

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

REVISED
 FILED

DOCUMENT # P94000041472
 1. Entity Name
 Dish Food Inc.

02 AUG -5 PM 1:33

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business, Suite, Apt. #, etc. **1153 N. Military Trail**
 3. Mailing Address, Suite, Apt. #, etc. **1153 N. Military Trail**

DO NOT WRITE IN THIS SPACE

City & State **West Palm Beach, FL** City & State **West Palm Beach, FL**
 Zip **33409** Country **USA** Zip **33409** Country **USA**

4. FEI Number **65-0494680** 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 **Mukesh Patel**
 Street Address (P.O. Box Number is Not Acceptable) **608 Meadows Circle**
 City **Boynton Beach** **FL** Zip Code **33462**

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.

SIGNATURE *x mmpatel*

x 07/26/02

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)
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$650.00
Amended UBR is \$61.25
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

TITLE	President
NAME	Mukesh Patel
STREET ADDRESS	608 Meadows Circle
CITY - ST - ZIP	Boynton Beach, FL 33462
TITLE	Vice President
NAME	Ranjan Patel
STREET ADDRESS	608 Meadows Circle
CITY - ST - ZIP	Boynton Beach, FL 33462
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	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *x mmpatel*

x 07/26/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR 034B (12/01)

7/27/02