



# CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss

MR./MRS./MISS

Justine

FIRST NAME

Mugnolo

LAST NAME

212-304-9225

CONTACT NUMBER

212-311-6377

ALTERNATE NUMBER

## COMPANY DATA BASE

[jmugnolo@yahoo.com](mailto:jmugnolo@yahoo.com)

EMAIL ADDRESS

Cim Urban Reit Prpts  
Viii LP

COMPANY NAME

[www.bbtcenter.com](http://www.bbtcenter.com)

WEBSITE URL

[6922 Hollywood Blvd](#)

Address

[Los Angeles](#)

City

[CA](#)

State

[90028](#)

ZIP Code

[Real Estate](#)

SIC DESCRIPTION

[6531](#)

SIC CODE

[Independent](#)

ENTITY TYPE

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

COMPANY SALES

[594,200.02](#)

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