

REPUBLICA DEL ECUADOR SUPERINTENDENCIA DE COMPAÑÍAS

FORMULARIO DE ADMINISTRADORES / PERSONAL OCUPADO

2011

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NOTA: 1.5% presente formulario no se aceptará con enmendaduras o tachones

2.- Se deberá imprimir dos ejemplares del presente formulario

DECLARACION: El administrador de la compañía, declara que se responsabiliza por la veracidad de la información proporcionada en el presente formulario en cumplimiento a lo dispuesto en el artículo 20 y 23 de la Ley de Compañías, normada en "REGLAMENTO QUE ESTABLECE LA INFORMACIÓN Y DOCUMENTOS QUE ESTÁN OBLIGADAS A REMITIR A LA SUPERINTENDENCIA DE COMPAÑÍAS, LAS SOCIEDADES SUJETAS A SU CONTROL Y VIGILANCIA".

| | (WATTEN UP TIES | | | | | | | | | | | | |
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| FECHA DE PRESENTACIÓN: | AÑO | MES | DÍA | FIRMA DEL REPRESENTANTE LEGAL | | | | | | | | | |
| | | | | Nombre: Villa Monge Walter | | | | | | | | | |
| | | | | Identificación: 0 1 0 3 5 7 8 7 8 | 1 | | | | | | | | |