



Date:08/04/2022 20:26:18

Please review the registration.

Created Date

2022-08-04 19:47:34.0

Created by

tra38437

Registration Expiration Date

2022-12-31

Registration Renewed Date

Last Modified by

FMLS

Last Updated

2022-08-04

Last Modified by Company

FRUTAS EXOTICAS DEL PACIFICO FRUTAPAC S.A.

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**

Initial Registration **15182442718** Pin No **D8BGx5fH**

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

FRUTAS EXOTICAS DEL PACIFICO FRUTAPAC S.A.

Telephone Number

593 9 94277863

Facility Name Suffix

Company

Fax Number

Facility Street Address, Line 1

BARRIO CORDOVA - CALLE AVENIDA 8 S/N Y CALLE 17

E-Mail Address

mariosolorzanoc@gmail.com

Facility Street Address, Line 2

Unique Facility Identifier (UFI)

PENDING

City

MANTA

State/Province/Territory

Manabi

Zip Code (Postal Code)

130804



Country/Area

ECUADOR

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

FRUTAS EXOTICAS DEL PACIFICO FRUTAPAC S.A.

Telephone Number

593 9 94277863

Address, Line 1

BARRIO CORDOVA - CALLE AVENIDA 8 S/N Y CALLE 17

Fax Number

Address, Line 2

E-Mail Address

mariosolorzanoc@gmail.com

City

MANTA

State/Province/Territory

Manabi

Zip Code (Postal Code)

130804

Country/Area

ECUADOR

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

FRUTAS EXOTICAS DEL PACIFICO FRUTAPAC S.A.

Telephone Number

593 9 94277863

Company Name Suffix

Company

Fax Number

Address, Line 1

BARRIO CORDOVA - CALLE AVENIDA 8 S/N Y CALLE 17

E-Mail Address

mariosolorzanoc@gmail.com

Address, Line 2

City

MANTA

State/Province/Territory

Manabi

Zip Code (Postal Code)

130804

Country/Area

ECUADOR



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
	001 786 3299154
Individual's Name (Optional)	E-Mail Address
Manuel Echeverria	info@tradeandbiz.com
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

Alternate Trade Name #1: **FRUTAPAC**

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)

U.S. Agent ID	Emergency Contact Phone
USID7718484	786 3299154
Name	Fax Number
Manuel Echeverria	
Address, Line 1	E-Mail Address
8510 Nw 72nd St	info@tradeandbiz.com
Address, Line 2	
City	
Miami	
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

January

Harvest 2

Start Month

End Month

December

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)
8. CHOCOLATE AND COCOA PRODUCTS ^[21 CFR 170.3 (n) (3), (9), (38), (43)]	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Raw Agricultural Commodities	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
33. VEGETABLE AND VEGETABLE PRODUCT CATEGORIES ^[21 CFR 170.3 (n) (19), (36)]													
b. Raw Agricultural Commodities	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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: SOLORZANO CEDENO MARIO DAVID



Address, Line 1
BARRIO CORDOVA - CALLE AVENIDA 8 S/N Y CALLE 17

Telephone Number
593 9 94277863

Address, Line 2

Fax Number

City

E-Mail Address

MANTA

mariosolorzanoc@gmail.com

State/Province/Territory

Manabi

Zip Code (Postal Code)

130804

Country/Area

ECUADOR

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 FORM: SOLORZANO CEDENO MARIO DAVID

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-