

FDA | U.S. Food and Drug Administration

Food Facility Registration

Date: 10/15/2020 13:42:28

Created Date 2019-09-05 23:00:42.0	Created by mas49024
Registration Expiration Date 2022-12-31	Registration Renewed Date 2020-10-15
Last Updated 2020-10-15	Registration Status Reason Initial registration
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: **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 :

Section 2: Facility Name/Address Information

Facility Name Mapa Exportaciones S.A.S	Telephone Number 057 317 3644048
Facility Name Suffix Company	Fax Number
Facility Street Address, Line 1 Carrera 42 n 60 sur 15	E-Mail Address servicioalcliente@mapaexportaciones.com
Facility Street Address, Line 2	Unique Facility Identifier (UFI) 886363509
City SABANETA	
State/Province/Territory Antioquia	
Zip/Postal Code 055450	
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	Telephone Number 057 317 3644048
Address, Line 1	Fax Number

Carrera 42 n 60 sur 15

Address, Line 2

City

SABANETA

State/Province/Territory

Antioquia

Zip Code (Postal Code)

055450

Country/Area

COLOMBIA

E-Mail Address

servicioalcliente@mapaexportaciones.com**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

Mapa Exportaciones S.A.S

Telephone Number

057 317 3644048

Company Name Suffix

Company

Fax Number

E-Mail Address

servicioalcliente@mapaexportaciones.com

Address, Line 1

Carrera 42 n 60 sur 15

Address, Line 2

City

SABANETA

State/Province/Territory

Antioquia

Zip Code (Postal Code)

055450

Country/Area

COLOMBIA**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

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)

Name MAPA EXPORTACIONES	Telephone Number 914 8436080
Address, Line 1 170 Grand St Apt 5b	Emergency Contact Phone 914 8436080
Address, Line 2	Fax Number
City White Plains	E-Mail Address MAPAEXPORTACIONES@GMAIL.COM
State/Province/Territory New York	
Zip Code (Postal Code) 10601-4813	
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)
17. FRUIT AND FRUIT PRODUCTS [21 CFR 170.3 (n) (16), (27), (28), (35), (43)]													
c. Other Fruit and Fruit Products	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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"/>
18. FRUIT OR VEGETABLE JUICE, PULP OR CONCENTRATE PRODUCTS [21 CFR 170.3 (n) (3), (16), (35)]	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 - U.S. Agent Address Information
 None of the above

Name of Entity or Individual Who is the Owner, Operator, or Agent-in-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

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

Telephone Number
001 786 2518634

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

Fax Number
001 305 5936775

Address, Line 2

E-Mail Address
ARGILIO@MASTER-CUSTOMS.COM

City
Miami

State/Province/Territory
Florida

Zip Code (Postal Code)
33122

Country/Area
UNITED STATES