



CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss

MR./MRS./MISS

Edna

FIRST NAME

Miceli

LAST NAME

814-460-2655

CONTACT NUMBER

814-299-2877

ALTERNATE NUMBER

COMPANY DATA BASE

emiceli@miceli.org

EMAIL ADDRESS

Copyspace

COMPANY NAME

www.copyspace.net

WEBSITE URL

11538 W Pico Blvd

Address

Los Angeles

City

CA

State

90017

ZIP Code

Printing and Publishing

SIC DESCRIPTION

2759

SIC CODE

Independent

ENTITY TYPE

Under \$500,000

COMPANY SALES

212,500.01

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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