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

Created Date 2019-99-95 23:00-42.0 Registration Expiration Date 2019-99-95 23:00-42.0 Registration Expiration Date 2020-10-15 Last Updated 2020-10-15 Registration Status Reason Initial registration  Registration Status VALID  stris facility engaged in the manufacturing/processing, packing, or holding of food for human or animal consumption in the United States?  Facility Location : Foreign Registration  UPDATE OF REGISTRATION INFORMATION : Registration Number: 11437781215 Pin No. 83yiF41 Are you the new owner of a previously registered facility?  Yes = No  Previous Owner's Title: Previous Owner's Title: Previous Owner's Title: Previous Owner's Registration Number:  Facility Name Mapa Exportaciones S.A.S  Facility Name Mapa Exportaciones S.A.S  Facility Street Address, Line 1 Company  Facility Street Address, Line 2  City SABANETA  Statio/Provinco/Territory Antioquia Zip/Postala Code 055456  Country/Area COLOMBIA  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 Mapa Exportaciones S.A.S  Feliphone Number 057 317 3644048	Date: 10/15/2020 13:42:28					
2020-10-15 Last Updated 2020-10-15 Registration Status Reason Initial registration Registration Status Reason Initial registration Registration Status VALID  The facility engaged in the manufacturing/processing, packing, or holding of food for human or animal consumption in the United States?  Registration  Facility Location: Foreign Registration  UPDATE OF REGISTRATION INFORMATION: Registration Number: 11437781216 Pin No 03;8HF41  Are you the new owner of a previously registered facility?  Yes: No Previous Owner's Title: Previous Owner's Registration Number:  Facility Name Mapa Exportaciones S.A.S  Facility Name Suffix Company Facility Street Address, Line 1 Carrora 42 n 60 sur 15  Facility Street Address, Line 2  City SABANETA  State/Province/Territory Antioquia Zip/Postal Code 6055456  Ccuntry/Area COLLOMBIA  Complete this section if different from Section 2 Facility Name/Address Information  Complete this section if different from Section 2 Facility Name/Address Information (UPTIONAL)  Last be preferred mailing address the same as the facility address (Section 2)? Yes Name Mapa Exportaciones S.A.S  Telephone Number  Telephone Number  Unique Facility Identifier (UFI) 88635509  Telephone Number  Telephone Number  Unique Facility Identifier (UFI) 88636500  Country/Area  COLLOMBIA  Compress the same as the facility address (Section 2)? Yes Name  Mapa Exportaciones S.A.S  Telephone Number						
Registration Status VALID    Registration Status						
this facility engaged in the manufacturing/processing, packing, or holding of food for human or animal consumption in the United States?  If a No Section 1: Type of Registration  Facility Location: Foreign Registration  UPDATE OF REGISTRATION INFORMATION: Registration Number: 11437781216 Pin No 03xjHF4I  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:  Facility Name Assay Section 2: Facility Name/Address Information  Facility Name Suffix Company  Facility Name Suffix Company  Facility Street Address, Line 1 Carrora 42 n 60 sur 15  Facility Street Address, Line 2  City SABANETA  State/Province/Territory Antioquia ZipiPostal Code 605450  Country/Area COLOMBIA  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  Telephone Number  Telephone Number  1 Telephone Number  2 Telephone Number  2 Telephone Number  3 Telephone Number  4 Telephone Number  5 Telephone Number	·	=				
Rection 1: Type of Registration  UPDATE OF REGISTRATION INFORMATION: Registration Number: 11437781216 Pin No 03xjHF41  Are you the new owner of a previously registered facility?  Yes IN Previous Owner's Title: Previous Owner's Title: Previous Owner's Name: Previous Owner's Registration Number :  Rection 2: Facility Name/Address Information  Facility Name Mapa Exportaciones S.A.S Facility Name Suffix Company Facility Street Address, Line 1 Carrera 42 n 60 sur 15 Facility Street Address, Line 2  City SABANETA  State/Province/Territory Antioquia Zip/Postal Code 055450  Country/Area COLOMBIA  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 Mapa Exportaciones S.A.S  Telephone Number  Telephone Number Unique Facility Identifier (UFI) 886363509						
