



Date:02/11/2021 7:02:18

Created Date

2021-02-03 13:33:04.0

Registration Expiration Date

2022-12-31

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: **14553280438**

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

**P & P Impex**

Telephone Number

**091 982 4904212**

Facility Name Suffix

**Incorporated**

Fax Number

Facility Street Address, Line 1

**Care-of Bhiren D. Parsana Ground Floor, P AND P IMPEX, Tanti Park**

E-Mail Address

**newwayimpex12@gmail.com**

**Street No. 5, Opp Karan park, Astron Society**

Facility Street Address, Line 2

**Off 150 Ring Road**

Unique Facility Identifier (UFI)

City

**Rajkot**

State/Province/Territory

**Gujart**

Zip Code (Postal Code)

**360004**

Country/Area

**INDIA**

### 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

**P & P Impex**

Telephone Number

**091 982 4904212**



Address, Line 1

**Care-of Bhiren D. Parsana Ground Floor, P AND P IMPEX, Tanti Park  
Street No. 5, Opp Karan park, Astron Society**

Fax Number

Address, Line 2

**Off 150 Ring Road**

E-Mail Address

**newwayimpex12@gmail.com**

City

**Rajkot**

State/Province/Territory

**Gujart**

Zip Code (Postal Code)

**360004**

Country/Area

**INDIA**

#### 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

**P & P Impex**

Telephone Number

**091 982 4904212**

Company Name Suffix

**Incorporated**

Fax Number

Address, Line 1

**Care-of Bhiren D. Parsana Ground Floor, P AND P IMPEX, Tanti Park  
Street No. 5, Opp Karan park, Astron Society**

E-Mail Address

**newwayimpex12@gmail.com**

Address, Line 2

**Off 150 Ring Road**

City

**Rajkot**

State/Province/Territory

**Gujart**

Zip Code (Postal Code)

**360004**

Country/Area

**INDIA**

#### 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

**091 982 4904212**

Individual's Name (Optional)

E-Mail Address

**newwayimpex12@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

**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

Telephone Number

**Sigma Scientific Services LLC**

**305 2394441 null**

Address, Line 1

Emergency Contact Phone

**7600 Nw 69th Ave**

**305 2394441**

Address, Line 2

City

**Medley**

E-Mail Address

State/Province/Territory

**jmillan@sigmabiomedical.com**

**Florida**

Zip Code (Postal Code)

**33166**

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)
b. Edible Seed and Edible Seed Products	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. SPICES, FLAVORS, AND SALTS <sup>[21 CFR 170.3 (n) (26)]</sup>	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. SOUPS <sup>[21 CFR 170.3 (n) (39), (40)]</sup>	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. VEGETABLE OILS (INCLUDES OLIVE OIL) <sup>[21 CFR 170.3 (n) (12)]</sup>	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. WHOLE GRAINS, MILLER GRAIN PRODUCTS (FLOURS), OR STARCH <sup>[21 CFR 170.3 (n) (1), (23)]</sup>	<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 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 - US Agent Address Information
- None of the above

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



Address, Line 1

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**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.