

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90184 019 ***150.00

DOCUMENT # P97000101578

1. Entity Name
Operation Leverage, Inc.
777 Brickell Avenue, Suite 1070
Miami, FL. 33131



DO NOT WRITE IN THIS SPACE

90089031

2. Principal Place of Business

777 Brickell Ave

3. Mailing Address

same

Suite, Apt. #, etc.

1070

Suite, Apt. #, etc.

City & State

Miami, FL.

City & State

Zip

33131

Country

USA

Zip

Country

4. FEI Number

65-0805063

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Louis Montello

Street Address (P.O. Box Number is Not Acceptable)

777 Brickell Avenue

Suite 1070

City

Miami

FL

Zip Code

33131

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TJ Holtkamp
777 Brickell Ave, #1070
Miami, FL. 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTS
Robert Jacobs
20730 NG 31 Plce
Aventura, FL. 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT JACOBS

4/11/03

305.931.2683

CR2E034B (12/02)