



Date:11/03/2023 7:06:18

Created Date
2023-10-30 07:40:19.0

Created by
fin44796

Registration Expiration Date
2024-12-31

Registration Renewed Date

Last Updated
2023-11-03

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

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: **16321242018** Pin No **xCF0Fx9f**

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

IL PANARO FOOD SRL

Telephone Number

039 0722 333098

Facility Name Suffix

Company

Fax Number

039 0722 331916

Facility Street Address, Line 1

VIA PASQUALE MAZZACCHERA, 7

E-Mail Address

ordini@ilpanaro.it

Facility Street Address, Line 2

Unique Facility Identifier (UFI)

City

URBINO

State/Province/Territory

Pesaro e Urbino

Zip Code (Postal Code)

61029

Country/Area

ITALY



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 | Telephone Number |
| IL PANARO FOOD SRL | 039 0722 333098 |
| Address, Line 1 | Fax Number |
| VIA PASQUALE MAZZACCHERA, 7 | 039 0722 331916 |
| Address, Line 2 | E-Mail Address |
| | ordini@ilpanaro.it |
| City | |
| URBINO | |
| State/Province/Territory | |
| Pesaro e Urbino | |
| Zip Code (Postal Code) | |
| 61029 | |
| Country/Area | |
| ITALY | |

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 | Telephone Number |
| IL PANARO FOOD SRL | 039 0722 333098 |
| Company Name Suffix | Fax Number |
| Company | 039 0722 331916 |
| Address, Line 1 | E-Mail Address |
| VIA PASQUALE MAZZACCHERA, 7 | ordini@ilpanaro.it |
| Address, Line 2 | |
| City | |
| URBINO | |
| State/Province/Territory | |
| Pesaro e Urbino | |
| Zip Code (Postal Code) | |
| 61029 | |
| Country/Area | |
| ITALY | |

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)

mrs

Emergency Contact Phone

001 702 5610671

Individual's Name (Optional)

Anna

E-Mail Address

bellaitalia817@yahoo.com

Individual's Middle Name (Optional)

R

Job Title (Optional)

Individual's Last Name (Optional)

Sidoli

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

Anna

Telephone Number

517 3766096 null

Middle Name (Optional)

R

Emergency Contact Phone

702 5610671

Last Name

Sidoli

Fax Number

Title (Optional)

mrs

E-Mail Address

bellaitalia817@yahoo.com

Address, Line 1

316 Cimarron, Dr

Address, Line 2

City

Howell

State/Province/Territory

Michigan

Zip Code (Postal Code)

48855

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) |
|--|--|--|---|---------------------------|--------------------------|--|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|----------------------------------|--------------------------|---|
| 3. BAKERY PRODUCTS, DOUGH MIXES, OR ICINGS ⁽¹⁾ (21 CFR 170.3 (n)) | <input checked="" 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 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 - US Agent Address Information
- None of the above

Name of Entity or Individual Who is the Owner, Operator, or Agent-in-Charge: Monia Moretti

Address, Line 1

Via Pasquale Mazzacchera, 7

Address, Line 2

Telephone Number

039 0722 333098

Fax Number

039 0722 331916



City
Urbino

E-Mail Address
m.moretti@ilpanaro.it

State/Province/Territory
Pesaro e Urbino

Zip Code (Postal Code)
61029

Country/Area
ITALY

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: Stefania Rondinara

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 | Telephone Number |
| DAVIDE ROSSI | 039 320 4857690 |
| Address, Line 1 | Fax Number |
| VIA ALONZO, 24 | |
| Address, Line 2 | E-Mail Address |
| | davide.dott.rossi@gmail.com |
| City | |
| FOLLONICA | |
| State/Province/Territory | |
| Grosseto | |
| Zip Code (Postal Code) | |
| 58022 | |
| Country/Area | |
| ITALY | |

