

FDA | U.S. Food and Drug Administration

Food Facility Registration

Date: 05/27/2024 2:09:21

Created Date
2024-04-26 05:39:08.0

Created by
han81807

Registration Expiration Date
2024-12-31

Registration Renewed Date

Last Updated
2024-05-27

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 broker, distributor, importer/filer?

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: **19298262838** Pin No **fAh98e34**

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
Handian Nutrition Co., Ltd.

Telephone Number
086 139 5108 4911

Facility Name Suffix
Limited Company

Fax Number

Facility Street Address, Line 1
No.301, Fenlonggang East Road, Yongyang Street, Lishui District

E-Mail Address
assistant@handian.cc

Facility Street Address, Line 2

Unique Facility Identifier (UFI)
618139022

City
Nanjing City

State/Province/Territory
Jiangsu

Zip/Postal Code
211200

Country/Area
CHINA

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

Handian Nutrition Co., Ltd.

Telephone Number

086 139 5108 4911

Address, Line 1

No.301, Fenlonggang East Road, Yongyang Street, Lishui District

Fax Number

E-Mail Address

assistant@handian.cc

Address, Line 2

City

Nanjing City

State/Province/Territory

Jiangsu

Zip Code (Postal Code)

211200

Country/Area

CHINA

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

Handian Nutrition Co., Ltd.

Telephone Number

086 139 5108 4911

Company Name Suffix

Limited Company

Fax Number

E-Mail Address

assistant@handian.cc

Address, Line 1

No.301, Fenlonggang East Road, Yongyang Street, Lishui District

Address, Line 2

City

Nanjing City

State/Province/Territory

Jiangsu

Zip Code (Postal Code)

211200

Country/Area

CHINA

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

Individual's Name (Optional)	086 139 5108
Individual's Middle Name (Optional)	E-mail Address
Individual's Last Name (Optional)	assistant@handian.cc
	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	Telephone Number
Regrek LLC	302 6089028
Address, Line 1	Emergency Contact Phone
19 Holly Cove Ln.	302 6089028
Address, Line 2	Fax Number
City	E-Mail Address
Dover	regrek.cs@hotmail.com
State/Province/Territory	
Delaware	
Zip Code (Postal Code)	
19901	
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 Activities Conduct (Please Specify)
5. CANDY WITHOUT CHOCOLATE, CANDY SPECIALTIES AND CHEWING GUM [21 CFR 170.3 (n) (6), (9), (25), (38)]	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. DIETARY SUPPLEMENT CATEGORIES													
a. Proteins, Amino Acids, Fats and Lipid Substances [21 CFR 170.3(o) (20)]	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Vitamins and Minerals	<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"/>	<input 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 - U.S. Agent Address Information
- None of the above

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

Address, Line 1 **No.301, Fenlonggang East Road, Yongyang Street, Lishui District** Telephone Number **086 139 5108 4911**

Address, Line 2 **Nanjing City** Fax Number

City **Nanjing City** E-Mail Address **assistant@handian.cc**

State/Province/Territory **Jiangsu**

Zip Code (Postal Code) **211200**

Country/Area **CHINA**

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: Yang Han

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	Telephone Number
-N/A-	-N/A-
Address, Line 1	Fax Number
-N/A-	-N/A-
Address, Line 2	E-Mail Address
-N/A-	-N/A-
City	
-N/A-	
State/Province/Territory	
-N/A-	
Zip Code (Postal Code)	
-N/A-	
Country/Area	
-N/A-	