



Date:08/07/2025 6:54:15

Please review the registration.

Created Date

**2022-09-03 07:57:03.0**

Created by

**mri11911**

Registration Expiration Date

**2026-12-31**

Registration Renewed Date

**2024-12-09**

Last Modified by

**FMLS**

Last Updated

**2024-12-09**

Last Modified by Company

**MRIDA GREENS & DEVELOPMENT PVT LTD**

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

Are you a broker, distributor, importer/filer?

Yes  No

Do you take physical possession of the food?

Yes  No

Are you a fishing vessel engaged in processing (21 CFR 1.226(f))?

Yes  No

**Section 1: Type of Registration**

Facility Location: **Foreign Registration**

Initial Registration **11957649920** Pin No **hBhB0GcJ**

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

**MRIDA GREENS & DEVELOPMENT PVT LTD**

Telephone Number

**091 260 2561503**

Facility Name Suffix

**Manufacturing**

Fax Number

Facility Street Address, Line 1

**PLOT NO 2623/10, 3RD PHASE**

E-Mail Address

**MANOJ@MRIDAGROUP.COM**

Facility Street Address, Line 2

**GIDC INDUSTRIAL ESTATE, DIST VALSAD**

Unique Facility Identifier (UFI)

**854172952**



City  
**UMBERGAON**

State/Province/Territory  
**Gujarat**

Zip Code (Postal Code)  
**396171**

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  
**MRIDA GREENS & DEVELOPMENT PVT LTD**

Telephone Number  
**091 260 2561503**

Address, Line 1  
**PLOT NO 2623/10, 3RD PHASE**

Fax Number

Address, Line 2  
**GIDC INDUSTRIAL ESTATE, DIST VALSAD**

E-Mail Address  
**MANOJ@MRIDAGROUP.COM**

City  
**UMBERGAON**

State/Province/Territory  
**Gujarat**

Zip Code (Postal Code)  
**396171**

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  
**MRIDA GREENS & DEVELOPMENT PVT LTD**

Telephone Number  
**091 260 2561503**

Company Name Suffix  
**Manufacturing**

Fax Number

Address, Line 1  
**PLOT NO 2623/10, 3RD PHASE**

E-Mail Address  
**MANOJ@MRIDAGROUP.COM**

Address, Line 2  
**GIDC INDUSTRIAL ESTATE, DIST VALSAD**



City  
**UMBERGAON**

State/Province/Territory  
**Gujarat**

Zip Code (Postal Code)  
**396171**

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

**091 260 2561503**

Individual's Name (Optional)

E-Mail Address

**MANOJ@MRIDAGROUP.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  
**GREEN JEEVA LLC**

Telephone Number

**702 4183342 null**

Address, Line 1  
**2610 W Horizon Ridge Pkwy**

Emergency Contact Phone

**702 4183342**

Address, Line 2  
**Suite 201A, Henderson, NV**

City

**Henderson**

E-Mail Address  
**tapas.swain@greenjeeva.com**

State/Province/Territory

**Nevada**

Zip Code (Postal Code)

**89052**

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)

**12. DIETARY SUPPLEMENT CATEGORIES**

c. Animal By-Products and Extracts	<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"/>
d. Herbs and Botanicals	<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 9b: General Product Categories - Food for Animal Consumption; and Type of Activity Conducted at the Facility**

To be completed by all animal food facilities. Please see instructions for further examples. IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY, SELECT BOX 33	Animal food manufacturer / Processor	Animal Food Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators)	Acidified Food Processor	Low Acid Food Processor	Contract Sterilizer	Packer / Repacker	Labeler / Relabeler	Salvage Operator (Reconditioner)	Farm Mixed-Type Facility	Other Activity Conducted (Please Specify)
6. BOTANICALS AND HERBS	<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 type="checkbox"/>	<input checked="" type="checkbox"/>

**Other Activity Conducted**

Herbal Extract Manufacturing



**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: MR. MANOJ KHANNA

Address, Line 1

**PLOT NO 2623/10, 3RD PHASE**

Address, Line 2

**GIDC INDUSTRIAL ESTATE, DIST VALSAD**

City

**UMBERGAON**

State/Province/Territory

**Gujarat**

Zip Code (Postal Code)

**396171**

Country/Area

**INDIA**

Telephone Number

**091 260 2561503**

Fax Number

E-Mail Address

**MANOJ@MRIDAGROUP.COM**

**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:** MANOJ KHANNA

**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-