



Date:02/11/2021 11:31:48

Created Date

2021-01-20 17:45:14.0

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: **16099686994**

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

Procesadora de Alimentos Evofruit

Telephone Number

052 313 3272598

Facility Name Suffix

Other

Fax Number

Facility Name Suffix Other

SA de CV

Facility Street Address, Line 1

Calle Rio Naranjo S/N

E-Mail Address

lev.cruz@evofruit.com

Facility Street Address, Line 2

Entre Calles 18 de Marzo y Matamoros

Unique Facility Identifier (UFI)

City

Tecoman

State/Province/Territory

Colima

Zip Code (Postal Code)

28180

Country/Area

MEXICO

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

Procesadora de Alimentos Evofruit

Telephone Number

052 313 3272598

Address, Line 1

Calle Rio Naranjo S/N

Fax Number

Address, Line 2

Entre Calles 18 de Marzo y Matamoros

E-Mail Address

lev.cruz@evofruit.com

City

Tecoman

State/Province/Territory

Colima

Zip Code (Postal Code)

28180

Country/Area

MEXICO

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

Procesadora de Alimentos Evofruit

Telephone Number

052 313 3272598

Company Name Suffix

Fax Number

Other

Company Name Suffix Other

SA de CV

Address, Line 1

Calle Rio Naranjo S/N

E-Mail Address

lev.cruz@evofruit.com

Address, Line 2

Entre Calles 18 de Marzo y Matamoros

City

Tecoman

State/Province/Territory

Colima

Zip Code (Postal Code)

28180

Country/Area

MEXICO

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

001 210 7532058

Individual's Name (Optional)

E-Mail Address

Evofruit LLC

pablo.arizpe@evofruit.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

Alternate Trade Name #1: **Evofruit**

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

Evofruit LLC

210 7532058 null

Address, Line 1

Emergency Contact Phone

512 Evans Ave

210 7532058

Address, Line 2

City

San Antonio

E-Mail Address

State/Province/Territory

pablo.arizpe@evofruit.com

Texas

Zip Code (Postal Code)

78209

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

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)
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17. FRUIT AND FRUIT PRODUCTS^[21 CFR 170.3 (n) (16), (27), (28), (35), (43)]

a. Fresh Cut Produce	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Other Fruit and Fruit Products	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. VEGETABLE AND VEGETABLE PRODUCT CATEGORIES^[21 CFR 170.3 (n) (19), (36)]

a. Fresh Cut Products	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Other Vegetable and Vegetable Products	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. VEGETABLE OILS (INCLUDES OLIVE OIL) ^[21 CFR 170.3 (n) (12)]	<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 - US Agent Address Information



☐ None of the above

Name of Entity or Individual Who is the Owner, Operator, or Agent-in-Charge: Procesadora de Alimentos Evofruit, SA de CV

Address, Line 1

Calle Rio Naranjo S/N

Telephone Number

052 313 3272598

Address, Line 2

Entre Calles 18 de Marzo y Matamoros

Fax Number

City

Tecoman

E-Mail Address

lev.cruz@evofruit.com

State/Province/Territory

Colima

Zip Code (Postal Code)

28180

Country/Area

MEXICO

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.