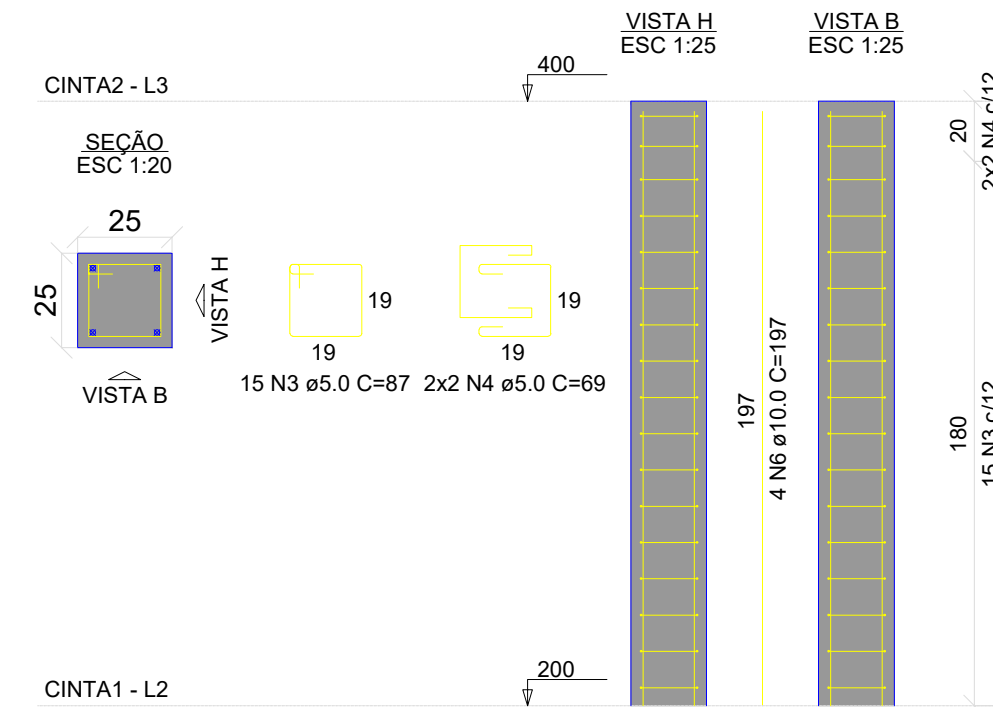
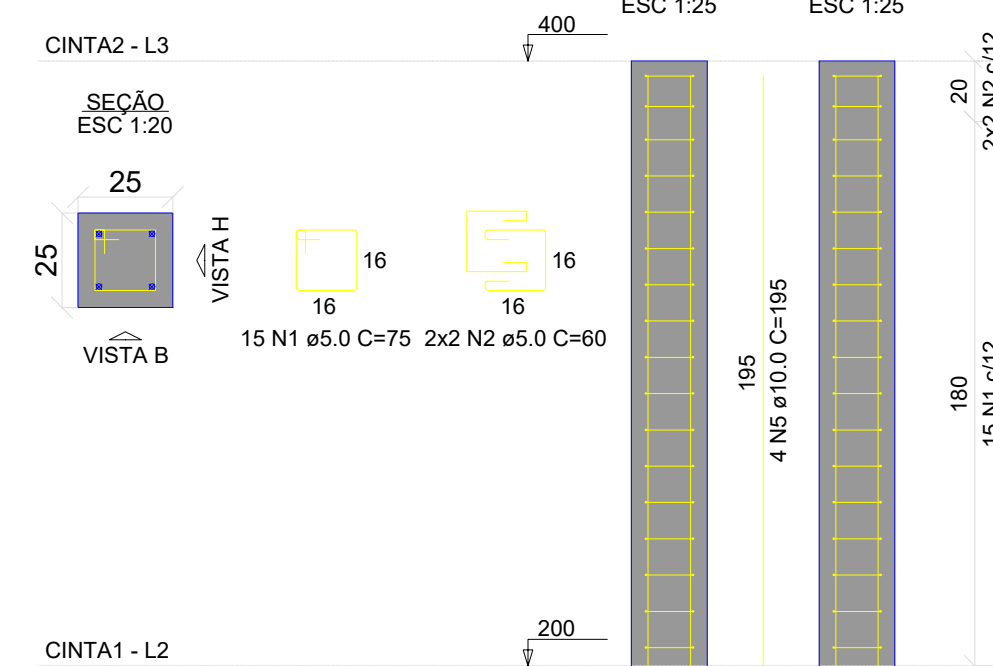
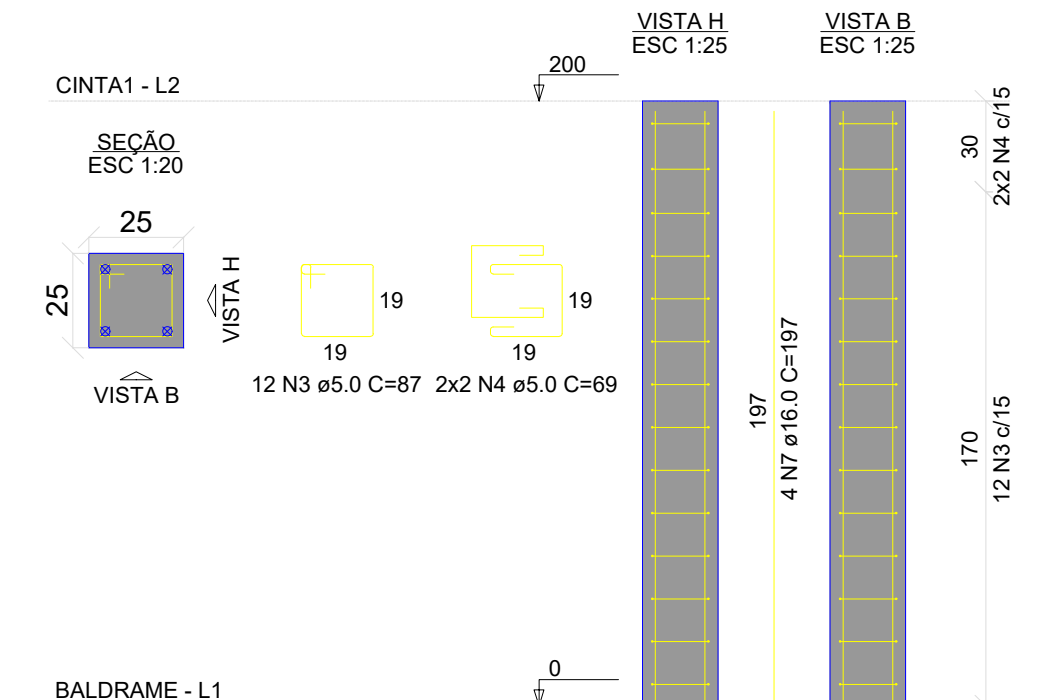
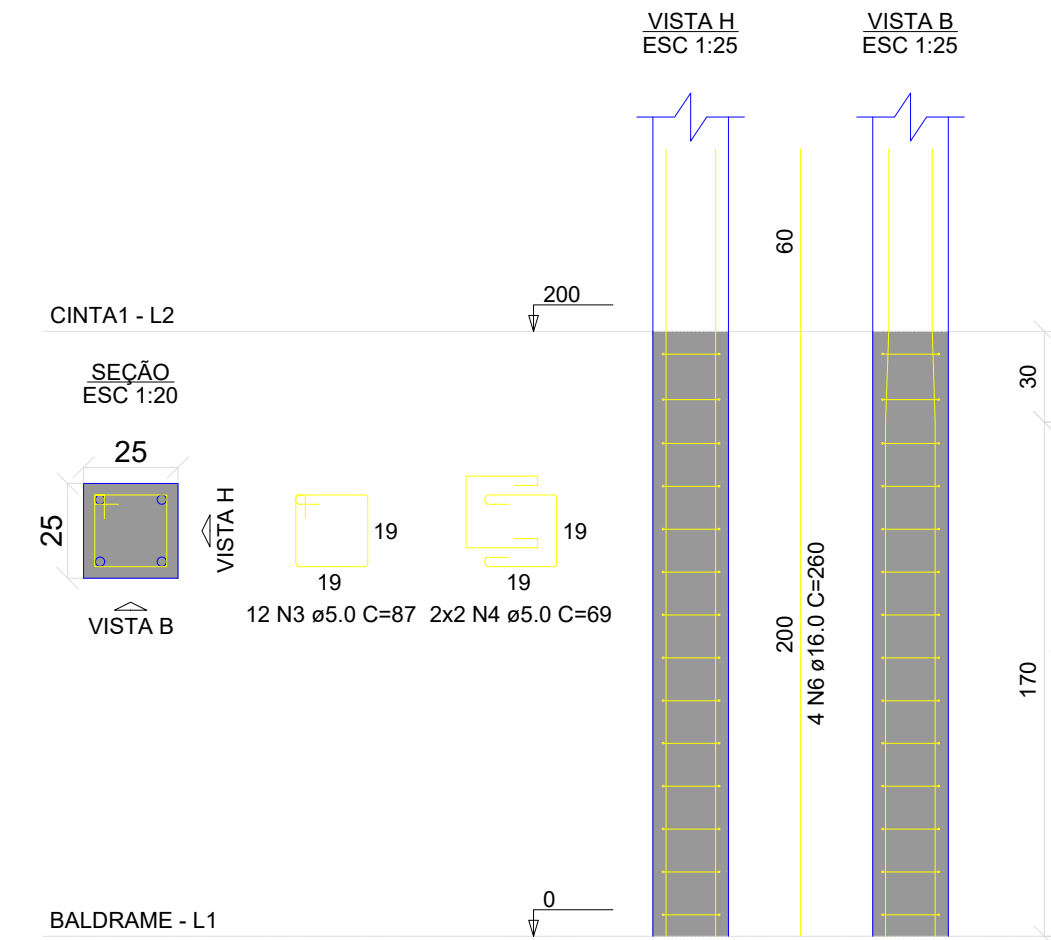
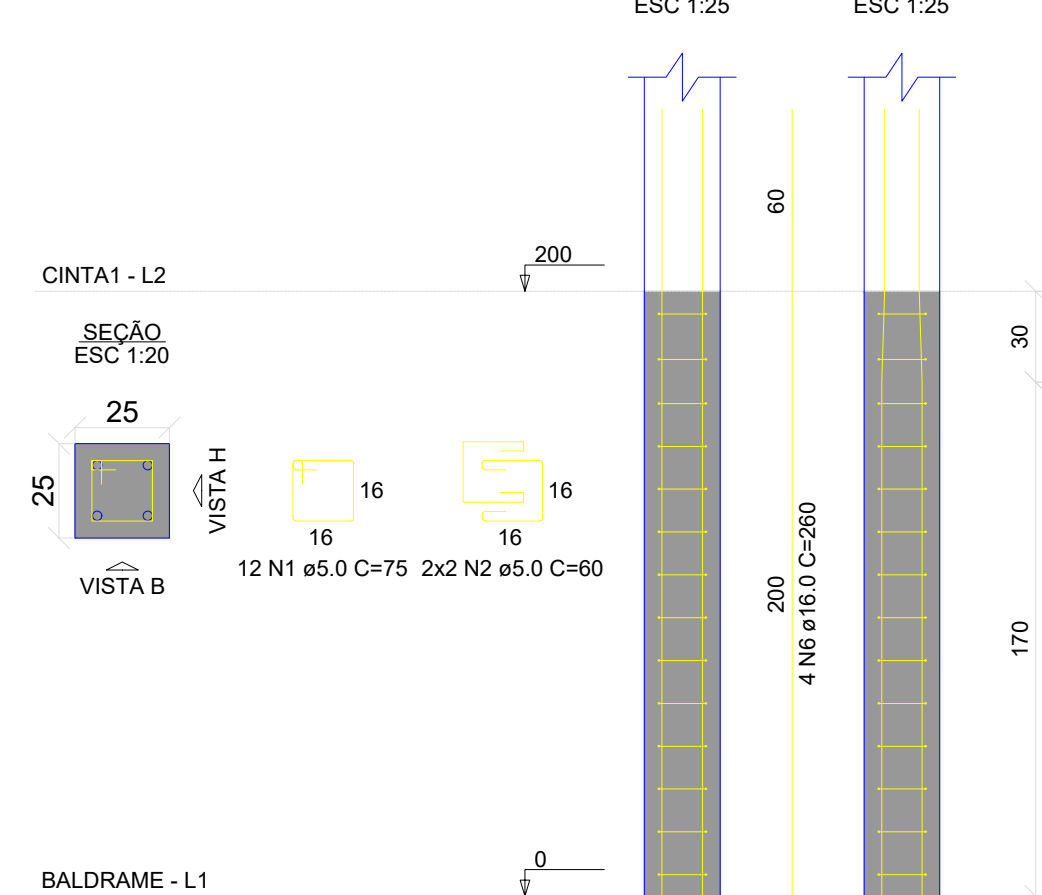
