

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

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

**DOCUMENT # P99000079362**

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

Principal Place of Business 4001 S.W. 47TH AVE.  FT. LAUDERDALE FL 33314	Mailing Address 4001 S.W. 47TH AVE.  FT. LAUDERDALE FL 33314
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2. Principal Place of Business 4955 ORANGE DRIVE  Suite, Apt. #, etc.	3. Mailing Address 4955 ORANGE DRIVE  Suite, Apt. #, etc. ATTN: A. LICHTER
City & State DAVIE FL	City & State DAVIE FL
Zip 33314	Country

4. FEI Number  
**65-0951297**

Applied For  Not Applicable

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 S.W. 47TH AVE.**  
  
**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** DATE **04/06/2001**

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

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 D <input type="checkbox"/> Delete	NAME <b>LODIN SCOTT</b>
STREET ADDRESS <b>4001 S.W. 47TH AVE.</b>	CITY-ST-ZIP <b>FT. LAUDERDALE FL 33314</b>
TITLE D <input type="checkbox"/> Delete	NAME <b>MALAHIAS ANGELO</b>
STREET ADDRESS <b>4001 S.W. 47TH AVE.</b>	CITY-ST-ZIP <b>FT. LAUDERDALE FL 33314</b>
TITLE D <input type="checkbox"/> Delete	NAME <b>HAHN ELLIOT</b>
STREET ADDRESS <b>4001 S.W. 47TH AVE.</b>	CITY-ST-ZIP <b>FT. LAUDERDALE FL 33314</b>
TITLE D <input type="checkbox"/> Delete	NAME <b>COHEN ALAN</b>
STREET ADDRESS <b>4001 S.W. 47TH AVE.</b>	CITY-ST-ZIP <b>FT. LAUDERDALE FL 33314</b>
TITLE D <input type="checkbox"/> Delete	NAME <b>CHEN CHIH-MING</b>
STREET ADDRESS <b>4001 S.W. 47TH AVE.</b>	CITY-ST-ZIP <b>FT. LAUDERDALE FL 33314</b>
TITLE D <input type="checkbox"/> Delete	NAME <b>CHEN CHIH-MING</b>
STREET ADDRESS <b>4001 S.W. 47TH AVE.</b>	CITY-ST-ZIP <b>FT. LAUDERDALE FL 33314</b>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DVPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>LODIN SCOTT</b>
STREET ADDRESS <b>4955 ORANGE DRIVE</b>	CITY-ST-ZIP <b>DAVIE FL 33314</b>
TITLE DVPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>MALAHIAS ANGELO C</b>
STREET ADDRESS <b>4955 ORANGE DRIVE</b>	CITY-ST-ZIP <b>DAVIE FL 33314</b>
TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>HAHN ELLIOT F</b>
STREET ADDRESS <b>4955 ORANGE DRIVE</b>	CITY-ST-ZIP <b>DAVIE FL 33314</b>
TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>COHEN ALAN P</b>
STREET ADDRESS <b>4955 ORANGE DRIVE</b>	CITY-ST-ZIP <b>DAVIE FL 33314</b>
TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>CHEN CHIH-MING</b>
STREET ADDRESS <b>4955 ORANGE DRIVE</b>	CITY-ST-ZIP <b>DAVIE FL 33314</b>
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: **SCOTT LODIN** DVPS **04/06/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)