

FDA U.S. Food and Drug Administration Food Facility Registration

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Created Date 2018-06-06 23:21:10.0	Created by nrc27431
Registration Expiration Date 2020-12-31	Registration Renewed Date 2018-10-16
Last Updated 2018-10-24	Registration Status Reason Biennial Registration Renewal - 2018
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:* **18282794496** *Pin No* **DABxCg3J**

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 N23 INTERNATIONAL	Telephone Number 091 991 3399005
Facility Name Suffix Company	Fax Number
Facility Street Address, Line 1 101, JAMMANSHAH PARK,	E-Mail Address nm23int@gmail.com
Facility Street Address, Line 2 2 MUSLIM SOCIETY, NAVRANGPURA	
City AHMEDABAD	
State/Province/Territory Gujarat	
Zip/Postal Code 380009	
Country/Area INDIA	

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 N23 INTERNATIONAL	Telephone Number 091 991 3399005
Address, Line 1	Fax Number

101, JAMMANSHAH PARK,
 Address, Line 2
2 MUSLIM SOCIETY, NAVRANGPURA
 City
AHMEDABAD
 State/Province/Territory
Gujarat
 Zip Code (Postal Code)
380009
 Country/Area
INDIA

E-Mail Address
nm23int@gmail.com

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
N23 INTERNATIONAL

Telephone Number
091 991 3399005

Company Name Suffix
Company

Fax Number

Address, Line 1
101, JAMMANSHAH PARK,

E-Mail Address
nm23int@gmail.com

Address, Line 2
2 MUSLIM SOCIETY, NAVRANGPURA

City
AHMEDABAD

State/Province/Territory
Gujarat

Zip Code (Postal Code)
380009

Country/Area
INDIA

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
091 991 3399005

Individual's Name (Optional)

E-mail Address
nm23int@gmail.com

Individual's Middle Name (Optional)

Individual's Last Name (Optional)

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 TOBIAS SYSTEMS LLC	Telephone Number 716 7750533
Address, Line 1 15815 Sw 11th Court Rd	Emergency Contact Phone 716 7750533
Address, Line 2	Fax Number
City Ocala	E-Mail Address jdoane@usagent-tobias.com
State/Province/Territory Florida	
Zip Code (Postal Code) 34473-8916	
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)
30. SPICES, FLAVORS, AND SALTS [21 CFR 170.3 (n) (26)]	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. WHOLE GRAINS, MILLER GRAIN PRODUCTS (FLOURS), OR STARCH [21 CFR 170.3 (n) (1), (23)]	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. IF NONE OF THE ABOVE FOOD CATEGORIES APPLY, THEN PRINT THE APPLICABLE FOOD CATEGORY OR CATEGORIES (THAT DOES NOT OR DO NOT APPEAR ABOVE)	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If the food categories listed above do not apply, then print the applicable food category or categories.													
VARIOUS TYPES OF BASMATI RICE, PULSES													

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: KHURRAM SHAHIDHUSEN SHAIKH

Address, Line 1 101, JAMMANSHAH PARK,	Telephone Number 091 991 3399005
Address, Line 2 2 MUSLIM SOCIETY, NAVRANGPURA	Fax Number
City AHMEDABAD	E-Mail Address nm23int@gmail.com
State/Province/Territory Gujarat	
Zip Code (Postal Code) 380009	
Country/Area INDIA	

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: Mr. Khurram Shahidhusen Shaikh

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-	