

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 23, 2001 8:00 am**  
**Secretary of State**

02-09-2001 90206 022 \*\*\*\*70.00

**DOCUMENT # N01000000082**

1. Entity Name

**THE INTERNATIONAL SWIMMING AND CULTURAL FOUNDATI**

Principal Place of Business

1480 E. SAMPLE RD., #202  
 POMPANO BEACH FL 33064

Mailing Address

1480 E. SAMPLE RD., #202  
 POMPANO BEACH FL 33064

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

**65-1062496**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZUBERO, DAVID L**  
**1480 E. SAMPLE RD., #202**  
**POMPANO BEACH FL 33064**

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.

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 \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **ZUBERO, MARTIN L**  
 CITY-ST-ZIP **465 FORESTWAY CIRCLE, #104**  
**ALTAMONTE SPRINGS FL 32701**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **ZUBERO, DAVID L**  
 CITY-ST-ZIP **2109 NE 45TH ST.**  
**FT. LAUDERDALE FL 33308**

TITLE ☒ Delete  
 NAME **D**  
 STREET ADDRESS **ZUBERO, JOSE L**  
 CITY-ST-ZIP **1623 COLLINS AVE., #1014**  
**MIAMI BEACH FL 33139**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **ZUBERO, JULIA L**  
 CITY-ST-ZIP **13013 MULBERRY PARK DR., APT. #23**  
**ORLANDO FL 32821**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **POBLETE, SUSANA**  
 CITY-ST-ZIP **1623 COLLINS AVE., #1014**  
**MIAMI BEACH FL 33139**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **D**  
 STREET ADDRESS **ELIZABETH DONOVAN**  
 CITY-ST-ZIP **11 DAYLLON AVENUE**  
**ST. AUGUSTINE, FL 32080**

TITLE ☒ Change ☐ Addition  
 NAME **VITA**  
 STREET ADDRESS **DAVID L. ZUBERO**  
 CITY-ST-ZIP **2109 N.E. 45TH ST**  
**FT. LAUDERDALE, FL 33308**

TITLE ☐ Change ☒ Addition  
 NAME **D**  
 STREET ADDRESS **Jose Luis Lopez**  
 CITY-ST-ZIP **Postal Fernandez London 960, Depto. 513**  
**SANTIAGO, CHILE S.A.**

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **DAVID L. ZUBERO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/6/2001**

Date

**954-783-0806**

Daytime Phone #

CR2E037 (10/00)