2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9700017505 1. Entity Name AURA LABORATORIES, INC.						FILED Apr 27, 2000 8:00 am Secretary of State			
Principal Plac 4001 SOUTHWI SUITE 201 FT LAUDERDAL	est 47th avenue	Mailing Address 4001 SOUTHWEST 47TH AVENUE SUITE 201 FT LAUDERDALE FL 33314-4030					04-27-2000 906		
<u> </u>	Place of Business	3. Mailing Address Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
Suite, Apt. #, etc. City & State		City & State			4.	FEI Number	- "		plied For
Zip Country		Zip Count		ry			65-0396301 Status Desired	1 \$8.75 Add	
	6. Name and Address of Current R	legistered Agent					dress of New Regist	Fee Hequire	d
LODIN, SCOTT 4001 SOUTHWEST 47TH AVENUE SUITE 201				Name Street Address (P.O. Box Number is Not Acceptable)					
FT L		City		<u> </u>	···		FL Zip Code	e	
Tax filing r (See criter	Signature, typed or printed name of registered agent an oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW! After MAY 1, 20 Make Check Payab	!! FEE	will be \$55	0 60.00 of State	10. Electi Trust	on Campaign Financir Fund Contribution.	Added	May Be to Fees
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Defete COHEN, A P 4001 SW 47TH AVVE FT LAUD FL 33314			: }	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 VP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD			ET ADDRESS	Executive VP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHEN, C J 4001 SW 47TH AVE FT LAUD FL 33314	☐ Delete	1					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS LODIN, S 4001 SW 47TH AVE FT LAUD FL 33314	☐ Delete		i i				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT MALAHIAS, A C 4001 SW 47TH AVE FT LAUD FL 33314	☐ Delete					, , , , , , , , , , , , , , , , , , ,	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHENG, H 4001 SW 47TH AVE FT LAUD FL 33314	☐ Delete			,			☐ Change	Addition

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 writtail other like empowered.

SIGNATURE:

Scott L 12.00 SIGNATORE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR