

Nº 50 0234055

## FORMULARIO ÚNICO DE ACTUALIZACIÓN

|                                   |                               |  |  |  |   |  |  |  |  |                |    |        |   |   |            |    |                       |        |   |       |   |    |           |   |                  |    |            |                       |           |   |   |   |   |         |   |  |  |  |  |  |  |  |  |
|-----------------------------------|-------------------------------|--|--|--|---|--|--|--|--|----------------|----|--------|---|---|------------|----|-----------------------|--------|---|-------|---|----|-----------|---|------------------|----|------------|-----------------------|-----------|---|---|---|---|---------|---|--|--|--|--|--|--|--|--|
| 01                                | RAZÓN O DENOMINACIÓN SOCIAL   |  |  |  |   |  |  |  |  |                | 02 | RUC    | 0 | 9 | 9          | 2  | 3                     | 9      | 1 | 9     | 4 | 4  | 0         | 0 | 1                | 03 | EXPEDIENTE | 1                     | 1         | 8 | 3 | 5 | 0 |         |   |  |  |  |  |  |  |  |  |
| Multifashion                      |                               |  |  |  |   |  |  |  |  |                |    |        |   |   |            |    |                       |        |   |       |   |    |           |   |                  |    |            |                       |           |   |   |   |   |         |   |  |  |  |  |  |  |  |  |
| 04                                | PROVINCIA                     |  |  |  |   |  |  |  |  |                | 05 | CANTÓN |   |   |            |    | 06                    | CIUDAD |   |       |   |    |           |   |                  |    |            | 07                    | PARROQUIA |   |   |   |   |         |   |  |  |  |  |  |  |  |  |
| Guayas                            |                               |  |  |  |   |  |  |  |  | Guayaquil      |    |        |   |   | Guayaquil  |    |                       |        |   |       |   |    |           |   | Nueve de Octubre |    |            |                       |           |   |   |   |   |         |   |  |  |  |  |  |  |  |  |
| 08                                | CALLE                         |  |  |  |   |  |  |  |  |                |    |        |   |   |            | 09 | NÚMERO                |        |   |       |   | 10 | TELÉFONO: |   |                  |    |            |                       |           |   |   |   |   |         |   |  |  |  |  |  |  |  |  |
| Los Rios                          |                               |  |  |  |   |  |  |  |  |                |    |        |   |   | 1615       |    |                       |        |   |       |   |    |           |   | 2                |    |            |                       |           | 4 | 5 | 1 | 8 | 4       | 7 |  |  |  |  |  |  |  |  |
|                                   |                               |  |  |  |   |  |  |  |  |                |    |        |   |   |            |    |                       |        |   | FAX:  |   |    |           |   |                  |    |            |                       |           |   |   |   |   |         |   |  |  |  |  |  |  |  |  |
| 11                                | INTERSECCIÓN                  |  |  |  |   |  |  |  |  |                |    |        |   |   |            | 12 | EDIFICIO C. COMERCIAL |        |   |       |   |    |           |   |                  |    | 13         | PISO, DEPTO., OFICINA |           |   |   |   |   |         |   |  |  |  |  |  |  |  |  |
| Colon - Alcedo                    |                               |  |  |  |   |  |  |  |  |                |    |        |   |   |            |    |                       |        |   |       |   |    |           |   |                  |    |            |                       |           |   |   |   |   |         |   |  |  |  |  |  |  |  |  |
| 14                                | ACTIVIDAD ECONÓMICA PRINCIPAL |  |  |  |   |  |  |  |  |                |    |        |   |   |            | 16 | CÓD. ACTIV.           |        |   |       |   | 18 | EMAIL     |   |                  |    |            |                       |           |   |   |   |   |         |   |  |  |  |  |  |  |  |  |
| Ventas al por Mayor de Accesorios |                               |  |  |  |   |  |  |  |  |                |    |        |   |   |            |    |                       |        |   |       |   |    |           |   |                  |    |            |                       |           |   |   |   |   |         |   |  |  |  |  |  |  |  |  |
| 17                                | REPRESENTANTE LEGAL           |  |  |  |   |  |  |  |  |                |    |        |   |   |            | 19 | CÉDULA                |        |   |       |   |    |           |   |                  |    | 20         | CARGO                 |           |   |   |   |   |         |   |  |  |  |  |  |  |  |  |
| José Luis Izquierdo Miranda       |                               |  |  |  |   |  |  |  |  |                |    |        |   |   | 0          |    |                       |        |   |       |   |    |           |   | 9                | 1  | 5          | 3                     | 4         | 2 | 4 | 9 | 7 | Gerente |   |  |  |  |  |  |  |  |  |
| 21                                | PERSONAL OCUPADO              |  |  |  |   |  |  |  |  |                |    |        |   |   |            | 22 | AUDITOR EXTERNO       |        |   |       |   |    |           |   |                  |    | R.N.A.E.   |                       |           |   |   |   |   |         |   |  |  |  |  |  |  |  |  |
| DIRECCIÓN                         |                               |  |  |  | 1 |  |  |  |  | ADMINISTRACIÓN |    |        |   |   | PRODUCCIÓN |    |                       |        |   | OTROS |   |    |           |   | 21               |    |            |                       |           |   |   |   |   |         |   |  |  |  |  |  |  |  |  |

[illegible]

|       |        |
|-------|--------|
| TOTAL | 800.00 |
|-------|--------|

NOTA: EL PRESENTE FORMULARIO NO SE ACEPTARÁ CON ENMENDADURAS O TACHONES

|     |  |  |  |     |  |     |  |
|-----|--|--|--|-----|--|-----|--|
| AÑO |  |  |  | MES |  | DÍA |  |
|     |  |  |  |     |  |     |  |

FIRMA DEL REPRESENTANTE LEGAL