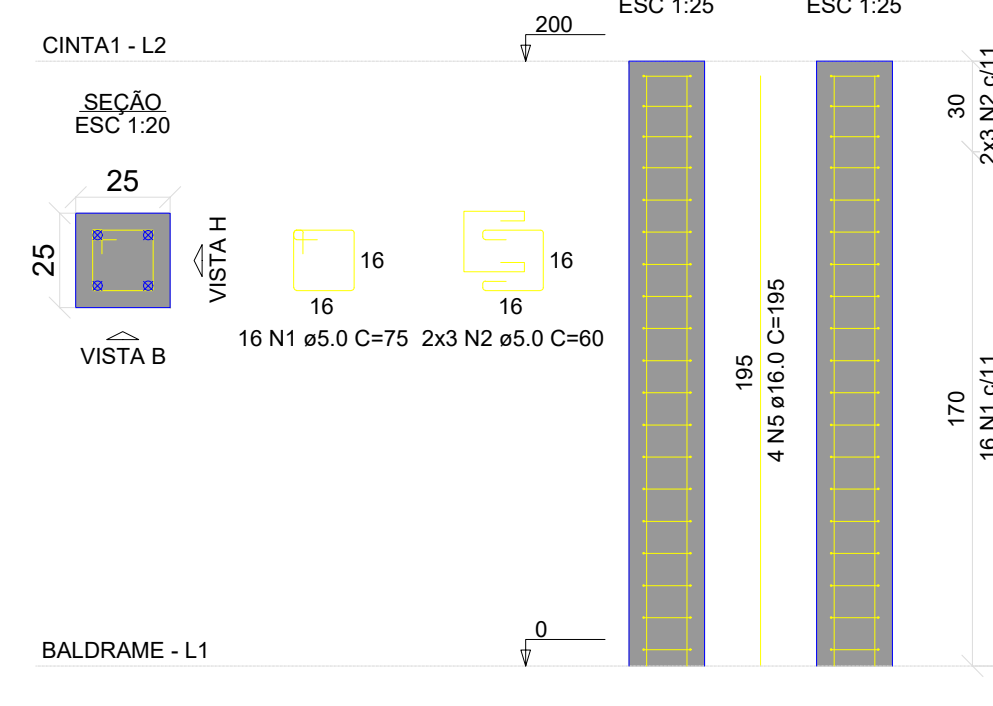
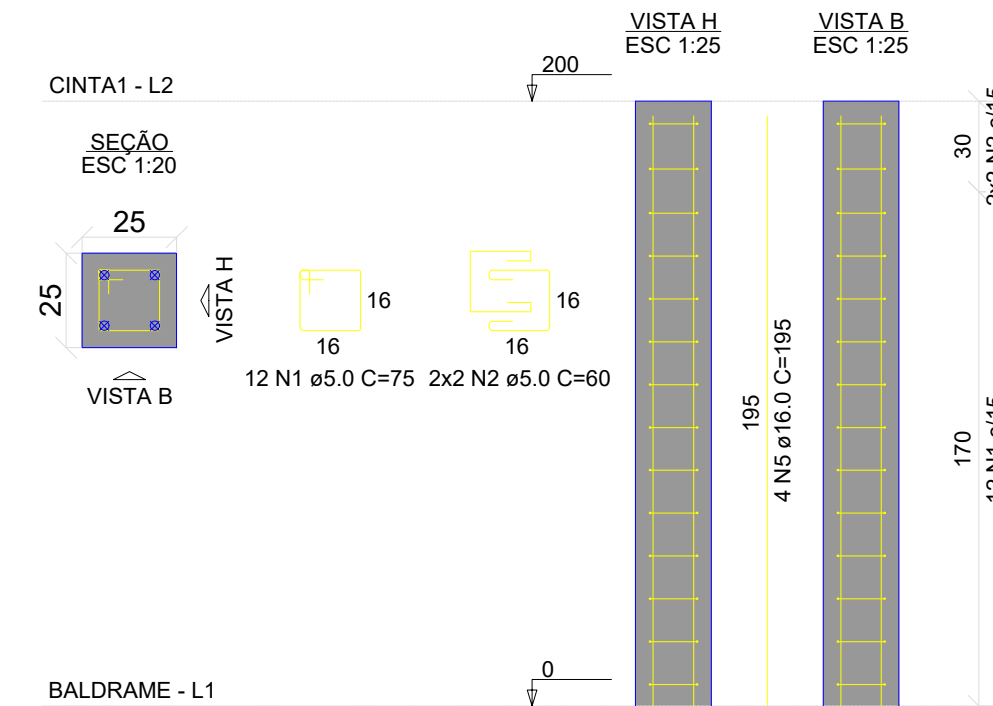




 PREFEITURA MUNICIPAL DE CASTRO	
R. PEDRO SALES DE CASTRO - MANAUA, FONE 4212-9300 SECRETARIA MUNICIPAL DE DESENVOLVIMENTO URBANO - JAMBU, FONE 4212-9589	
REVALIDAÇÃO ESTADUAL IMPOSTO MOCROSKI	
REQUERENTE: PREFEITURA MUNICIPAL DE CASTRO - PE	LOCAL: RUA ANTÔNIO JOSÉ GOMES
RESP: INSCRITO	RESP: INSCRITO
ASSINHA PRÉVIA DE CANCELAMENTO DE EXERCÍCIO DE CADERNO	
END: C/AL. G. MORAES ENDEREÇO: C/AL. G. MORAES 21800	MUNICÍPIO DE CASTRO DATA: JUNHO/2005 ASS: J. A. REZENDE ASS: J. A. REZENDE
EXERCÍCIO: PLENO EXERCÍCIO: PLENO	03/04