



CLIENT OPENING SURVEY FORM

Female

MR./MRS./MISS

Meilani

FIRST NAME

James

LAST NAME

8604169905

CONTACT NUMBER

631-998-2102

ALTERNATE NUMBER

COMPANY DATA BASE

meipaige2014@gmail.com

EMAIL ADDRESS

Ohana Fiduciary
Corporation

COMPANY NAME

http://www.ohanafc.com

WEBSITE URL

13000 Linden Ave N Ste 112

Address

Seattle

City

Washington

State

98133-7469

ZIP Code

Management and Related Consulting Services

SIC DESCRIPTION

696

SIC CODE

Independent

ENTITY TYPE

\$1,000,000 to \$4,999,999

COMPANY SALES

706,499.99

REVENUE (USD)

Washington

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