



CLIENT OPENING SURVEY FORM

Female

MR./MRS./MISS

Jaylan

FIRST NAME

Dixon

LAST NAME

3126235553

CONTACT NUMBER

401-552-9059

ALTERNATE NUMBER

COMPANY DATA BASE

jaylan.dixon@ymail.com

EMAIL ADDRESS

Haley Miranda Group
Inc

COMPANY NAME

haleymiranda.com

WEBSITE URL

[8654 Washington Boulevard](#)

Address

[Culver City](#)

City

[CA](#)

State

[90232](#)

ZIP Code

[Advertising Agencies](#)

SIC DESCRIPTION

[7311](#)

SIC CODE

[Independent](#)

ENTITY TYPE

[Under \\$500,000](#)

COMPANY SALES

[116,900](#)

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