


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

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90228 029 ***150.00

DOCUMENT # P00000037850
1. Entity Name DHAKA TEL INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1489 N Military Trail
Suite, Apt. #, etc. Suite # 115 - "A"
City & State West Palm Beach, Florida

3. Mailing Address
4765, Waverly Wood Terr
Suite, Apt. #, etc.
City & State Lake Worth, Florida
Zip 33409 Country USA Zip 33463 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0999685 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name IDRISH AHMED
Street Address (P.O. Box Number is Not Acceptable) 4765, Waverly Wood Terrace
City Lake Worth State FL Zip Code 33463

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] IDRISH AHMED DATE 03/26/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<u>PRESIDENT IDRISH AHMED 4765, WAYERLY WOOD TERRACE LAKE WORTH, FL-33463</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VICE PRESIDENT JAHIR AHMED 4765, WAYERLY WOOD TERRACE LAKE WORTH, FL-33463</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DIRECTOR SABIR AHMED 4765, WAYERLY WOOD TERRACE LAKE WORTH, FL-33463</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DIRECTOR ETI AHMED 4765, WAYERLY WOOD TERRACE LAKE WORTH, FL-33463</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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] DATE 03/26/03 (561) 628-7557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)