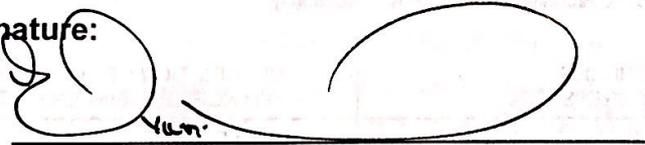
For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

**SIGNATURE OF FILER:**

Signature:



Date Signed:

08/18/2020

**CPA or ATTORNEY SIGNATURE ONLY**

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, \_\_\_\_\_, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**FILING INSTRUCTIONS:**

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. To determine what category your position falls under, see page 3 of instructions.

**Local officers/employees** file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

**State officers or specified state employees** who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

**Candidates** file this form together with their filing papers.

**MULTIPLE FILING UNNECESSARY:** A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

**WHEN TO FILE: Initially,** each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

**Candidates** must file at the same time they file their qualifying papers.

**Thereafter,** file by July 1 following each calendar year in which they hold their positions.

**Finally,** file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2019.



**LOYALTY OATH  
FOR CANDIDATES FOR PUBLIC OFFICE**  
(Sections 876.05-876.10, 99.021, Florida Statute)  
(Charter & Code of Ordinances of the City of No. Miami Beach, FL)

STATE OF FLORIDA  
(Please Print)

MIAMI-DADE COUNTY

I, EVANS S St Ford, a citizen of the  
First Name Middle Name/Initial Last Name

State of Florida and of the United States of America, and a candidate for public office do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida, and the Charter of the City of North Miami Beach, Florida.

**OATH OF CANDIDATE**  
(Section 99.021, Florida Statutes)  
(Charter & Code of Ordinances of the City of No. Miami Beach, FL)

I, EVANS St. Ford, am a candidate for  
\*\*\* (PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT) \*\*\*  
the office of Mayor, I am a qualified elector of Miami-Dade  
(Office) (Group No.)

County, Florida. I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected. I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes.

I have not been convicted in this or any other state of any offense involving moral turpitude within the preceding five (5) years;

I have not been adjudicated insane or incompetent by a court of competent jurisdiction which adjudication stands unrevoked;

I am a bona fide resident of the City of North Miami Beach and this is my permanent fixed place of domicile to the exclusion of others. I intend to remain permanently a bona fide resident of the city during the entire term of office for which I am a candidate.

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING LOYALTY OATH AND OATH OF CANDIDATE AND THAT THE FACTS STATED IN EACH ARE TRUE.**

SIGN HERE



[Signature]  
Signature of Candidate

1041 N.E 178 Ter (305) 710-7919  
Residence Address Day Phone

Sworn to and subscribed before me this 21 day of August, 2020, at  
Miami Dade County, Florida.

Andrise Bernard  
(Signature and title of officer administering oath)

\*\*\*Name may not be changed after the end of qualifying

(File in Duplicate)



miamidade.gov

Elections

2700 NW 87th Avenue

Miami, Florida 33172

T 305-499-8683

305-499-8547

305-499-8480

CITY CLERK'S OFFICE  
AUG 21 PM 3:14

Miami-Dade County, FL / Condado de Miami-Dade, FL / Konte Miami-Dade, FL

**Christina White**

Supervisor of Elections / Supervisor de Elecciones / Sipèvizè Eleksyon

**Voter Registration Receipt**

**Comprobante de Inscripción del Elector**

**Resi Enskripsyon Votè**

Date / Fecha / Dat	08/17/2020
Time / Hora / Lè	04:37 PM
Regn Number / Número de Registración / Nimewo Enskripsyon	102402723
Voter Name / Nombre de Votante / Non Votè	St Fort, Evans S
Residence / Residencia / Domisil	1648 NE 158Th St N Miami Beach FL 33162
Mailing Address / Dirección postal / Adrès Postal	16480 NE 9Th Ave N Miami Beach FL 33162
Voter Status / Estado del elector / Estati Votè	1(A) Active Voter
Birth Date / Fecha de Nacimiento / Dat Nesans	Jan/11/1979
Birth Place / Lugar del Nacimiento / Lye Nesans	FL
Sex / Sexo / Sèks	M
Race / Raza / Ras	3
Party / Partido / Pati Politik	NPA
Precinct / Precinto / Biwo Votè	127.0 Washington Park Community Center 15290 NE 15 Ct Late Activation 5pm

