FILED
May 02, 2002 8:00 am
Secretary of State
05-02-2002 90049 048 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000055296

1. Entity Name
KESTA DEVELOPMENT CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
4886 Europa Drive		5217 Wayzata Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 207	
City & State: Naples Florida		City & State: St Louis Park, Minnesota	
Zip: 34105	Country: Collier	Zip: 55416	Country: Hennepin

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0692356 — Applied For / Not Applicable ✓

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

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7. Name and Address of New Registered Agent
Name: Betty Walker
Street Address (P.O. Box Number is Not Acceptable): 2140 Hibiscus Circle
City: North Miami FL Zip Code: 33181

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: Betty W. Walker — Signature, typed or printed name of registered agent and title if applicable — Date: April 18, 2002

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so (See criteria on back) ☑

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	President
NAME	Adam Koffler
STREET ADDRESS	5217 Wayzata Blvd, Suite 207
CITY-ST-ZIP	St. Louis Park, MN 55416
TITLE	Vice President
NAME	Michael Cloutier
STREET ADDRESS	4886 Europa Drive
CITY-ST-ZIP	Naples, FL 34105
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Adam Koffler, President — 4/17/02 — 800-607-6233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #