FILED Jan 15, 2002 8:00 am Secretary of State 01-15-2002 90007 038 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

P01000077980

DOCUMENT # 1. Entity Name

METRO INTERNATIONAL INC.

Principal Place of Business

Mailing Address

1800 S. FRENCH AVE. SANFORD FL 32771

1800 S. FRENCH AVE. SANFORD FL 32771

2. Principal Place of Business	3. Mailing Address
1800 S. FRENCH AVE	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

SAN A	ORD- FL-	City & State		4. FEI Number X Applied For Sq - 373 8 8 2 6 Not Applied For					
Zip 32	771 Country 5	Zip	Country		Certificate of Status Desired		\$8.75 Ad Fee Require	ditional	
	6. Name and Address of Current Re	egistered Agent	nona	7.~ N	lame and Address of New Re	gistered A	gent		
			Name						
AKKOUCHE, SADDALLAH			Street Ac	Street Address (P.O. Box Number is Not Acceptable)					
110 SPIN	NAKER DR.		Oli Get 7 te	idress (1 .O. D	ox Namber is Not Acceptable)				
	AYTONA FL 32119								
	, , .		City				Zip Cod	la	
· ~			Oity			FL	2,000		
8. The above	e named entity submits this statement for t	he purpose of changing its r	egistered office or	registered age	ent, or both, in the State of Flori	da.			
~ ,									
SIGNATURE .									
	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE:	Registered Agent signatur	e required when re	instating)	DATE			
9. This corpo	oration is eligible to satisfy its Intangible	FILE NOW!	FEE IS \$150.0	0					
	requirement and elects to do so.	After May 1, 200			 Election Campaign Finar Trust Fund Contribution. 	· -		\$5.00 May Be Added to Fees	
(See crite	ria on back) 🙀	Make Check Payable			rrust Fund Contribution.		Added	a to Fees	
11.	OFFICERS AND D	_I IRECTORS	12.	AD	L. DITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	S IN 11	
TITLE	Presedend	□ Delete	TITLE				Change	☐ Addition	
NAME	SAIDE AKKOUCHE		NAME					_	
STREET ADDRESS	741 8 CREEKWATE	RTERRACE#21	STREET ADDRESS						
CITY-ST-ZIP	LAKE MARY-FL- 32	746	CITY-ST-ZIP						
TITLE	CCCBATARV	Γ [*] 1 =	TITLE				Change	☐ Addition	
NAME	SAADALLAH AKKOUC	HE	NAME						
STREET ADDRESS	SAADALLAH AKKOUC 741 CREEK WATER T	ERRACE# 415	STREET ADDRESS						
CITY-ST-ZIP	LAKE MARY- FL-3	1946	CITY-ST-ZIP						
TITLE		☐ Delete [*]	TITLE				☐ Change	☐ Addition	
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				Change	Addition	
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				☐ Change	Addition	
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				Change	☐ Addition	
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY_CT_7ID			CITY OT 71D						

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

SIGNATURE: Sand VAC