Registration Date / Fecha de Inscripción / Dat Enskripsyon	Jul/21/2004
Assistance Required / Requiere asistencia / Bezwen Asistans	N

*Witness my hand and official seal at Miami-Dade County, FL,  
Firmo de mi puño y letra y estampo el sello oficial del Condado de Miami-Dade County, FL,  
Temwen siyati mwen ak so ofisyèl nan Konte Miami-Dade County, FL,  
on Aug/17/2020 / este día Aug/17/2020 / jou Aug/17/2020*

**Christina White**  
Supervisor of Elections  
Miami-Dade County, FL

By:

*Delivering Excellence Every Day*



miamidade.gov

Elections

2700 NW 87th Avenue  
Miami, Florida 33172  
T 305-499-8683 / 305-499-8547  
305-499-8480

CITY CLERK'S OFFICE  
AUG 21 PM 3:14

Miami-Dade County, FL / Condado de Miami-Dade, FL / Konte Miami-Dade, FL

**Christina White**

Supervisor of Elections / Supervisor de Elecciones / Sipèvizè Eleksyon

**Voter Registration Receipt**

**Comprobante de Inscripción del Elector**

**Resi Enskripsyon Votè**

Date / Fecha / Dat	08/17/2020
Time / Hora / Lè	04:37 PM
Regn Number / Número de Registración / Nimewo Enskripsyon	102402723
Voter Name / Nombre de Votante / Non Votè	St Fort, Evans S
Residence / Residencia / Domisil	1648 NE 158Th St N Miami Beach FL 33162
Mailing Address / Dirección postal / Adrès Postal	16480 NE 9Th Ave N Miami Beach FL 33162
Voter Status / Estado del elector / Estati Votè	1(A) Active Voter
Birth Date / Fecha de Nacimiento / Dat Nesans	Jan/11/1979
Birth Place / Lugar del Nacimiento / Lye Nesans	FL
Sex / Sexo / Sèks	M
Race / Raza / Ras	3
Party / Partido / Pati Politik	NPA
Precinct / Precinto / Biwo Vòt	127.0 Washington Park Community Center 15290 NE 15 Ct Late Activation 5pm
Registration Date / Fecha de Inscripción / Dat Enskripsyon	Jul/21/2004
Assistance Required / Requiere asistencia / Bezwen Asistans	N

*Witness my hand and official seal at Miami-Dade County, FL,  
Firmo de mi puño y letra y estampo el sello oficial del Condado de Miami-Dade County, FL,  
Temwen siyati mwen ak so ofisyèl nan Konte Miami-Dade County, FL,  
on Aug/17/2020 / este día Aug/17/2020 / jou Aug/17/2020*

**Christina White**  
Supervisor of Elections  
Miami-Dade County, FL

By:

*Delivering Excellence Every Day*

LEASE - RESIDENTIAL

CITY CLERK'S OFFICE  
20 AUG 21 PM 3:14

1. PARTIES. The parties to this lease are:

- 1.1 Valene Francois, with a mailing address at 1041 N.E 178, North Miami Beach, FL, 33162, as LESSOR; and
- 1.2 EVANS St Fort, with a mailing address at 1640 N.E 19, North Miami Beach, FL, 33162, as LESSEE.

