

FDA

U.S. Food and Drug Administration
Food Facility Registration

Please review your registration. If all information is correct, click the Submit button below. To make changes to a section, click the Edit button for that section.

Date

12/10/2024 3:43:24

Created by

tan66890

Created Date

2024-01-11 10:26:54.0

Registration Renewed Date

2024-12-10

Registration Expiration Date

2026-12-31

Last Updated

2024-12-10

Registration Status

VALID

Registration Status Reason

Biennial Registration Renewal - 2024

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

☐ Yes ☒ No

Section 1: Type of Registration

Facility Location : Foreign Registration

UPDATE OF REGISTRATION INFORMATION: Registration Number: 18226637914

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

Tana SA

Facility Name Suffix

Corporation

Facility Street Address, Line 1

Carretera Polvorin

Facility Street Address, Line 2

City

Murcia

State/Province/Territory

Murcia (Province)

Zip/Postal Code

30589

Telephone Number

034 968 821208

Fax Number

E-Mail Address

calidad.industria@tana.es

Unique Facility Identifier (UFI)

464874321

Country/Area
SPAIN

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
Tana SA

Telephone Number
034 968 821208

Address, Line 1
Carretera Polvorin

Fax Number

Address, Line 2

E-Mail Address
calidad.industria@tana.es

City
Murcia

State/Province/Territory
Murcia (Province)

Zip Code (Postal Code)
30589

Country/Area
SPAIN

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
Tana SA

Telephone Number
034 968 821208

Company Name Suffix
Corporation

Fax Number

Address, Line 1
Carretera Polvorin

E-Mail Address
calidad.industria@tana.es

Address, Line 2

City
Murcia

State/Province/Territory
Murcia (Province)

Zip Code (Postal Code)
30589

Country/Area
SPAIN

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)*

L.A. Champon Co., Inc.

Individual's Middle Name *(Optional)*

Individual's Last Name *(Optional)*

Emergency Contact Phone

001 732 9230003

E-mail Address

kim@lachampon.com

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)

Name

L.A. Champon Co., Inc.

Telephone Number

732 9230003

Address, Line 1

108 Main Street Suite 6

Emergency Contact Phone

732 9230003

Address, Line 2

Fax Number

City

Oceanport

E-Mail Address

kim@lachampon.com

State/Province/Territory

New Jersey

Zip Code (Postal Code)

07757

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

| Selected Product Name | Selected Activity Types |
|--|--|
| 18. FRUIT OR VEGETABLE JUICE, PULP OR CONCENTRATE PRODUCTS [21 CFR 170.3 (n) (3), (16), (35)] | Refrigerated Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks); Frozen Food Storage Warehouse / Holding Facility (e.g., storage facilities); Manufacturer / Processor; |

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 : Juan Antonio Canovas

Address, Line 1

Avenida del Ferrocarril

Telephone Number

034 968 821208

Address, Line 2

Fax Number

City

Murcia

E-Mail Address

jacs@tana.es

State/Province/Territory

Murcia (Province)

Zip Code (Postal Code)

30589

Country/Area

SPAIN

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: Juan Antonio Canovas
Sanchez

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
Juan Antonio Canovas Sanchez

Telephone Number
034 968 821208

Address, Line 1
Camino del Polvorin

Fax Number

Address, Line 2

E-Mail Address
calidad.industria@tana.es

City
Murcia

State/Province/Territory
Murcia (Province)

Zip Code (Postal Code)
30589

Country/Area
SPAIN