



Date:12/03/2020 4:08:33

Created Date

2017-04-07 04:41:07.0

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

Are you a broker, distributor, importer/filer?

Yes No

Section 1: Type of Registration

Facility Location: **Foreign Registration**

UPDATE OF REGISTRATION INFORMATION:

Registration Number: **17665105522**

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

J.K. AGRO FOODS

Telephone Number

091 2877 222690

Facility Name Suffix

Limited Partnership

Fax Number

091 265 2290719

Facility Street Address, Line 1

SURVEY NO. 240/3, VILLAGE MADHUPUR

E-Mail Address

JKAGROFOOD@YAHOO.IN

Facility Street Address, Line 2

TALALA - UNA ROAD, TAL. TALALA

Unique Facility Identifier (UFI)

877469620

City

JUNAGADH

State/Province/Territory

Gujarat

Zip Code (Postal Code)

362150

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	Telephone Number
J.K. AGRO FOODS	091 2877 222690
Address, Line 1	Fax Number
SURVEY NO. 240/3, VILLAGE MADHUPUR	091 265 2290719
Address, Line 2	E-Mail Address
TALALA - UNA ROAD, TAL. TALALA	JKAGROFOOD@YAHOO.IN
City	
JUNAGADH	
State/Province/Territory	
Gujarat	
Zip Code (Postal Code)	
362150	
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	Telephone Number
J.K. AGRO FOODS	091 2877 222690
Company Name Suffix	Fax Number
Limited Partnership	091 265 2290719
Address, Line 1	E-Mail Address
SURVEY NO. 240/3, VILLAGE MADHUPUR	JKAGROFOOD@YAHOO.IN
Address, Line 2	
TALALA - UNA ROAD, TAL. TALALA	
City	
JUNAGADH	
State/Province/Territory	
Gujarat	
Zip Code (Postal Code)	
362150	
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

Other

001 732 5696972

Individual's Title Other

MR.

Individual's Name (Optional)

E-Mail Address

JAYESHBHAI

jbpatel0212@gmail.com

Individual's Middle Name (Optional)

Job Title (Optional)

Individual's Last Name (Optional)

PATEL

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)

First Name

Telephone Number

NIRAV

001 732 5696972

Middle Name (Optional)

Emergency Contact Phone

001 732 5696972

Last Name

Fax Number

VORA

Title (Optional)

E-Mail Address

MR.

jbpatel0212@gmail.com

Address, Line 1

18 A victoriya road

Address, Line 2

City

Edison

State/Province/Territory

New Jersey

Zip Code (Postal Code)

08817

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

c. Other Fruit and Fruit Products	<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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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"/>

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

c. Other Vegetable and Vegetable Products	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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: BHIMJIBHAI KAPURIA

Address, Line 1

SURVEY NO. 240/3, VILLAGE MADHUPUR

Telephone Number

091 2877 222690

Address, Line 2

TALALA - UNA ROAD, TAL. TALALA

Fax Number

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State/Province/Territory

Gujarat

Zip Code (Postal Code)

362150

Country/Area

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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.