

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**2. Principal Place of Business**
4491 STATE ROAD 7**3. Mailing Address**
4955 ORANGE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.
ATTN: A. LICHTER

DO NOT WRITE IN THIS SPACE

City & State
DAVIE FLCity & State
DAVIE FL4. FEI Number
65-0396301Applied For
Not ApplicableZip Country
33314Zip Country
333145. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required**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 State10. 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	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	

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)