

Date:10/30/2024 18:34:58

Created Date	Created by
2012-12-28 15:48:33.0	ind61882
Registration Expiration Date	Registration Renewed Date

2026-12-31 2024-10-30

2024-10-30 Accepted UFI

Registration Status

Last Updated

**VALID** 

Is this facility engaged in the manufacturing/processing, packing, or holding of food for human or animal consumption in the United States?

Registration Status Reason

OYes

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

Oyes ONO

## Section 1: Type of Registration

Facility Location: Foreign Registration

UPDATE OF REGISTRATION INFORMATION:

Registration Number: **14531324984** Pin No **H76HDe24** Are you the new owner of a previously registered facility?

Oyes O<sub>No</sub>

Previous Owner's Title:

Previous Owner's Name:

Previous Owner's Registration Number:

## Section 2: Facility Name/Address Information

Facility Name Telephone Number
Industrias Borja Inborja S.A. 593 7 3704000 205

Facility Name Suffix Fax Number

Corporation 593 7 2934151

Facility Street Address, Line 1 E-Mail Address

Av. Milton Borja (Calle 22), inborja@inborja.com.ec

Facility Street Address, Line 2 Unique Facility Identifier (UFI)

City

El Guabo

State/Province/Territory

2.5 Km Via Barbones - Santa Cruz

El Oro

Zip Code (Postal Code)

070116



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### **ECUADOR**

## **Section 3: Preferred Mailing Address Information**

Complete this section if	different from Se	ection 2 Facility	Name/Address	Information (	OPTIONAL)

Is the preferred mailing address the same as the facility address (Section 2)? Yes

Name Telephone Number

Industrias Borja Inborja S.A. 593 7 3704000 205

Address, Line 1 Fax Number

Av. Milton Borja (Calle 22), 593 7 2934151

Address, Line 2 E-Mail Address

2.5 Km Via Barbones - Santa Cruz inborja@inborja.com.ec

City

El Guabo

State/Province/Territory

El Oro

Zip Code (Postal Code)

070116

Country/Area

**ECUADOR** 

# 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					
	a came as another section, check which section	If information is the same as and	om Sections 2 and 3)	onlicable and if different from	If ann

OSame as Facility Address (Section 2)

● Same as Preferred Mailing Address (Section 3)

ONone of the above

Company Name Telephone Number

Industrias Borja Inborja S.A. 593 7 3704000 205

Company Name Suffix Fax Number

Corporation 593 7 2934151

Address, Line 1 E-Mail Address

Av. Milton Borja (Calle 22), inborja@inborja.com.ec

Address, Line 2

2.5 Km Via Barbones - Santa Cruz

City

El Guabo

State/Province/Territory

El Oro

Zip Code (Postal Code)

070116



#### **ECUADOR**

## **Section 5: Facility Emergency Contact Information**

Section 3. Facility Emergency Contact information	
If information is the same as another section, check which section:	
OSame as Facility Address (Section 2)	
●Same as U.S. Agent Information (Section 7)	
ONone of the above	
Individual's Title (Optional)	Emergency Contact Phone
	001 609 5042378
Individual's Name (Optional)	E-Mail Address
ITI TROPICALS	gert@ititropicals.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

ONo

Alternate Trade Name #1: Borja

### **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

ITI TROPICALS 609 9862094 null

Address, Line 1 Emergency Contact Phone

30 Gordon Ave 609 5042378

Address, Line 2

urcos, Eiro Z

Oity

Lawrence

E-Mail Address State/Province/Territory

gert@ititropicals.com New Jersey

Zip Code (Postal Code)

08648

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



Start Month					End Mo	nth							
Section 9: G	eneral Produc	ct Categories	- Human/Ani	mal/Bo	oth								
☑Food for Hum	an Consumption				□Food	d for Anin	nal Cons	umption					
	Seneral Produ	ıct Categorie	s - Food for H	luman					f Activ	ity Co	nducte	d at th	ie
Facility						·				•			
To be completed by all food facilities. Please see instructions for further examples. IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY,	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	Interstat e Conveya nce Caterer / Catering Point	Contract	Labeler / Relabele r	Manufact urer / Process or	Packer / Repacke	Salvage Operator (Recondi tioner)	Farm Mixed- Type Facility	Other Activity Conduct ed (Please Specify)
2.BABY (INFANT AND JUNIOR) FOOD PRODUCTS Including Infant Formula				Ø	Ø								
4.BEVERAGE BASES[21 CFR 170.3 (n)				Ø									
18.FRUIT OR VEGETABLE JUICE, PULP OR CONCENTRATE PRODUCTS <sub>[21</sub> CFR				V	Ø								
170.3 (n) (3), (16), (35)] Section 10: (	Dwner, Opera	tor or Agent-	in-Charge In	format	ion	<b>I</b>							
Provide the follon section:  If information is to the original of the section 2 - Far the original of the section 3 - Part of the section 4 - Part of	wing information, he same as Secti acility Address Info referred Mailing A arent Company Ad S Agent Address	on 2, check the bormation  ddress Information	I other sections o			mation is	s the sam	ne as anc	other sec	tion of the	e form, cl	heck wh	ich



Address, Line 1

Av. Milton Borja (Calle 22),

Address, Line 2

2.5 Km Via Barbones - Santa Cruz

City

El Guabo

State/Province/Territory

El Oro

Zip Code (Postal Code)

070116

Country/Area

**ECUADOR** 

Telephone Number

593 7 3704000 205

Fax Number

593 7 2934151

E-Mail Address

inborja@inborja.com.ec

# **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: Kleber Villa M.

**CHECK ONE BOX** 

Oa. INDIVIDUAL ASSOCIATED WITH THE INFORMATION IN SECTION 10 (STOP HERE, FORM IS COMPLETED)

**OB. ANOTHER AUTHORIZED INDIVIDUAL** 

Address Information for the Authorizing Individual:

Individual's Name

Address, Line 1

Address, Line

Address, Line 2

-N/A-

City

-N/A-

-N/A-

-N/A-

State/Province/Territory

-N/A-

Zip Code (Postal Code)

-N/A-

Telephone Number

-N/A-

Fax Number

-N/A-

E-Mail Address

-N/A-



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