



CLIENT OPENING SURVEY FORM

Male
MR./MRS./MISS

RAMON
FIRST NAME

CASTANEDA
LAST NAME

5097012268
CONTACT NUMBER

317-441-5848
ALTERNATE NUMBER

COMPANY DATA BASE

monches49@gmail.com
EMAIL ADDRESS

Durham Gina Marie
COMPANY NAME

omm.com
WEBSITE URL

400 South Hope St # 1060
Address

Los Angeles
City

CA
State

90071
ZIP Code

Legal Services

SIC DESCRIPTION

8111
SIC CODE

Independent
ENTITY TYPE

Under \$500,000
COMPANY SALES

29,000.00
REVENUE (USD)

Los Angeles
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