

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000091933**1. Entity Name  
**BROCCOLI, INC.**Principal Place of Business  
**1539 NW 3RD AVENUE  
MIAMI FL 33136**Mailing Address  
**1539 NW 3RD AVENUE  
MIAMI FL 33136**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**FILED**  
**Sep 15, 2002 8:00 am**  
**Secretary of State**

09-15-2002 90092 017 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0792141**Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**AL BADRI, TAREQ  
1539 NW 3RD AVENUE  
MIAMI FL 33136**

Name

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

City

**FL**

Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$550.00  
After September 13, 2002 Fee will be \$750.00  
Make Check Payable to Department of State**10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 11. OFFICERS AND DIRECTORS

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST AL BADRI, ZUHDI 1539 NW 3RD AVENUE MIAMI FL 33136</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D AL BADRI, ZUHDI 1539 NW 3RD AVENUE MIAMI FL 33136</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

08/09/02

Date

Daytime Phone #

0122112 AT

CR2E034 (4/02)

Attachment

871933

09/31/02

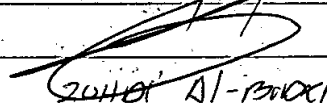
#P97000091933

To: Division of Corporations

Subject: Broccoli Inc.  
Annual Report 2002

As per our conversation on 09/06/02 that  
we never received the first submission of the  
Annual Report, but only the second report and that  
you would waive the penalty. Enclosed find our 2002  
annual report with the original fee of \$150<sup>00</sup>.  
Sorry for any inconvenience this may have caused

Sincerely yours

  
Zuhair Al-Broxi