

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000007286

1. Entity Name
ALON USA, INC.

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90008 034 ***150.00

Principal Place of Business
701 BRICKELL AVENUE
SUITE 3000
MIAMI FL 33131

Mailing Address
701 BRICKELL AVENUE
SUITE 3000
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1160 E. Hallandale Bch Blvd.

3. Mailing Address
Same

Suite, Apt. #, etc.
A

Suite, Apt. #, etc.
-

City & State
Hallandale, FL

City & State
-

4. FEI Number 65-0819470

Applied For
Not Applicable

Zip 33009 Country USA

Zip - Country -

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

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE
SUITE 3000
MIAMI FL 33131

Name
Roberto Szerer
Street Address (P.O. Box Number is Not Acceptable)
1160 E. Hallandale Bch Blvd Suite A
City Hallandale FL Zip Code 33009

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] (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, 2001 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	PDS	<input type="checkbox"/> Delete
NAME	SZERER, ROBERTO	
STREET ADDRESS	701 BRICKELL AVE, STE 3000	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	DVAS	<input type="checkbox"/> Delete
NAME	DURCHFORT, RONALD	
STREET ADDRESS	701 BRICKELL AVE, STE 3000	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Szerer, Roberto	
STREET ADDRESS	1160 E. Hallandale Bch Blvd Suite A	
CITY-ST-ZIP	Hallandale, FL 33009	
TITLE	PDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Durchfort, Ronald	
STREET ADDRESS	1160 E. Hallandale Bch Blvd Suite A	
CITY-ST-ZIP	Hallandale, FL 33009	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/00)