



Date:07/09/2022 12:39:00

Created Date

2022-07-07 16:56:13.0

Created by

ced35632

Registration Expiration Date

2022-12-31

Registration Renewed Date

Last Updated

2022-07-09

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: **15160503020**

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

**DESARROLLADORA DE PRODUCTOS EN RTD**

Telephone Number

**052 348 1051606**

Facility Name Suffix

**Other**

Fax Number

Facility Name Suffix Other

**SA DE CV**

Facility Street Address, Line 1

**Km 2 Libramiento Sur Rancho el Ocote de en Medio Centro**

E-Mail Address

**igarciaalpha@gmail.com**

Facility Street Address, Line 2

Unique Facility Identifier (UFI)

City

**ARANDAS**

State/Province/Territory

**Jalisco**

Zip Code (Postal Code)

**47180**



Country/Area

**MEXICO**

**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

**DESARROLLADORA DE PRODUCTOS EN RTD**

Telephone Number

**052 348 1051606**

Address, Line 1

**Km 2 Libramiento Sur Rancho el Ocote de en Medio Centro**

Fax Number

Address, Line 2

E-Mail Address

**igarciaalpha@gmail.com**

City

**ARANDAS**

State/Province/Territory

**Jalisco**

Zip Code (Postal Code)

**47180**

Country/Area

**MEXICO**

**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

**DESARROLLADORA DE PRODUCTOS EN RTD**

Telephone Number

**052 348 1051606**

Company Name Suffix

**Other**

Fax Number

Company Name Suffix Other

**SA DE CV**

Address, Line 1

**Km 2 Libramiento Sur Rancho el Ocote de en Medio Centro**

E-Mail Address

**igarciaalpha@gmail.com**

Address, Line 2

City

**ARANDAS**

State/Province/Territory

**Jalisco**

Zip Code (Postal Code)

**47180**



Country/Area

**MEXICO**

**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

**052 348 1051606**

Individual's Name (Optional)

E-Mail Address

**igarciaalpha@gmail.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: **PALOMA CURITA**

**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)

First Name

[Redacted]

Telephone Number

[Redacted]

Middle Name (Optional)

Emergency Contact Phone

[Redacted]

Last Name

[Redacted]

Fax Number

Title (Optional)

[Redacted]

E-Mail Address

[Redacted]

Address, Line 1

[Redacted]

[Redacted]

City

[Redacted]

State/Province/Territory

[Redacted]

Zip Code (Postal Code)

[Redacted]



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)
1. ALCOHOLIC BEVERAGES <sup>(2)</sup> 170.2 (n) (2)	<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 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: **IVAN ANTONIO GARCIA GUZMAN**

Address, Line 1

**Km 2 Libramiento Sur Rancho el Ocote de en Medio Centro**

Address, Line 2

Telephone Number

**052 348 1051606**

Fax Number



City

**ARANDAS**

E-Mail Address

**igarciaalpha@gmail.com**

State/Province/Territory

**Jalisco**

Zip Code (Postal Code)

**47180**

Country/Area

**MEXICO**

**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:** Raul Garcia Teruel

**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

**-N/A-**

Telephone Number

**-N/A-**

Address, Line 1

**-N/A-**

Fax Number

**-N/A-**

Address, Line 2

**-N/A-**

E-Mail Address

**-N/A-**

City

**-N/A-**

State/Province/Territory

**-N/A-**

Zip Code (Postal Code)

**-N/A-**

Country/Area

**-N/A-**