



Date:10/10/2022 16:04:45

Created Date
2013-06-13 18:16:32.0

Created by
agr53136

Registration Expiration Date
2024-12-31

Registration Renewed Date
2022-10-10

Last Updated
2022-10-10

Registration Status Reason
Pending UFI Confirmation

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: **13629474646** Pin No **GAf0BFcD**

Are you the new owner of a previously registered facility?

Yes No

Previous Owner's Title: **Mr**

Previous Owner's Name: **RAFAEL FERNANDEZ GRADOS**

Previous Owner's Registration Number: **13298822094**

Section 2: Facility Name/Address Information

Facility Name
Agro Industria San Antonio S.R.L.

Telephone Number
051 9 56885363

Facility Name Suffix
Limited Liability Corporation

Fax Number

Facility Street Address, Line 1
Parque Industrial Manzana C Lote16

E-Mail Address
rfernandezg@sanantonio.com.pe

Facility Street Address, Line 2

Unique Facility Identifier (UFI)

City

Ica

State/Province/Territory

Ica

Zip Code (Postal Code)

11000

Country/Area

PERU

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)? No

Name	Telephone Number
Agro Industria San Antonio S.R.L.	051 9 967772765
Address, Line 1	Fax Number
Matias Manzanilla BL. B1 101	
Address, Line 2	E-Mail Address
	contabilidad@sanantonio.com.pe
City	
Ica	
State/Province/Territory	
Ica	
Zip Code (Postal Code)	
11000	
Country/Area	
PERU	

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	Telephone Number
Agro Industria San Antonio S.R.L.	051 9 967772765
Company Name Suffix	Fax Number
Address, Line 1	E-Mail Address
Matias Manzanilla BL. B1 101	contabilidad@sanantonio.com.pe
Address, Line 2	
City	
Ica	
State/Province/Territory	
Ica	
Zip Code (Postal Code)	
11000	
Country/Area	
PERU	

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)

Emergency Contact Phone

051 9 56885363

Individual's Name (Optional)

E-Mail Address

rfernandezg@sanantonio.com.pe

Individual's Middle Name (Optional)

Job Title (Optional)

Individual's Last Name (Optional)

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

FS GLOBAL GROUP LLC

Telephone Number

305 4640048

Address, Line 1

8200 NW 41 ST # 315

Emergency Contact Phone

305 4640048

Address, Line 2

City

Doral

E-Mail Address

fsglobal@grupofs.com

State/Province/Territory

Florida

Zip Code (Postal Code)

33166

Country/Area

UNITED STATES

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

End Month

Harvest 2

Start Month

End Month

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)]													
a. Fresh Cut Produce	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. VEGETABLE AND VEGETABLE PRODUCT CATEGORIES ^[21 CFR 170.3 (n) (19), (36)]													
a. Fresh Cut Products	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Other Vegetable and Vegetable Products	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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: **Rafael Fernandez Grados**

Address, Line 1 Parque Industrial Manzana C Lote16	Telephone Number 051 9 56885363
Address, Line 2	Fax Number
City Ica	E-Mail Address rfernandezg@sanantonio.com.pe
State/Province/Territory Ica	
Zip Code (Postal Code) 11000	
Country/Area PERU	



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: Su-tze Liu

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:

Individual's Name	Telephone Number
-N/A-	-N/A-
Address, Line 1	Fax Number
-N/A-	-N/A-
Address, Line 2	E-Mail Address
-N/A-	-N/A-
City	
-N/A-	
State/Province/Territory	
-N/A-	
Zip Code (Postal Code)	
-N/A-	
Country/Area	
-N/A-	