Facility Coation: Foreign Registration UPDATE OF REGISTRATION INFORMATION: Registration Number: 11437781216 Pin No 03xjHF4I Are you the new owner of a previously registered facility?  Yes No Previous Owner's Title: Previous Owner's Name: Previous Owner's Name: Previous Owner's Registration Number:  Section 2: Facility Name/Address Information  Facility Name Mapa Exportaciones S.A.S  657 317 3644048  Fax Number E-Mail Address Facility Street Address, Line 1  Carrier 42 n 60 sur 15  Facility Street Address, Line 2  City SABANETA  State/Province/Territory Antioquia Zip/Postal Code 655450  Country/Area COLOMBIA  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 Mapa Exportaciones S.A.S  Titlephone Number  E-Mail Address Servicioalcliente@mapaexportaciones.com  UPDATE OF Registration Number: 11437781216 Pin No 03xjHF4I Pin No 03xjHF4		numan or animal consumption in the United States?				
UPDATE OF REGISTRATION INFORMATION: Registration Number: 11437781216 Pin No 03xjHF41  Are you the new owner of a previously registered facility?  Yes No  Previous Owner's Title: Previous Owner's Name: Previous Owner's Name in the previous Owner's Na	Section 1: Type of Registration					
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 :  Previous Owner's Registration Number :  Previous Owner's Registration Number :  Previous Owner's Registration Number :  Previous Owner's Registration Number :  Previous Owner's Registration Number :  Previous Owner's Registration Number :  Previous Owner's Registration Number :  Previous Owner's Registration Number :  Previous Owner's Registration Number :  Previous Owner's Registration Number :  Previous Owner's Registration Number :  Previous Owner's Registration Number :  Previous Owner's Registration Number :  Previous Owner's Registration Number :  Previous Owner's Registration Number :  Previous Owner's Registration Number :  Previous Owner's Registration Number :  Previous Owner's Name :  Previous O	Facility Location : Foreign Registration					
Previous Owner's Title: Previous Owner's Name : Previous Owner's Name : Previous Owner's Registration Number :  ection 2: Facility Name/Address Information  Facility Name Mapa Exportaciones S.A.S  Facility Name Suffix Company Facility Street Address, Line 1 Carrera 42 n 60 sur 15 Facility Street Address, Line 2  City SABANETA  State/Province/Territory Antioquia Z[p/Postal Code 055450  Country/Area COLOMBIA  ection 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 Mapa Exportaciones S.A.S  Telephone Number 057 317 3644048	UPDATE OF REGISTRATION INFORMATION: Registration Number: 114377812	216 Pin No 03xjHF4i				
Previous Owner's Title: Previous Owner's Name : Previous Owner's Name : Previous Owner's Registration Number :  ection 2: Facility Name/Address Information  Facility Name Mapa Exportaciones S.A.S  Facility Name Suffix Company Facility Name Suffix Fax Number Company Facility Street Address, Line 1 Carrera 42 n 60 sur 15 Unique Facility Identifier (UFI) SABANETA  State/Province/Territory Antioquia Zip/Postal Code 055450  Country/Area COLOMBIA  ection 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 Mapa Exportaciones S.A.S  Telephone Number Telephone Number Telephone Number Telephone Number Telephone Number Telephone Number	Are you the new owner of a previously registered facility?					
