

2025 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 04/16/2026

General Information

Name: Hon Carlos Manuel Guzman

PID

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, Miami-Dade County, FL	Circuit Judge (Group 73)

Net Worth

My Net Worth as of December 31, 2025 was \$ 1,077,000.00.

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DIVISION OF ELECTIONS
TALLAHASSEE, FL

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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 \$ 100,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Land, 1.5 acres, Country Enchantment, Murphy, NC 28906	\$ 10,000.00
Checking/Savings Accounts (JP Morgan Chase, Waterville, OH 43086	\$ 2,000.00
IRA Account (Raymond James, Newtown, PA 18940)	\$ 4,000.00
Residence/Home (Confidential)	\$ 1,500,000.00
FRS (Investment Plan Administrator, Orlando, FL 32878)	\$ 700,000.00

Liabilities**LIABILITIES IN EXCESS OF \$1,000:**

Name of Creditor	Address of Creditor	Amount of Liability
Seacoast Bank (Mortgage Loan)	396 Alhambra Circle, Suite 255, Coral Gables, FL 33134	\$ 1,000,000.00
Beyond Finance, LLC	7322 Southwest Freeway, Houston, TX 77074	\$ 204,000.00
USAA	9800 Fredericksburg Road, San Antonio, TX 78288	\$ 15,000.00
State of Florida Deferred Compensation	PO Box 182797, Columbus, OH 43218	\$ 20,000.00

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
State of Florida Courts	Tallahassee, FL 32399	\$ 200,836.00
NCAA	Charlotte, NC 28202	\$ 50,000.00

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
N/A			

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.

Carlos Manuel Guzman

Digitally signed: 04/16/2026

Filed with COE: 04/16/2026

**Form 6A. Disclosure of Gifts, Expense Reimbursements or Payments, and Waivers
of Fees and Charges**

All judicial officers must file with the Florida Commission on Ethics a list of all reportable gifts accepted, and reimbursements or direct payments of expenses, and waivers of fees or charges accepted from sources other than the state or a judicial branch entity as defined in Florida Rule of Judicial Administration 2.420(b)(2), during the preceding calendar year as provided in Canons 5D(5)(a) and 5D(5)(h), Canon 6A(3), and Canon 6B(2) of the Code of Judicial Conduct, by date received, description (including dates, location, and purpose of event or activity for which expenses, fees, or charges were reimbursed, paid, or waived), source's name, and amount for gifts only.

Name: Carlos Guzman Work Telephone: 305-679-1450

Work Address: 155 NW 3rd Street, Miami, FL 33128 Judicial Office Held: Circuit Judge

1. Please identify all reportable gifts, bequests, favors, or loans you received during the preceding calendar year, as required by Canons 5D(5)(a), 5D(5)(h), and 6B(2) of the Code of Judicial Conduct.

DATE	DESCRIPTION	SOURCE	AMOUNT
N/A			\$
			\$
			\$
			\$

☐ Check here if continued on separate sheet

2. Please identify all reportable reimbursements or direct payments of expenses, and waivers of fees or charges you received during the preceding calendar year, as required by Canons 6A(3) and 6B(2) of the Code of Judicial Conduct.

DATE	DESCRIPTION (Include dates, location, and purpose of event or activity for which expenses, fees, or charges were reimbursed, paid or waived)	SOURCE
N/A		

☐ Check here if continued on separate sheet

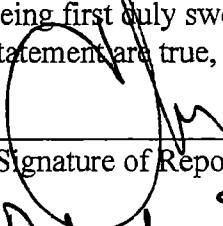
CONTINUE TO PAGE 2 FOR OATH

OATH

State of Florida

County of **Miami-Dade**

I, **Carlos Guzman**, the public official filing this disclosure statement, being first duly sworn, do depose on oath and say that the facts set forth in the above statement are true, correct, and complete to the best of my knowledge and belief.


(Signature of Reporting Official)

Deborah Saumell
(Signature of Officer Authorized to Administer Oaths)

My Commission expires **April 24, 2029**



DEBORAH SAUMELL
Commission # HH 669075
Expires April 24, 2029

Sworn to and subscribed before me this

17th day of **April**, 20**26**

Print Form

Reset Form

Form 6B. Report of Business Interests

Instructions: List the names of any corporations or business entities, not otherwise identified on Form 6, in which you had a financial interest as of December 31 of the preceding year. If no business interests, or the interests are already identified on Form 6, then indicate "None," or "N/A." Attach additional pages as necessary. This form is filed only with the JQC.

Name of Judge: Carlos Guzman Telephone: 5-679-17

Address: _____ Position: _____

Name of Business Entity

N/A

I certify that the foregoing information is complete, true, and correct.

JUDGE'S SIGNATURE

OATH

State of Florida,

County of Miami Dade.

Sworn to (or affirmed) and subscribed before me by means of

☒ physical presence or ☐ online notarization, this 17th day of April.

2020, by Carlos Guzman (Name of Judge).

Deborah Saumell
(Signature of Notary)

Personally Known ☒, or Produced Identification _____

Identification Produced: _____



DEBORAH SAUMELL
Commission # HH 669075
Expires April 24, 2029