

CLIENT OPENING SURVEY FORM

remaie	Caria	Callifoli
MR./MRS./MISS	FIRST NAME	LAST NAME
6026906468		510-942-5916
CONTACT NUMBER		ALTERNATE NUMBER
	COMPANY DATA I	BASE
	Asian Business	
Carlaraye56@yahoo.com	Association of Los	http://www.uboc.com
EMAIL ADDRESS	Angeles Inc	WEBSITE URL
	COMPANY NAME	
67 N Hill St Ste 308		
Address		
Los Angeles	California	90012-2376
City	State	ZIP Code
Business and Professional Asso	ociation Services	
SIC DESCRIPTION		
9551		Independent
SIC CODE		ENTITY TYPE
\$1,000,000 to \$4,999,999	9	88,600.00
COMPANY SALES		REVENUE (USD)
California		YES
COUNTRY/REGION		MEDICAL INSURANCE
Q		<u> </u>
US Hwy 1 S, Saint Augustine, I Dr S, Saint Augustine, FL 3208		d +1 (904) 117- 1782