

DOCUMENT # P99000071327  
1. Entity Name  
FEDERAL SYSTEMS ELECTRIC INC.

Principal Place of Business Mailing Address  
6821 SW 83RD PLACE 6821 SW 83RD PLACE  
MIAMI FL 33143 MIAMI FL 33143

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  
MORALES, ORLANDO  
6821 SW 83RD PLACE  
MIAMI FL 33143

FILED  
00 DEC 11 PM 4:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
DO NOT WRITE IN THIS SPACE  
4. FEI Number 105-0940265  
Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City Miami FL Zip Code 33155

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 *Orlando Morales* (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. ☐ FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 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	PTVS MORALES, ORLANDO 6821 SW 83RD PLACE MIAMI FL 33143 <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	D MORALES, ORLANDO 6821 SW 83RD PLACE MIAMI FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600003514656-15 -12/27/00--01073--005 ****150.00 ****150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 another like empowered.  
SIGNATURE: *Orlando Morales* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date Daytime Phone #

6601 SW 46<sup>TH</sup> STREET  
MIAMI, FL 33155

November 24, 2000

Florida Dept. Of State  
Tallahassee, FL 32399

REF: Doc. #P99000071327

To Whom It May Concern:

I am writing to your office because we never received our annual report. I have enclosed a check in the amount of \$150.00 in order to pay the annual fees for the year 2000. I did receive the second notice where you are charging a penalty for late filing. I ask that you please waive the penalty because by the time I finally received a notice from you, my wife was in the hospital and I was not able to attend to anything at all. Your prompt attention will be greatly appreciated and I apologize for any inconveniences this may have caused

Thank you,

Orlando Morales