2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000897

1. Entity Name

TAFAZZOLI FAMILY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 19 PM 1:25

Principal Place of Business	Mailing Address
2700 N MILITARY TRAIL. SUITE 200 BOCA RATON FL 33431	2700 N MILITARY TRAIL. SUITE 200 BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0935254 ☐ 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
NOWAK, MARK L 2600 N. MILITARY TRAIL, 4TH FLOOR BOCA RATON FL 33431	Name: Farshid Tafazzoli Street Address (P.O. Box Number is Not Acceptable): c/o onlinetradinginc.com 2700 N. Military Trail, 2nd Floor City: Boca Raton FL Zip Code 33431

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 ____________ DATE 7/17/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	$250,000.00	10. Amount of Capital Contributions in FLORIDA to date.	$250,000.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12.	GENERAL PARTNER INFORMATION	13.	ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	PMA CORP. 2700 N MILITARY TRAIL, SUITE 200 BOCA RATON FL 33431	STREET ADDRESS CITY-ST-ZIP	00000337320--0 07/26/00 01104 001 ****526.25 ****526.25
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CR2E003 (5/00)

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED Farshid Tafazzoli, President of PMA Corp. 7/17/00 561-995-1010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #