

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90610 017 ***150.00

DOCUMENT # P97000017505

1. Entity Name

AURA LABORATORIES, INC.

Principal Place of Business

Mailing Address

**4001 SOUTHWEST 47TH AVENUE
 SUITE 201
 FT LAUDERDALE FL 33314**

**4001 SOUTHWEST 47TH AVENUE
 SUITE 201
 FT LAUDERDALE FL 33314-4030**

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

65-0396301

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

**LODIN, SCOTT
 4001 SOUTHWEST 47TH AVENUE
 SUITE 201
 FT LAUDERDALE FL 33314**

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 Delete
 NAME **D**
 STREET ADDRESS **COHEN, A P**
 CITY-ST-ZIP **4001 SW 47TH AVE**
FT LAUD FL 33314

TITLE Change Addition
 NAME **VP**
 STREET ADDRESS **Brian Smith**
 CITY-ST-ZIP **4001 SW 47th Avenue**
Ft. Lauderdale, FL 33314

TITLE Delete
 NAME **PD**
 STREET ADDRESS **HAHN, E F**
 CITY-ST-ZIP **4001 SW 47 AVE**
FT LAUD FL 33314

TITLE Change Addition
 NAME **Executive VP**
 STREET ADDRESS **Lawrence Friedhoff, M.D., Ph.D.**
 CITY-ST-ZIP **4001 SW 47th Avenue**
Ft. Lauderdale, FL 33314

TITLE Delete
 NAME **D**
 STREET ADDRESS **CHEN, C J**
 CITY-ST-ZIP **4001 SW 47TH AVE**
FT LAUD FL 33314

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VPS**
 STREET ADDRESS **LODIN, S**
 CITY-ST-ZIP **4001 SW 47TH AVE**
FT LAUD FL 33314

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VPT**
 STREET ADDRESS **MALAHIAS, A C**
 CITY-ST-ZIP **4001 SW 47TH AVE**
FT LAUD FL 33314

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VP**
 STREET ADDRESS **CHENG, H**
 CITY-ST-ZIP **4001 SW 47TH AVE**
FT LAUD FL 33314

TITLE Change 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

Scott Lodin
Scott Lodin

4/24/00
 Date

(954) 584-0300
 Daytime Phone #

CR2E034 (9/99)