

**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  
33314

FL

**Mailing Address**

4001 S.W. 47TH AVE.

FT. LAUDERDALE  
33314

FL

**2. Principal Place of Business**  
4955 ORANGE DRIVE**3. Mailing Address**  
4955 ORANGE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
ATTN: A. LICHTERCity & State  
DAVIE

FL

City & State  
DAVIE

FL

Zip  
33314

Country

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  
33314

FL

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

Name

**LODIN SCOTT**Street Address (P.O. Box Number is Not Acceptable)  
4955 ORANGE DRIVECity  
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**

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

(NOTE: Registered Agent signature required when reinstating)

**04/06/2001**

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

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	DVPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LODIN SCOTT	
STREET ADDRESS	4955 ORANGE DRIVE	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	DVPT	<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	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	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHEN CHIH-MING	
STREET ADDRESS	4955 ORANGE DRIVE	
CITY-ST-ZIP	DAVIE FL 33314	
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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DVPS 04/06/2001

Date

Daytime Phone #

CR2E034 (11/00)