

FDA | U.S. Food and Drug Administration

Food Facility Registration

Date: 07/02/2021 17:01:11

Please review the registration.

Created Date
2020-09-08 16:01:38.0

Created by
alp30932

Registration Expiration Date
2022-12-31

Registration Renewed Date
2020-12-23

Last Updated
2021-07-02

Last Modified by
alp30932

Last Modified by Company
MONMIFISH S.A.

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

Section 1: Type of Registration

Facility Location : **Foreign Registration**

FACILITY REGISTRATION NUMBER **16465048076**

Are you the new owner of a previously registered facility?

Yes No

Previous Owner's Title: **Mr**

Previous Owner's Name : **ROBERTO**

Previous Owner's Registration Number : **14004505438**

Section 2: Facility Name/Address Information

Facility Name
MONMIFISH S.A.

Telephone Number
593 987 494057

Facility Name Suffix
Company

Fax Number

Facility Street Address, Line 1
SECTOR LAS PAMPAS DE LOS SERRANOS, PARROQUIA CACHRAS

E-Mail Address
EXPORTACION@MONMIFISH.COM.EC

Facility Street Address, Line 2
DEL CANTON ARENILLAS PROVINCIA

Unique Facility Identifier (UFI)
886811289

City
MACHALA

State/Province/Territory
El Oro

Zip/Postal Code
070150

Country/Area
ECUADOR

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
MONMIFISH S.A.

Telephone Number
593 987 494057

Address, Line 1
**SECTOR LAS PAMPAS DE LOS SERRANOS, PARROQUIA
 CACHRAS**

Fax Number

E-Mail Address

EXPORTACION@MONMIFISH.COM.EC

Address, Line 2
DEL CANTON ARENILLAS PROVINCIA

City
MACHALA

State/Province/Territory
EI Oro

Zip Code (Postal Code)
070150

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:

- Same as Facility Address (Section 2)
 Same as Preferred Mailing Address (Section 3)
 None of the above

Company Name
MONMIFISH S.A.

Telephone Number
593 987 494057

Company Name Suffix
Company

Fax Number

E-Mail Address

EXPORTACION@MONMIFISH.COM.EC

Address, Line 1
**SECTOR LAS PAMPAS DE LOS SERRANOS, PARROQUIA
 CACHRAS**

Address, Line 2
DEL CANTON ARENILLAS PROVINCIA

City
MACHALA

State/Province/Territory
EI Oro

Zip Code (Postal Code)
070150

Country/Area
ECUADOR

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

001 305 7796843

Individual's Name *(Optional)*

ALPHA BROKER CONSULTANTS - SERGIO S LOZANO

E-mail Address

RECEPTIONDESK@ALPHABROKERS.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

ALPHA BROKER CONSULTANTS - SERGIO S LOZANO

Telephone Number

305 5949290

Address, Line 1

2875 Nw 82nd Ave

Emergency Contact Phone

305 7796843

Address, Line 2

Fax Number

City

Doral

E-Mail Address

RECEPTIONDESK@ALPHABROKERS.COM

State/Province/Territory

Florida

Zip Code (Postal Code)

33122-1064

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 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)
14. FISHERY / SEAFOOD PRODUCT CATEGORIES [21 CFR 170.3 (n) (13), (15), (39), (40)]													
a. Fin Fish, Whole or Filet	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
b. Molluscan Shellfish	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

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 - U.S. Agent Address Information
 None of the above

Name of Entity or Individual Who is the Owner, Operator, or Agent-in-Charge : ALPHA BROKER CONSULTANTS - SARAH TORRES

Address, Line 1: **2875 Nw 82nd Ave** Telephone Number: **001 305 5949290**

Address, Line 2: _____ Fax Number: _____

City: **Doral** E-Mail Address: **RECEPTIONDESK@ALPHABROKERS.COM**

State/Province/Territory: **Florida**

Zip Code (Postal Code): **33122**

Country/Area: **UNITED STATES**

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: ALPHA BROKERS CONSULTANTS- MARIA FERNANDEZ

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	Telephone Number
-N/A-	-N/A-
Address, Line 1	Fax Number
-N/A-	-N/A-
Address, Line 2	E-Mail Address
-N/A-	-N/A-
City	
-N/A-	
State/Province/Territory	
-N/A-	
Zip Code (Postal Code)	
-N/A-	
Country/Area	
-N/A-	