

8	5	4	9	8
---	---	---	---	---

PARROQUIA

## VILLA FLORA

2	6	6	8	4	7	9
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FAX:	2	6	6	8	4	7	8
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PISO,DEPTO,OFICINA

P.B.

EMAIL

**CARGO**

**GERENTE**

**AUDITOR EXTERNO**

**R.N.A.E.**

COD.

VALOR TOTAL

440.00

440.00

440.00

440.00

440.00

440.00

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440.00

440.00

TOTAL	11.440
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NOTA: EL PRESENTE FORMULARIO NO SE ACEPTA CON ENMENDADURAS O TACHONES

FECHA DE PRESENTACION

AÑO

**MES**

DIA

POLIGRÁFICA C.A. - B.U.C.: 0990158436001 - Resolución: 0231 - 27 / 03 / 02

FIRMA DEL REPRESENTANTE LEGAL