2. PREMISES.

2.1 Lessor hereby leases to Lessee the following property (the premises):

1041 N.E 178 terrace North Miami Beach 33162

3. TERM.

3.1 This lease begins on 08/01/2020 and ends on 12/01/2020, unless sooner terminated (the term).

4. RENT. Lessee agrees to pay Lessor and Lessor agrees to accept the following sums as rent:

4.1 Base Rent.

4.1.1 The sum of 500.00 as annual rent payable in equal monthly installments of \$ \_\_\_\_\_.

4.2 Additional Rent. The following will be considered additional rent payable on the date that installments of base rent are due unless otherwise provided:

4.2.1 All other costs or charges to be borne by Lessee under this lease whether or not advanced by Lessor.

4.3 All rent must be paid in United States currency without demand, setoff, or deduction to Lessor at the address provided in section 1.

5.2. USE OF THE PREMISES.

5.1 The premises will be used and occupied by Lessee as their private residence and for no other purpose.

6. ALTERATIONS.

6.1 Lessee will make no changes, alterations, or additions in or about the premises

without first obtaining Lessor's written consent.

7. ASSIGNMENT.

7.1 Lessee will not assign this lease or sublet the premises or permit guests to remain for more than one week at a time without first obtaining Lessor's written consent.

8. COMPLIANCE WITH REGULATIONS.

8.1 Lessee must abide by and comply with all governmental laws, ordinances, rules, and orders that apply to tenants of dwelling units.

9. CONDITION OF THE PREMISES.

9.1 Lessee has examined the premises on the date of this lease and finds them in clean and orderly condition and good repair and finds all appliances in good working order.

10. REPAIRS AND MAINTENANCE.

10.1 Lessee will keep and maintain the premises fixtures, appliances and appurtenances in good sanitary condition during the term of this lease.

10.2 Lessee will use the premises with due care and will pay for any repairs that are necessitated by any lack of care by Lessee or Lessee's family, guests, or invitees.

10.3 Lessor will make all necessary repairs to the premises within a reasonable time after Lessee notifies Lessor of the need for repairs.

11. RIGHT OF ENTRY.

11.1 Lessor or Lessor's agents or employees will have the right to enter the premises at reasonable hours and times to confirm compliance by Lessee with the provisions of this lease that Lessee is required to perform, to inspect the premises, to make such repairs or alterations as Lessor considers proper, or to exhibit the premises to prospective purchasers, mortgage lenders, or tenants.

11.2 Lessor will provide Lessee with reasonable notice before entering the premises.

12. SECURITY DEPOSIT.

12.1 In addition to the receipt of advance rent specified in section 4.1.2, Lessor acknowledges receipt of \$200.00 from Lessee as security for the faithful performance by Lessee of obligations under this lease. The security deposit may not be applied by Lessee as rent.

12.2 Lessor will have 15 days after termination of this lease in which to return the

security deposit to Lessee, unless Lessor intends to impose a claim on the security deposit as provided by law.

13. SUBORDINATION.

13.1 This lease is expressly subject to and subordinate to all mortgages and security agreements that may now be or hereafter become a lien on the premises, and to any renewals, modifications, replacements, or extensions thereof, and Lessee agrees that this subordination is and will remain self-operating without execution by Lessee of any document other than this lease. If any further document is required by any lender to evidence the purpose of this provision, Lessee will comply promptly with the requirements of the lender on demand of Lessor.

14. UTILITIES.

14.1 Lessee must pay their portion for utility services as they come due.

14.2 No interruption of utility services will relieve Lessee from any obligations under this lease.

15. WASTE.

15.1 Lessee will not commit or permit any waste of the premises, and on termination of this lease Lessee must immediately surrender the premises in good order and condition and return all keys to Lessor.

16. DEFAULT. Time is of the essence in the performance of this lease, and Lessee will be considered in default if:

16.1 Lessee fails to pay rent for 30 days after payment is due; or

16.2 Lessee fails to perform or observe any of Lessee's agreements or conditions under this lease to be performed or observed by Lessee, other than the payment of rent, for 30 days after demand for performance by Lessor.

