

FDA | U.S. Food and Drug Administration Food Facility Registration

Date: 03/11/2021 8:59:37

Please review the registration.

Created Date

2021-03-11 08:56:54.0

Created by

rob5048

Registration Expiration Date

2022-12-31

Registration Renewed Date

Last Modified by

FMLS

Last Updated

2021-03-11

Last Modified by Company

NUTRIALIMENTAR INDUSTRIA E COMERCIO LTDA

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**

FACILITY REGISTRATION NUMBER **15063563056** Pin No **8B6cbHC6**

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

NUTRIALIMENTAR INDUSTRIA E COMERCIO LTDA

Telephone Number

055 19 38161585

Facility Name Suffix

Limited Liability Corporation

Fax Number

E-Mail Address

guilherme@bongusto.ind.br

Facility Street Address, Line 1

Rua Antonia Martins Luiz, 519

Unique Facility Identifier (UFI)

902760299

Facility Street Address, Line 2

City

Indaiatuba

State/Province/Territory

São Paulo

Zip/Postal Code

13347404

Country/Area

BRAZIL

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

NUTRIALIMENTAR INDUSTRIA E COMERCIO LTDA

Telephone Number

055 19 38161585

Address, Line 1

Rua Antonia Martins Luiz, 519

Fax Number

E-Mail Address

guilherme@bongusto.ind.br

Address, Line 2

City

Indaiatuba

State/Province/Territory

São Paulo

Zip Code (Postal Code)

13347404

Country/Area

BRAZIL

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

NUTRIALIMENTAR INDUSTRIA E COMERCIO LTDA

Telephone Number

055 19 38161585

Company Name Suffix

Limited Liability Corporation

Fax Number

E-Mail Address

guilherme@bongusto.ind.br

Address, Line 1

Rua Antonia Martins Luiz, 519

Address, Line 2

City

Indaiatuba

State/Province/Territory

São Paulo

Zip Code (Postal Code)

13347404

Country/Area

BRAZIL

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

055 19 38161585

Individual's Name (Optional)

Guilherme

E-mail Address

Individual's Middle Name <i>(Optional)</i>	guilherme@bongusto.ind.br
Individual's Last Name <i>(Optional)</i>	Job Title <i>(Optional)</i>
Guermandi	Manager

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)

First Name	Telephone Number
Robert	202 4493739 1
Middle Name <i>(Optional)</i>	Emergency Contact Phone
Charles	202 3651958
Last Name	Fax Number
Lehrman	202 4785189
Title <i>(Optional)</i>	E-Mail Address
Attorney	lazahn@bevlaw.com

Address, Line 1
2911 Hunter Mill Rd Ste 303

Address, Line 2

City
Oakton

State/Province/Territory
Virginia

Zip Code (Postal Code)
22124-1719

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 Processor	Low-Acid Food Processor	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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 - U.S. Agent Address Information
- None of the above

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

Address, Line 1: **Rua Antonia Martins Luiz, 519** Telephone Number: **055 19 38161585**

Address, Line 2: _____ Fax Number: _____

City: **Indaiatuba** E-Mail Address: **guilherme@bongusto.ind.br**

State/Province/Territory: **São Paulo**

Zip Code (Postal Code): **13347404**

Country/Area: **BRAZIL**

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: Robert Charles Lehrman

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-	