Previous Owner's Name : Previous Owner's Registration Number :  ection 2: Facility Name   Telephone Number    Facility Name   Mapa Exportaciones S.A.S   057 317 3644048    Facility Name Suffix   Fax Number    Company   E-Mail Address    Facility Street Address, Line 1    Carrera 42 n 60 sur 15    Facility Street Address, Line 2    City SABANETA    State/Province/Territory    Antioquia    Zip/Postal Code    055450    Country/Area    COLOMBIA    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   Mapa Exportaciones S.A.S    Telephone Number	Yes No					
Facility Name Mapa Exportaciones S.A.S Facility Name Suffix Company E-Mail Address Facility Street Address, Line 1 Carrera 42 n 60 sur 15 City SABANETA State/Province/Territory Antioquia Zip/Postal Code 055450 Country/Area COLOMBIA  Preferred Mailing Address Information  Complete this section if different from Section 2 Facility Name/Address (Section 2)? Yes Name Mapa Exportaciones S.A.S  Telephone Number 057 317 3644048  Telephone Number  E-Mail Address servicioalcliente@mapaexportaciones.com Unique Facility Identifier (UFI) 886363509  Cuique Facility Identifier (UFI) 886363509  Country/Area COLOMBIA  Telephone Number Telephone Number 057 317 3644048	Previous Owner's Name :					
Facility Street Address, Line 1 Carrera 42 n 60 sur 15 Facility Street Address, Line 2  City SABANETA  State/Province/Territory Antioquia  Zip/Postal Code 055450  Country/Area COLOMBIA  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 Mapa Exportaciones S.A.S  Servicioalcliente@mapaexportaciones.com Unique Facility Identifier (UFI) 886363509  Unique Facility Identifier (UFI) 886363509  Conjuge Facility Identifier (UFI) 886363600  Conjuge Facility Identifier (UFI) 886363509  Conjuge Facility Identifier (UFI) 886363600  Conjuge Facility Identifier (UFI) 886	Facility Name					
Facility Street Address, Line 1 Carrera 42 n 60 sur 15 Facility Street Address, Line 2 City SABANETA State/Province/Territory Antioquia Zip/Postal Code 055450 Country/Area COLOMBIA  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 Mapa Exportaciones S.A.S  Line 2  Mique Facility Identifier (UFI) 886363509  Unique Facility Identifier (UFI) 886363509  Unique Facility Identifier (UFI) 886363509  Conique Facility Identifier (UFI) 886363509  College Facility Identifier (UF		Fax Number				
Carrera 42 n 60 sur 15 Facility Street Address, Line 2  City SABANETA  State/Province/Territory Antioquia Zip/Postal Code 055450  Country/Area COLOMBIA  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 Mapa Exportaciones S.A.S  Unique Facility Identifier (UFI) 886363509  Unique Facility Identifier (UFI) 886363509  Enditor Telephone Number Telephone Number 157 317 3644048						
Facility Street Address, Line 2  City SABANETA  State/Province/Territory Antioquia  Zip/Postal Code 055450  Country/Area COLOMBIA  ection 3: Preferred Mailing Address Information  Complete this section if different from Section 2 Facility Name/Address (Section 2)? Yes Name  Telephone Number Mapa Exportaciones S.A.S  886363509						
State/Province/Territory Antioquia  Zip/Postal Code 055450  Country/Area COLOMBIA  ection 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 Mapa Exportaciones S.A.S  Telephone Number Mapa Exportaciones S.A.S	Facility Street Address, Line 2					
Antioquia  Zip/Postal Code 055450  Country/Area COLOMBIA  ection 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  Telephone Number Mapa Exportaciones S.A.S  057 317 3644048						
Country/Area COLOMBIA  ection 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  Telephone Number  Mapa Exportaciones S.A.S  057 317 3644048	,					
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Is the preferred mailing address the same as the facility address (Section 2)? Yes  Name  Telephone Number  Mapa Exportaciones S.A.S  057 317 3644048	ection 3: Preferred Mailing Address Information					
Name Telephone Number  Mapa Exportaciones S.A.S 057 317 3644048	Complete this section if different from Section 2 Facility Name/Address Information (C	OPTIONAL)				
	Name					