17. ABANDONMENT OR SURRENDER. **BY SIGNING THIS RENTAL AGREEMENT, LESSEE AGREES THAT, ON SURRENDER, ABANDONMENT, OR RECOVERY OF POSSESSION OF THE DWELLING UNIT DUE TO THE DEATH OF THE LAST REMAINING TENANT, AS PROVIDED BY FLORIDA STATUTES, LESSOR SHALL NOT BE LIABLE OR RESPONSIBLE FOR STORAGE OR DISPOSITION OF LESSEE'S PERSONAL PROPERTY.**

18. REMEDIES. If Lessee defaults, Lessor may exercise any of the following remedies in addition to all other remedies provided by law:

18.1 Perform any act or do anything required under this lease to be performed by Lessee.

18.2 Accelerate the maturity of all rent due and to become due during the remainder of the term.

19. GENERAL PROVISIONS.

19.1 The parties agree to waive trial by jury in any action between them arising out of or in any way connected with this lease or Lessee's use or occupancy of the premises.

19.2 This lease contains the entire agreement between the parties, and any agreement to amend or modify this lease will be ineffective unless it is in writing and signed by both parties.

19.3 Lessee's obligation to observe or perform the covenants will survive the termination of this lease.

19.4 Lessor provides the following disclosures in accordance with federal and state statutes:

Lead-Based Paint Disclosure: Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.

Radon Gas Disclosure: Radon is a naturally occurring radioactive gas that, when it has accumulated in a building in sufficient quantities, may present health risks to persons who are exposed to it over time. Levels of radon that exceed federal and state guidelines have been found in buildings in Florida. Additional information regarding radon and radon testing may be obtained from your county public health unit.

Executed by the parties on 08/01/2020.

Signed, sealed, and delivered by

LESSOR *Yolene Francois*

YOLENE FRANCOIS  
Print Name

LESSEE: *[Signature]*

EVANS St Fort  
Print Name

with check

LEASE – RESIDENTIAL

CITY CLERK'S OFFICE  
20 AUG 21 09:14

1. PARTIES. The parties to this lease are:

1.1 MARIE YANICK PIERRE, with a mailing address at 1648 NE 158 St, North Miami Beach, FL, 33162, as LESSOR; and

1.2 EVANS ST. FORT, with a mailing address at 16480 NE 19th AVE, North Miami Beach, FL, 33162, as LESSEE.

2. PREMISES.

2.1 Lessor hereby leases to Lessee the following property (the premises):

1648 NE 158 ST., North Miami Beach, FL 33162 (Room A)

3. TERM.

3.1 This lease begins on 08/01/2019, and ends on 07/31/2020, unless sooner terminated (the term).

4. RENT. Lessee agrees to pay Lessor and Lessor agrees to accept the following sums as rent:

4.1 Base Rent.

4.1.1 The sum of \$6000 as annual rent payable in equal monthly installments of \$500.00.

4.2 Additional Rent. The following will be considered additional rent payable on the date that installments of base rent are due unless otherwise provided:

4.2.1 All other costs or charges to be borne by Lessee under this lease whether or not advanced by Lessor.

4.3 All rent must be paid in United States currency without demand, setoff, or deduction to Lessor at the address provided in section 1.

5. USE OF THE PREMISES.

5.1 The premises will be used and occupied by Lessee as their private residence and for no other purpose.

6. ALTERATIONS.

6.1 Lessee will make no changes, alterations, or additions in or about the premises without first obtaining Lessor's written consent.

7. ASSIGNMENT.

7.1 Lessee will not assign this lease or sublet the premises or permit guests to remain for more than one week at a time without first obtaining Lessor's written consent.

8. COMPLIANCE WITH REGULATIONS.

8.1 Lessee must abide by and comply with all governmental laws, ordinances, rules, and orders that apply to tenants of dwelling units.

9. CONDITION OF THE PREMISES.

9.1 Lessee has examined the premises on the date of this lease and finds them in clean and orderly condition and good repair and finds all appliances in good working order.

10. REPAIRS AND MAINTENANCE.

10.1 Lessee will keep and maintain the premises fixtures, appliances and appurtenances in good sanitary condition during the term of this lease.

