

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 06, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000017505**

1. Entity Name  
**AURA LABORATORIES, INC.**

Principal Place of Business 4001 SOUTHWEST 47TH AVENUE SUITE 201 FT LAUDERDALE FL 33314	Mailing Address 4001 SOUTHWEST 47TH AVENUE SUITE 201 FT LAUDERDALE FL 33314
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2. Principal Place of Business 4491 STATE ROAD 7	3. Mailing Address 4955 ORANGE DRIVE
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Suite, Apt. #, etc.	Suite, Apt. #, etc. ATTN: A. LICHTER
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City & State DAVIE FL	City & State DAVIE FL
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Zip 33314	Country	Zip 33314	Country
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4. FEI Number <b>65-0396301</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name  
LODIN SCOTT

Street Address (P.O. Box Number is Not Acceptable)  
4955 ORANGE DRIVE

City  
DAVIE FL Zip Code  
33314

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 **SCOTT LODIN**

**04/06/2001**

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 VP	<input type="checkbox"/> Delete
NAME CHENG H	
STREET ADDRESS 4001 SW 47TH AVE	
CITY-ST-ZIP FT LAUD FL 33314	
TITLE VPT	<input type="checkbox"/> Delete
NAME MALAHIAS A C	
STREET ADDRESS 4001 SW 47TH AVE	
CITY-ST-ZIP FT LAUD FL 33314	
TITLE VPS	<input type="checkbox"/> Delete
NAME LODIN S	
STREET ADDRESS 4001 SW 47TH AVE	
CITY-ST-ZIP FT LAUD FL 33314	
TITLE D	<input type="checkbox"/> Delete
NAME CHEN C J	
STREET ADDRESS 4001 SW 47TH AVE	
CITY-ST-ZIP FT LAUD FL 33314	
TITLE PD	<input type="checkbox"/> Delete
NAME HAHN E F	
STREET ADDRESS 4001 SW 47 AVE	
CITY-ST-ZIP FT LAUD FL 33314	
TITLE D	<input type="checkbox"/> Delete
NAME COHEN A P	
STREET ADDRESS 4001 SW 47TH AVVE	
CITY-ST-ZIP FT LAUD FL 33314	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SMITH BRIAN	
STREET ADDRESS 4955 ORANGE DRIVE	
CITY-ST-ZIP DAVIE FL 33314	
TITLE VPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MALAHIAS ANGELO C	
STREET ADDRESS 4955 ORANGE DRIVE	
CITY-ST-ZIP DAVIE FL 33314	
TITLE VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LODIN SCOTT	
STREET ADDRESS 4955 ORANGE DRIVE	
CITY-ST-ZIP DAVIE FL 33314	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHEN CHIH-MING J	
STREET ADDRESS 4955 ORANGE DRIVE	
CITY-ST-ZIP DAVIE FL 33314	
TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HAHN ELLIOT F	
STREET ADDRESS 4955 ORANGE DRIVE	
CITY-ST-ZIP DAVIE FL 33314	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COHEN ALAN P	
STREET ADDRESS 4955 ORANGE DRIVE	
CITY-ST-ZIP DAVIE FL 33314	

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: **Scott Lodin**

VPS 04/06/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)