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Carrera 42 n 60 sur 15 Address, Line 2	E-Mail Address servicioalcliente@mapaexportaciones.com
City SABANETA	
State/Province/Territory Antioquia	
Zip Code (Postal Code) 055450	
Country/Area COLOMBIA	

# 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:					
Telephone Number 057 317 3644048					
Fax Number					
E-Mail Address servicioalcliente@mapaexportaciones.com					

# 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) Individual's Name (Optional) MAPA EXPORTACIONES Individual's Middle Name (Optional) Individual's Last Name (Optional)	Emergency Contact Phone 001 914 8436080  E-mail Address MAPAEXPORTACIONES@GMAIL.COM  Job Title (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

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If information is the same as Section 2, check the box:

Name MAPA EXPORTACIO		d outside any	state or terri	tory of the U	Inited States	Telephone 914 843	e Number		monwealth of F	Puerto Rico	)		
Address, Line 1 170 Grand St Apt 5	t 5b				Emergency Contact Phone 914 8436080 Fax Number								
Address, Line 2													
City <b>White Plains</b>						E-Mail Ad		ONEGO					
State/Province/Territ New York	ory					WAPAEX	PORTAC	IONE3@C	GMAIL.COM				
Zip Code (Postal Co 10601-4813	de)												
Country/Area UNITED STATES													
nation 9. Second	al Eggility I	Datas of On	oration //	Ontional)									
ection 8: Seasona	ai racility i	Dates of Op	eration (C	рионан									
Give the approximate d Harvest 1 Start Month	lates that you	ır facility is ope	en for busine	ess, if its ope	erations are	on a seasona End Mont		otional).					
larvest 2 tart Month					End Month								
ection 9: General	Product C	ategories -	Human/A	nimal/Bo	th								
☑ Food for Human	Consumpt	tion				☐ Food f	or Anima	al Consun	nption				
Food for Human			- Food fo	r Human	Consump					the			
ection 9a: Genera			- Food fo  Frozen Food Storage Warehouse / Holding Facility (e.g., storage facilities)	Acidified Food Processor	Consump  Low-Acid Food Processor		ype of A			the Packer / Repacker	Salvage Operator (Reconditioner)	Farm Mixed- Type Facility	Other Activity Conducts (Please Specify
ection 9a: General cility  Do be completed by all pool facilities. Please ee instructions for urther examples. IF ONE OF THE IANDATORY ATEGORIES BELOW	Ambient Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain	Refrigerated Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage	Frozen Food Storage Warehouse / Holding Facility (e.g., storage	Acidified Food	Low-Acid Food	Interstate Conveyance Caterer / Catering	ype of A	ctivity Co	onducted at	Packer /	Operator	Mixed- Type	Activity Conducte (Please
obe completed by all od facilities. Please instructions for rither examples. IF DNE OF THE ANDATORY ATTEGORIES BELOW PPLY, SELECT BOX 37.  FRUIT AND FRUIT RODUCTS 1 CFR 170.3 (n) (16),	Ambient Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain	Refrigerated Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage	Frozen Food Storage Warehouse / Holding Facility (e.g., storage	Acidified Food	Low-Acid Food	Interstate Conveyance Caterer / Catering	ype of A	ctivity Co	onducted at	Packer /	Operator	Mixed- Type	Activity Conducto (Please

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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-C	charge: MANUELA HERRERA ACOSTA
Address, Line 1 Carrera 42 n 60 sur 15	Telephone Number 057 317 3644048
Address, Line 2	Fax Number
City SABANETA	E-Mail Address servicioalcliente@mapaexportaciones.com
State/Province/Territory Antioquia	
Zip Code (Postal Code) 055450	
Country/Area COLOMBIA	
Continue 44. Impropriese Chatemant	

#### 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: ARGILIO MARTINEZ RODRIGUEZ

#### **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:

Same as Section 10

Individual's Name

ARGILIO MARTINEZ RODRIGUEZ

Address, Line 1 6950 N.W. 25Th Street

Address, Line 2

City **Miami** 

State/Province/Territory

Florida

Zip Code (Postal Code)

33122

Country/Area

UNITED STATES

Telephone Number **001 786 2518634** 

Fax Number **001 305 5936775** 

E-Mail Address

ARGILIO@MASTER-CUSTOMS.COM

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