10.2 Lessee will use the premises with due care and will pay for any repairs that are necessitated by any lack of care by Lessee or Lessee's family, guests, or invitees.

10.3 Lessor will make all necessary repairs to the premises within a reasonable time after Lessee notifies Lessor of the need for repairs.

11. RIGHT OF ENTRY.

11.1 Lessor or Lessor's agents or employees will have the right to enter the premises at reasonable hours and times to confirm compliance by Lessee with the provisions of this lease that Lessee is required to perform, to inspect the premises, to make such repairs or alterations as Lessor considers proper, or to exhibit the premises to prospective purchasers, mortgage lenders, or tenants.

11.2 Lessor will provide Lessee with reasonable notice before entering the premises.

12. SECURITY DEPOSIT.

12.1 In addition to the receipt of advance rent specified in section 4.1.2, Lessor acknowledges receipt of \$200.00 from Lessee as security for the faithful performance by Lessee of obligations under this lease. The security deposit may not be applied by Lessee as rent.

12.2 Lessor will have 15 days after termination of this lease in which to return the security deposit to Lessee, unless Lessor intends to impose a claim on the security deposit

as provided by law.

13. SUBORDINATION.

13.1 This lease is expressly subject to and subordinate to all mortgages and security agreements that may now be or hereafter become a lien on the premises, and to any renewals, modifications, replacements, or extensions thereof, and Lessee agrees that this subordination is and will remain self-operating without execution by Lessee of any document other than this lease. If any further document is required by any lender to evidence the purpose of this provision, Lessee will comply promptly with the requirements of the lender on demand of Lessor.

14. UTILITIES.

14.1 Lessee must pay their portion for utility services as they come due.

14.2 No interruption of utility services will relieve Lessee from any obligations under this lease.

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17. **ABANDONMENT OR SURRENDER. BY SIGNING THIS RENTAL AGREEMENT, LESSEE AGREES THAT, ON SURRENDER, ABANDONMENT, OR RECOVERY OF POSSESSION OF THE DWELLING UNIT DUE TO THE DEATH OF THE LAST REMAINING TENANT, AS PROVIDED BY FLORIDA STATUTES, LESSOR SHALL NOT BE LIABLE OR RESPONSIBLE FOR STORAGE OR DISPOSITION OF LESSEE'S PERSONAL PROPERTY.**

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18.2 Accelerate the maturity of all rent due and to become due during the remainder of the term.

19. GENERAL PROVISIONS.

19.1 The parties agree to waive trial by jury in any action between them arising out of or in any way connected with this lease or Lessee's use or occupancy of the premises.

19.2 This lease contains the entire agreement between the parties, and any agreement to amend or modify this lease will be ineffective unless it is in writing and signed by both parties.

19.3 Lessee's obligation to observe or perform the covenants will survive the termination of this lease.

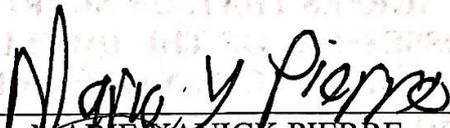
19.4 Lessor provides the following disclosures in accordance with federal and state statutes:

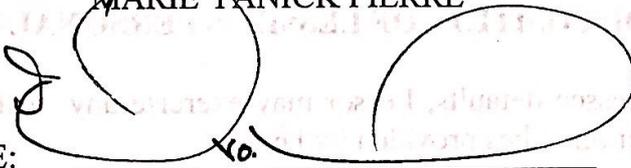
**Lead-Based Paint Disclosure:** Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.

**Radon Gas Disclosure:** Radon is a naturally occurring radioactive gas that, when it has accumulated in a building in sufficient quantities, may present health risks to persons who are exposed to it over time. Levels of radon that exceed federal and state guidelines have been found in buildings in Florida. Additional information regarding radon and radon testing may be obtained from your county public health unit.

Executed by the parties on August 01, 2019.

Signed, sealed, and delivered by

LESSOR   
MARIE YANICK PIERRE

LESSEE:   
EVANS ST. FORT