

FDA | U.S. Food and Drug Administration

Food Facility Registration

Date: 10/09/2024 10:19:37

Created Date
2022-09-13 11:31:50.0

Created by
rob5048

Registration Expiration Date
2026-12-31

Registration Renewed Date
2024-10-09

Last Updated
2024-10-09

Registration Status Reason
Biennial Registration Renewal - 2022

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: 18063918474* Pin No **beBbl30f**

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
KOUMANTARAKIS NICOLAOS & CO. E.E.

Telephone Number
030 27310 81320

Facility Name Suffix
Other

Fax Number

Facility Name Suffix Other
E.E.

E-Mail Address
info@oliveorigenes.com

Facility Street Address, Line 1
Afisio

Unique Facility Identifier (UFI)
523532894

Facility Street Address, Line 2

City
Sparti

State/Province/Territory
None of the above

Zip/Postal Code
23100

Country/Area
GREECE

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
KOUMANTARAKIS NICOLAOS & CO. E.E.

Telephone Number
030 27310 81320

Address, Line 1
Afisio

Fax Number

Address, Line 2

E-Mail Address

info@oliveorigenes.com

City

Sparti

State/Province/Territory

None of the above

Zip Code (Postal Code)

23100

Country/Area

GREECE

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

KOUMANTARAKIS NICOLAOS & CO. E.E.

Telephone Number

030 27310 81320

Company Name Suffix

Other

Fax Number

E-Mail Address

info@oliveorigenes.com

Company Name Suffix Other

E.E.

Address, Line 1

Afisio

Address, Line 2

City

Sparti

State/Province/Territory

None of the above

Zip Code (Postal Code)

23100

Country/Area

GREECE

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)

George

Individual's Middle Name (Optional)

Individual's Last Name (Optional)

Emergency Contact Phone

030 6981 170605

E-mail Address

info@oliveorigenes.com

Job Title (Optional)

Legal Representative

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
Jennifer

Telephone Number
202 4493739

Middle Name (Optional)

Emergency Contact Phone
202 4493739

Last Name
Wright

Fax Number

Title (Optional)

E-Mail Address
fda@bevlaw.com

Address, Line 1
2911 Hunter Mill Rd Ste 303

Address, Line 2

City
Oakton

State/Province/Territory
Virginia

Zip Code (Postal Code)
22124

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)
34. VEGETABLE OILS (INCLUDES OLIVE OIL) [21 CFR 170.3 (n) (12)]	<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 checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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.

Olives

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 : George Koumantarakis

Address, Line 1

Afisis

Telephone Number

030 27310 81320

Address, Line 2

Fax Number

City

Sparti

E-Mail Address

info@oliveorigenes.com

State/Province/Territory

None of the above

Zip Code (Postal Code)

23100

Country/Area

GREECE

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 RENEWAL: Jennifer Wright

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-