

FDA | U.S. Food and Drug Administration

Food Facility Registration

Date: 11/02/2018 18:04:33

Created Date 2017-02-14 17:13:26.0	Created by hon46810
Registration Expiration Date 2020-12-31	Registration Renewed Date 2018-11-02
Last Updated 2018-11-02	Registration Status Reason Initial registration
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

Section 1: Type of Registration

Facility Location: **Foreign Registration**

UPDATE OF REGISTRATION INFORMATION: *Registration Number: 14576912716 Pin No 2b964J4a*

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 HONDUCHIPS S.A. DE C.V.	Telephone Number 504 2772 7676 20
Facility Name Suffix Company	Fax Number
Facility Street Address, Line 1 Km 80 de Tegucigalpa a San Pedro Sula	E-Mail Address walterio.lopez@grupoim.hn
Facility Street Address, Line 2 Junto Motel Mi Segunda Ilusion	
City Comayagua	
State/Province/Territory Comayagua	
Zip/Postal Code 12101	
Country/Area HONDURAS	

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 HONDUCHIPS S.A. DE C.V.	Telephone Number 504 2772 7676 20
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Address, Line 1

Km 80 de Tegucigalpa a San Pedro Sula

Fax Number

Address, Line 2

Junto Motel Mi Segunda Ilusion

E-Mail Address

walterio.lopez@grupoim.hn

City

Comayagua

State/Province/Territory

Comayagua

Zip Code (Postal Code)

12101

Country/Area

HONDURAS**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

HONDUCHIPS S.A. DE C.V.

Telephone Number

504 2772 7676 20

Company Name Suffix

Company

Fax Number

E-Mail Address

walterio.lopez@grupoim.hn

Address, Line 1

Km 80 de Tegucigalpa a San Pedro Sula

Address, Line 2

Junto Motel Mi Segunda Ilusion

City

Comayagua

State/Province/Territory

Comayagua

Zip Code (Postal Code)

12101

Country/Area

HONDURAS**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)

Individual's Name (Optional)

Gloria

Individual's Middle Name (Optional)

Individual's Last Name (Optional)

Blanco

Emergency Contact Phone

001 786 5565311

E-mail Address

larryblanco@bellsouth.net

Job Title (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)

First Name **Gloria** Telephone Number **305 5574098**
 Middle Name (Optional) _____ Emergency Contact Phone **786 5565311**
 Last Name **Blanco** Fax Number _____
 Title (Optional) _____ E-Mail Address **larryblanco@bellsouth.net**
 Address, Line 1 **5723 W 28th Ave**
 Address, Line 2 _____
 City **Hialeah**
 State/Province/Territory **Florida**
 Zip Code (Postal Code) **33016-1923**
 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 Processor	Low-Acid Food Processor	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)
29. SNACK FOOD ITEMS (FLOUR, MEAL OR VEGETABLE BASE) [21 CFR 170.3 (n) (37)]	<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: Omar Hernandez

Address, Line 1 Km 80 de Tegucigalpa a San Pedro Sula	Telephone Number 504 9828 2926
Address, Line 2 Junto Motel Mi Segunda Ilusion	Fax Number
City Comayagua	E-Mail Address omar.hernandez@grupويم.hn
State/Province/Territory Comayagua	
Zip Code (Postal Code) 12101	
Country/Area HONDURAS	

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: Walterio Lopez

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:

Same as Section 10

Individual's Name Omar Hernandez	Telephone Number 504 9828 2926
Address, Line 1 Km 80 de Tegucigalpa a San Pedro Sula	Fax Number
Address, Line 2 Junto Motel Mi Segunda Ilusion	E-Mail Address omar.hernandez@grupويم.hn
City Comayagua	
State/Province/Territory Comayagua	
Zip Code (Postal Code) 12101	
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