



Date:10/03/2022 16:25:04

Created Date  
**2022-08-30 09:21:26.0**

Registration Expiration Date  
**2024-12-31**

Last Updated  
**2022-10-03**

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: **10882575484** Pin No **xa4f8G8b**

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  
**YELLOWSEED FOOD & GOODS TRADING COMPANY**

Facility Name Suffix  
**Other**

Facility Name Suffix Other  
**SAS**

Facility Street Address, Line 1  
**CARRERA 43 7 69**

Facility Street Address, Line 2

City  
**BARRANQUILLA**

State/Province/Territory  
**Atlantico**

Zip Code (Postal Code)  
**080004**

Telephone Number  
**057 300 3780026**

Fax Number

E-Mail Address  
**ingenierocarlosgb@gmail.com**

Unique Facility Identifier (UFI)

Created by  
**pin44273**

Registration Renewed Date  
**2022-10-03**

Registration Status Reason  
**Initial registration**



Country/Area

**COLOMBIA**

**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

**YELLOWSEED FOOD & GOODS TRADING COMPANY**

Telephone Number

**057 300 3780026**

Address, Line 1

**CARRERA 43 7 69**

Fax Number

Address, Line 2

E-Mail Address

**ingenierocarlosgb@gmail.com**

City

**BARRANQUILLA**

State/Province/Territory

**Atlantico**

Zip Code (Postal Code)

**080004**

Country/Area

**COLOMBIA**

**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

**YELLOWSEED FOOD & GOODS TRADING COMPANY**

Telephone Number

**057 300 3780026**

Company Name Suffix

**Other**

Fax Number

Company Name Suffix Other

**SAS**

Address, Line 1

**CARRERA 43 7 69**

E-Mail Address

**ingenierocarlosgb@gmail.com**

Address, Line 2

City

**BARRANQUILLA**

State/Province/Territory

**Atlantico**

Zip Code (Postal Code)

**080004**



Country/Area

**COLOMBIA**

**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 5255835**

Individual's Name (Optional)

E-Mail Address

**PINK EXOTIC FRUITS LLC**

**ing.carlosalbertogb@gmail.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

Telephone Number

**PINK EXOTIC FRUITS LLC**

**305 5255835 null**

Address, Line 1

Emergency Contact Phone

**7610 Blountstown Hwy 20**

**305 5255835**

Address, Line 2

City

**Tallahassee**

E-Mail Address

State/Province/Territory

**ing.carlosalbertogb@gmail.com**

**Florida**

Zip Code (Postal Code)

**32310**

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<sup>[21 CFR 170.3 (n) (16), (27), (28), (35), (43)]</sup>

b. Raw Agricultural Commodities	<input checked="" type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18. FRUIT OR VEGETABLE JUICE, PULP OR CONCENTRATE PRODUCTS <sup>[21 CFR 170.3 (n) (3), (16), (35)]</sup>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>
29. SNACK FOOD ITEMS (FLOUR, MEAL OR VEGETABLE BASE) <sup>[21 CFR 170.3 (n) (37)]</sup>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

b. Raw Agricultural Commodities	<input checked="" type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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**Other Activity Conducted**

Exporter

**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: CARLOS GUTIERREZ

Address, Line 1

**CARRERA 43 7 69**

Address, Line 2

City

**BARRANQUILLA**

State/Province/Territory

**Atlantico**

Zip Code (Postal Code)

**080004**

Country/Area

**COLOMBIA**

Telephone Number

**057 300 3780026**

Fax Number

E-Mail Address

**ingenierocarlosgb@gmail.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 RENEWAL:** CARLOS GUTIERREZ

**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-