

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 829731

1. Entity Name

SYRO STEEL COMPANY

Principal Place of Business

2525 STEMMONS FRWY  
DALLAS TX 75207  
US

Mailing Address

P. O. BOX 35721  
DALLAS TX 75235-0721  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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, 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

TITLE	P	<input type="checkbox"/> Delete
NAME	SYAK, HARRY A.	
STREET ADDRESS	2525 STEMMONS FRWY	
CITY-ST-ZIP	DALLAS TX	
TITLE	VD	<input type="checkbox"/> Delete
NAME	IVY, JIM S	
STREET ADDRESS	2525 STEMMONS FRWY	
CITY-ST-ZIP	DALLAS TX	
TITLE	T	<input type="checkbox"/> Delete
NAME	SHOOP, NEIL O.	
STREET ADDRESS	2525 STEMMONS FRWY	
CITY-ST-ZIP	DALLAS TX	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	FORTADO, MICHAEL G	
STREET ADDRESS	2525 STEMMONS FRWY	
CITY-ST-ZIP	DALLAS TX	
TITLE	AT	<input type="checkbox"/> Delete
NAME	HARVOT, RON A	
STREET ADDRESS	2525 STEMMONS FRWY	
CITY-ST-ZIP	DALLAS TX	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALLACE, TIMOTHY R	
STREET ADDRESS	2525 STEMMONS FRWY	
CITY-ST-ZIP	DALLAS TX	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ron A. Harvot, Asst Treas.

Date

(214) 587-8291

Daytime Phone #

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90165 001 \*\*\*600.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **34-0668935**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

CR2E034 (10/00)