


**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  
Zip 33409 Country USA

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

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. Type 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, WAVERLY 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, WAVERLY 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, WAVERLY WOOD TERRACE LAKE WORTH, FL-33463</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DIRECTOR ETI AHMED 4765, WAVERLY 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)