



Date:12/08/2022 5:56:30

Created Date

2013-11-05 06:44:52.0

Registration Expiration Date

2024-12-31

Last Updated

2022-12-08

Registration Status

VALID

Is this facility engaged in the manufacturing/processing, packing, or holding of food for human or animal consumption in the United States?

Yes No

Section 1: Type of Registration

Facility Location: **Foreign Registration**

UPDATE OF REGISTRATION INFORMATION:

Registration Number: **19847849688** Pin No **60cE2EHd**

Are you the new owner of a previously registered facility?

Yes No

Previous Owner's Title:

Previous Owner's Name:

Previous Owner's Registration Number:

Section 2: Facility Name/Address Information

Facility Name

ABC Fruits

Facility Name Suffix

Other

Facility Name Suffix Other

Partnership

Facility Street Address, Line 1

Ankinayanapalli Village

Facility Street Address, Line 2

On Bangalore-Chennai National Highway

City

Bargur, Krishnagiri TK & DT

State/Province/Territory

Tamil Nadu

Zip Code (Postal Code)

635104

Telephone Number

091 944 3248391

Fax Number

E-Mail Address

sales@abcfruits.net

Unique Facility Identifier (UFI)



Country/Area

INDIA

Section 3: Preferred Mailing Address Information

Complete this section if different from Section 2 Facility Name/Address Information (OPTIONAL)

Is the preferred mailing address the same as the facility address (Section 2)? Yes

Name **ABC Fruits** Telephone Number **091 944 3248391**

Address, Line 1 **Ankinayanapalli Village** Fax Number

Address, Line 2 **On Bangalore-Chennai National Highway** E-Mail Address **sales@abcfruits.net**

City **Bargur, Krishnagiri TK & DT**

State/Province/Territory **Tamil Nadu**

Zip Code (Postal Code) **635104**

Country/Area **INDIA**

Section 4: Parent Company Name/Address Information

(If applicable and if different from Sections 2 and 3). If information is the same as another section, check which section:

- Same as Facility Address (Section 2)
- Same as Preferred Mailing Address (Section 3)
- None of the above

Company Name **ABC Fruits** Telephone Number **091 944 3248391**

Company Name Suffix **Other** Fax Number

Company Name Suffix Other **Partnership**

Address, Line 1 **Ankinayanapalli Village** E-Mail Address **sales@abcfruits.net**

Address, Line 2 **On Bangalore-Chennai National Highway**

City **Bargur, Krishnagiri TK & DT**

State/Province/Territory **Tamil Nadu**



Zip Code (Postal Code)

635104

Country/Area

INDIA

Section 5: Facility Emergency Contact Information

If information is the same as another section, check which section:

- Same as Facility Address (Section 2)
- Same as U.S. Agent Information (Section 7)
- None of the above

Individual's Title (Optional)

Mr

Individual's Name (Optional)

Vivek

Individual's Middle Name (Optional)

Individual's Last Name (Optional)

Vijayan

Emergency Contact Phone

091 944 3248391

E-Mail Address

vivek.vijayan@abcfruits.net

Job Title (Optional)

Director - Sales and Marketing

Section 6: Trade Names

(If this facility uses trade names other than that listed in Section 2 above, list them below (e.g., "Also doing business as," "Facility also known as"))

Are there alternate trade names used by your facility in addition to the name provided in **Section 2: Facility Name/Address Information?**

- Yes
- No

Section 7: United States Agent

(To be completed by facilities located outside any state or territory of the United States, District of Columbia, or The Commonwealth of Puerto Rico)

Name

Family Delight Foods Ltd

Address, Line 1

175 Chautauqua St

Address, Line 2

City

Fredonia

State/Province/Territory

New York

Zip Code (Postal Code)

14063

Country/Area

UNITED STATES

Telephone Number

716 7929700 4280

Emergency Contact Phone

716 7929700

Fax Number

716 7894906

E-Mail Address

vivek.vijayan@abcfruits.net



Section 8: Seasonal Facility Dates of Operation (Optional)

Give the approximate dates that your facility is open for business, if its operations are on a seasonal basis (Optional).

