

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K71589

1. Entity Name

ROOFCRAFT INTERNATIONAL, INC.

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90083 044 \*\*\*150.00

Principal Place of Business

Mailing Address

5945 SW 91ST ST  
MIAMI FL 33156  
US

5945 SW 91ST ST  
MIAMI FL 23514-3129  
US

2. Principal Place of Business

555 MAIN STREET

3. Mailing Address

555 MAIN STREET

Suite, Apt. #, etc.

Suite 1610

Suite, Apt. #, etc.

Suite 1610

City & State

Norfolk, VIRGINIA

City & State

NORFOLK, VIRGINIA

Zip

23510

Country

USA

Zip

23510

Country

USA

4. FEI Number

65-0109597

Applied For

Not Applicable

5. 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

FERENEIK, ROBERT E JR  
150 SOUTH PINE ISLAND RD.  
SUITE 400  
FORT LAUDERDALE FL 33324

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.

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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	VSD FRIDZNSON, STEFAN LAUGARASUEGUR 37 MIAMI FL 33196	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PALSSON, MAGNUS 9646 SW 155 COURT MIAMI FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PALSSON, MAGNUS 9646 SW 155 COURT MIAMI D FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC SVEINSSON, JON BARONSSSTIGUR 5, 105 REYKJAVIK ICELAND	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, DAVID R 215 SEMINOLE AVENUE PALM BEACH FL 33480	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIGURJONSSON, SIGURDUR REYKJAVIKURVEGUR 60, 220 HAFNAFJORDUR ICELAND	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAGNUS PALSSON

4/29/00

Date

953-623-5116

Daytime Phone #

CR2E034 (9/99)