

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0073227

DOCUMENT # M02000002264

1. Entity Name

AURA SCIENCE, LLC



FILED

03 APR -2 AM 7:53

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DUH



Principal Place of Business

666 FIFTH AVENUE, 4TH FLOOR
NEW YORK NY 10103

Mailing Address

666 FIFTH AVENUE, 4TH FLOOR
NEW YORK NY 10103

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 13-4143588

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
INTIMATE BEAUTY CORPORATION
888 SEVENTH AVENUE
NEW YORK NY 10106 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100015175891
04/02/03--01049--005 **50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SHISEIDO INVESTMENTS US, INC.
1301 AVENUE OF THE AMERICAS
NEW YORK NY 10019 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Shiseido Investments US, Inc.
160 Riverside Blvd., #15H
New York, NY 10069 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Intimate Beauty Corporation

SIGNATURE:

By: *Signature of Granoff* FILED GRANOFF, EVP & CAO, 3/28/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)