Harvest 1

Start Month

May

Harvest 2

Start Month

August

End Month

July

End Month

April

Section 9: General Product Categories - Human/Animal/Both

Food for Human Consumption

Food for Animal Consumption

Section 9a: General Product Categories - Food for Human Consumption; and Type of Activity Conducted at the Facility

To be completed by all food facilities. Please see instructions for further examples. IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY, SELECT BOX 37	Ambient Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators)	Refrigerated Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks)	Frozen Food Storage Warehouse / Holding Facility (e.g., storage facilities)	Acidified Food Process or	Low-Acid Food Process or	Interstate Conveyance Caterer / Catering Point	Contract Sterilizer	Labeler / Relabeler	Manufacturer / Processor	Packer / Repacker	Salvage Operator (Reconditioner)	Farm Mixed-Type Facility	Other Activity Conducted (Please Specify)
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17. FRUIT AND FRUIT PRODUCTS [21 CFR 170.3 (n) (16), (27), (28), (35), (43)]

c. Other Fruit and Fruit Products	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. FRUIT OR VEGETABLE JUICE, PULP OR CONCENTRATE PRODUCTS [21 CFR 170.3 (n) (3), (16), (35)]	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. VEGETABLE AND VEGETABLE PRODUCT CATEGORIES [21 CFR 170.3 (n) (19), (36)]

c. Other Vegetable and Vegetable Products	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Section 10: Owner, Operator, or Agent-in-Charge Information

Provide the following information, if different from all other sections on the form. If information is the same as another section of the form, check which section:

If information is the same as Section 2, check the box:

Section 2 - Facility Address Information



- Section 3 - Preferred Mailing Address Information
- Section 4 - Parent Company Address Information
- Section 7 - US Agent Address Information
- None of the above

Name of Entity or Individual Who is the Owner, Operator, or Agent-in-Charge: Vijayan Govindachetty

Address, Line 1

Ankinayanapalli Village

Address, Line 2

On Bangalore-Chennai National Highway

City

Bargur, Krishnagiri TK & DT

State/Province/Territory

Tamil Nadu

Zip Code (Postal Code)

635104

Country/Area

INDIA

Telephone Number

091 944 3248391

Fax Number

E-Mail Address

sales@abcfruits.net

Section 11: Inspection Statement

FDA will be permitted to inspect the facility at the time and in the manner permitted by the Federal Food, Drug, and Cosmetic Act.

Section 12: Certification Statement

The owner, operator, or agent-in-charge of the facility, or an individual authorized by the owner, operator, or agent-in-charge of the facility, must submit this form. By submitting this form to FDA, or by authorizing an individual to submit this form to FDA, the owner, operator, or agent-in-charge of the facility certifies that the above information is true and accurate. An individual (other than the owner, operator or agent-in-charge of the facility) who submits the form to the FDA also certifies that the above information submitted is true and accurate and that he/she is authorized to submit the registration on the facility's behalf. An individual authorized by the owner, operator, or agent-in-charge must below identify by name the individual who authorized submission of the registration. Under 18 U.S.C 1001, anyone who makes a materially false, fictitious, or fraudulent statement to the U.S. Government is subject to criminal penalties.

NAME OF PERSON SUBMITTING THIS REGISTRATION RENEWAL: Lalit Gupta

CHECK ONE BOX

- A. INDIVIDUAL ASSOCIATED WITH THE INFORMATION IN SECTION 10 (STOP HERE, FORM IS COMPLETED)
- B. ANOTHER AUTHORIZED INDIVIDUAL

Address Information for the Authorizing Individual:

Same as Section 10

Individual's Name

Vijayan Govindachetty

Address, Line 1

Ankinayanapalli Village

Telephone Number

091 944 3248391

Fax Number



Address, Line 2

On Bangalore-Chennai National Highway

City

Bargur, Krishnagiri TK & DT

State/Province/Territory

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