



CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss

MR./MRS./MISS

Lizette

FIRST NAME

Stsm

LAST NAME

846-487-4412

CONTACT NUMBER

846-702-6676

ALTERNATE NUMBER

COMPANY DATA BASE

lizette.stem@aol.com

EMAIL ADDRESS

Carolyn And Barry
Shames

COMPANY NAME

www.shames.com

WEBSITE URL

[5464 Carpinteria Ave](#)

Address

NA

City

NA

State

NA

ZIP Code

[Special Trade Contractors](#)

SIC DESCRIPTION

1799

SIC CODE

[Independent](#)

ENTITY TYPE

[\\$1,000,000 to \\$4,999,999](#)

COMPANY SALES

[508,800.03](#)

REVENUE (USD)

[Alameda](#)

COUNTRY/REGION

[YES](#)

MEDICAL INSURANCE



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



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1782