

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

Country/Area
ITALY

Created Date	Created by
2023-10-30 07:40:19.0	fin44796
Registration Expiration Date	Registration Renewed Date
2024-12-31	
Last Updated	Registration Status Reason
2023-11-03	Initial registration
Registration Status	
VALID	
Is this facility engaged in the manufacturing/processing, •Yes ONo	packing, or holding of food for human or animal consumption in the United States?
Are you a fishing vessel engaged in processing (21 CFF	₹ 1.226(f))?
Oyes • No	
Section 1: Type of Registration	
Facility Location: Foreign Registration	
UPDATE OF REGISTRATION INFORMATION:	
Registration Number: 16321242018 Pin No xCF0F	-x9f
Are you the new owner of a previously registered facility	?
Oyes •No	
Previous Owner's Title:	
Previous Owner's Name:	
Previous Owner's Registration Number:	
	lian
Section 2: Facility Name/Address Informat	.1011
Facility Name	Telephone Number
IL PANARO FOOD SRL	039 0722 333098
Facility Name Suffix	Fax Number
Company	039 0722 331916
Facility Street Address, Line 1	E-Mail Address
VIA PASQUALE MAZZACCHERA, 7	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	



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 E-Mail Address Address, Line 2 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 I	nformation
(If applicable and if different from Sections 2 and 3). If infor	rmation is the same as another section, check which section:
● Same as Facility Address (Section 2)	
Osame as Preferred Mailing Address (Section 3)	
ONone 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	

Section 5: Facility Emergency Contact Information

Country/Area

ITALY



UNITED STATES

O Same as U.S. Agent Information (Section 7) O None of the above Individual's Tible (Optional) mrs 001 702 5610671 Individual's Name (Optional) Anna bellatralias 17(8) yahoo.com Individual's Middle Name (Optional) R Individual's Middle Name (Optional) R Individual's Last Name (Optional) Sidedi 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 NamelAddress Information? O Yes O 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 Telephone Number Anna S173766956 mull Middle Name (Optional) R Pas Number Sideli Title (Optional) Bergancy Contact Phone Fax Number Sideli Title (Optional) Bergancy Contact Phone Fax Number Address, Line 1 316 Cimarron, Dr Address, Line 2 City Howell States Province/Ferritory Michigan Zip Code (Postal Code) 48855								
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Individual's Name (Optional) Anna beliatraties 17@yahoc.com Individual's Middle Name (Optional) R R 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? Oros ONO Section 7: United States Agent (To be completed by facilities located outside any state or tenitory of the United States, District of Columbia, or The Commonwealth of Puerto Rico) First Name Anna 15.17 376696 null Middle Name (Optional) Release	ONone of the above							
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Zip Code (Postal Code) 48855								
48855								
	48855							
Country/Area	Country/Area							



Section 8: Se	easonal Facili	ity Dates of O	peration (Opt	tiona l)									
Give the approxi	imate dates that y	our facility is oper	n for business, if it	ts operati	ions are	on a seas	sonal bas	sis (Optio	onal).		7		
Harvest 1													
Start Month				End Mo	onth								
Harvest 2													
Start Month					End Mo	onth							
Section 9: G	eneral Produc	ct Categories	- Human/Anii	mal/Bc	oth								10
✓Food for Hum	nan Consumption				□ Food	d for Anim	nal Cons	umption					
			s - Food for H	łuman	•				of Activ	ity Coı	nducte	d at th	е
To be completed by all food facilities. Please see instructions for further examples. IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY, SELECT BOX 37	Storage Warehouse / Holding Facility (e.g., storage	/ Holding Facility (e.g., storage facilities, including	Frozen Food Storage Warehouse / Holding Facility (e.g., storage facilities)	Acidified Food Process or	Low- Acid Food Process or	Interstat e Conveya nce Caterer / Catering Point	Contract	Labeler / Relabele r	Manufact urer / Process or	Packer / Repacke r	Salvage Operator (Recondi tioner)		Other Activity Conduct ed (Please Specify)
3.BAKERY PRODUCTS, DOUGH MIXES, OR ICINGS[21 CFR 170.3 (n)	☑ Owner, Opera	ntor, or Agent	□ -in-Charge Inf	□ formati	ion			Ø	Ø			<u>-</u>	
section: If information is to Section 2 - Faction 3 - Paction 4 - Paction 7 - Use None of the a	the same as Secti acility Address Info referred Mailing A arent Company Ao S Agent Address I	ion 2, check the bootstanding in a contraction address Information Information	on				; the sam	ie as and	other sect	ion of the	e form, ch	neck whi	ch
Address, Line 1 Via Pasquale M	azzacchera, 7					one Numb 22 33309							
Address, Line 2					Fax Nu	mber							

039 0722 331916



2.0			
City	E-Mail Address		
Urbino	m.moretti@ilpan	naro.it	
State/Province/Territory			
Pesaro e Urbino			
Zip Code (Postal Code)			
61029			
Country/Area			

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

ITALY

Oa. INDIVIDUAL ASSOCIATED WITH THE INFORMATION IN SECTION 10 (STOP HERE, FORM IS COMPLETED)

OB. ANOTHER AUTHORIZED INDIVIDUAL

Address Information for the Authorizing Individual:

∟ ∣Same	as	Section	10	
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Individual's NameTelephone NumberDAVIDE ROSSI039 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

