

# FDA

# U.S. Food and Drug Administration Food Facility Registration

Please review your registration. If all information is correct, click the Submit button below. To make changes to a section, click the Edit button for that section.

Date  
**08/03/2021 11:47:28**

Created by  
**emp31256**

Created Date  
**2021-07-27 14:17:30.0**

Registration Renewed Date

Registration Expiration Date  
**2022-12-31**

Last Updated  
**2021-08-02**

Registration Status  
**VALID**

Registration Status Reason  
**Pending UFI Confirmation**

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:* **13672690538** *Pin No* **06FDC2aC** [Modify Pin](#)

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  
**EMPACADORA FRIPEZ S.A.**

Telephone Number  
**593 05 2384918**

Facility Name Suffix  
**Company**

Fax Number  
**593 05 2384918**

Facility Street Address, Line 1  
**MANABI, MANTA LOS ESTEROS AV. 103 S/N Y CALLE  
114**

E-Mail Address  
**fripezsa@gmail.com**

Facility Street Address, Line 2

Unique Facility Identifier (UFI)  
**PENDING**

City  
**MANTA**

State/Province/Territory  
**Manabi**

Zip/Postal Code  
**130801**

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 <b>EMPACADORA FRIPEZ S.A.</b>	Telephone Number <b>593 05 2384918</b>
Address, Line 1 <b>MANABI, MANTA LOS ESTEROS AV. 103 S/N Y CALLE 114</b>	Fax Number <b>593 05 2384918</b>
Address, Line 2	E-Mail Address <b>fripezsa@gmail.com</b>
City <b>MANTA</b>	
State/Province/Territory <b>Manabi</b>	
Zip Code (Postal Code) <b>130801</b>	
Country/Area <b>ECUADOR</b>	

#### 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 <b>EMPACADORA FRIPEZ S.A.</b>	Telephone Number <b>593 05 2384918</b>
Company Name Suffix <b>Company</b>	Fax Number <b>593 05 2384918</b>
Address, Line 1 <b>MANABI, MANTA LOS ESTEROS AV. 103 S/N Y CALLE 114</b>	E-Mail Address <b>fripezsa@gmail.com</b>
Address, Line 2	
City <b>MANTA</b>	
State/Province/Territory <b>Manabi</b>	
Zip Code (Postal Code) <b>130801</b>	
Country/Area <b>ECUADOR</b>	

#### 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) <b>Ms</b>	Emergency Contact Phone <b>001 714 7221380</b>
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Individual's Name (Optional)

**LUIS**

E-mail Address

**urgilesluis1@gmail.com**

Individual's Middle Name (Optional)

**FELIPE**

Job Title (Optional)

Individual's Last Name (Optional)

**URGILES**

## 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

**LUIS**

Telephone Number

**714 7221380**

Middle Name (Optional)

**FELIPE**

Emergency Contact Phone

**714 7221380**

Last Name

**URGILES**

Fax Number

Title (Optional)

**Ms**

E-Mail Address

**urgilesluis1@gmail.com**

Address, Line 1

**550 Swanson Ave**

Address, Line 2

City

**Placentia**

State/Province/Territory

**California**

Zip Code (Postal Code)

**92870-2031**

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**

End Month

**December**

Harvest 2

Start Month

**January**

End Month

**December**

## 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

Selected Product Name	Selected Activity Types
14. FISHERY / SEAFOOD PRODUCT CATEGORIES [21 CFR 170.3 (n) (13), (15), (39), (40)]	
a. Fin Fish, Whole or Filet	Manufacturer / Processor;
b. Molluscan Shellfish	Manufacturer / Processor;
c. Other Shellfish	Manufacturer / Processor;
d. Ready to Eat (RTE) Fishery Products	Manufacturer / Processor;
e. Processed and Other Fishery Products	Manufacturer / Processor;

## 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 : EDER LEONARDO ALVAREZ MERO

Address, Line 1

**MANABI, MANTA LOS ESTEROS AV. 103 S/N Y CALLE  
114**

Telephone Number

**593 05 2384918**

Fax Number

**593 05 2384918**

Address, Line 2

City

**MANTA**

E-Mail Address

**fripezsa@gmail.com**

State/Province/Territory

**Manabi**

Zip Code (Postal Code)

**130801**

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:** EDER LEONARDO  
ALVAREZ MERO

**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-**