



# CLIENT OPENING SURVEY FORM

Male

MR./MRS./MISS

John

FIRST NAME

Robins

LAST NAME

7315148785

CONTACT NUMBER

407-945-8566

ALTERNATE NUMBER

## COMPANY DATA BASE

jkenrb1970@gmail.com

EMAIL ADDRESS

MTS Banaadir  
Academy

COMPANY NAME

http://www.mtcs.org

WEBSITE URL

1130 N 7Th St

Address

Minneapolis

City

Minnesota

State

55411-4091

ZIP Code

School Education

SIC DESCRIPTION

802

SIC CODE

Independent

ENTITY TYPE

Under \$500,000

COMPANY SALES

188,100

REVENUE (USD)

Minnesota

COUNTRY/REGION

YES

MEDICAL INSURANCE



US Hwy 1 S, Saint Augustine, FL 32086 ,Plantation Island  
Dr S, Saint Augustine, FL 32080



+1 (904) 117-  
1782