

# FDA | U.S. Food and Drug Administration

## Food Facility Registration

Please review your registration. If all information is correct, click the Submit button below. To make changes to a section, click the Edit button for that section.

Date  
**10/08/2025 10:29:27**

Created by  
**tru6840**

Created Date  
**2025-10-03 15:50:11.0**

Registration Renewed Date

Registration Expiration Date  
**2026-12-31**

Last Updated  
**2025-10-08**

Registration Status  
**VALID**

Registration Status Reason  
**Initial registration**

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: **18719939322** Pin No **DeDd6D5A** [Modify Pin](#)

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  
**HAU CACAU SUPERALIMENTOS LTDA**

Telephone Number  
**055 11 961706059**

Facility Name Suffix  
**Company**

Fax Number

Facility Street Address, Line 1  
**Rua CORONEL MASSOT 233 APT 201**

E-Mail Address  
**Nadinehaucacau@gmail.com**

Facility Street Address, Line 2  
**PORTO ALEGRE**

Unique Facility Identifier (UFI)  
**652579636**

City

**PORTO ALEGRE**

State/Province/Territory

**Santa Catarina**

Zip/Postal Code

**91910-530**

Country/Area

**BRAZIL**

### 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

**HAU CACAU SUPERALIMENTOS LTDA**

Telephone Number

**055 11 961706059**

Address, Line 1

**Rua CORONEL MASSOT 233 APT 201**

Fax Number

E-Mail Address

**Nadinehaucacau@gmail.com**

Address, Line 2

**PORTO ALEGRE**

City

**PORTO ALEGRE**

State/Province/Territory

**Santa Catarina**

Zip Code (Postal Code)

**91910-530**

Country/Area

**BRAZIL**

### 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

**HAU CACAU SUPERALIMENTOS LTDA**

Telephone Number

**055 11 961706059**

Company Name Suffix

**Company**

Fax Number

E-Mail Address

**Nadinehaucacau@gmail.com**

Address, Line 1

**Rua CORONEL MASSOT 233 APT 201**

Address, Line 2

**PORTO ALEGRE**

City

**PORTO ALEGRE**

State/Province/Territory

**Santa Catarina**

Zip Code (Postal Code)

**91910-530**

Country/Area

**BRAZIL****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

**055 11 961706059**Individual's Name *(Optional)*

E-mail Address

**Nadinehaucacau@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**Alternate Trade Name #1 : **HAU CACAU****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

**TrueTech Inc**

Telephone Number

**415 3000019**

Address, Line 1

**3041 Taraval St**

Emergency Contact Phone

**415 3000019**

Address, Line 2

**San Francisco**

Fax Number

City

E-Mail Address

**San Francisco****admin@truesight.me**

State/Province/Territory

**California**

Zip Code (Postal Code)

**94116**

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**

Selected Product Name	Selected Activity Types
8. CHOCOLATE AND COCOA PRODUCTS [21 CFR 170.3 (n) (3), (9), (38), (43)]	Ambient Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators); Labeler / Relabeler; Manufacturer / Processor; Packer / Repacker;

**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 : Zhiwen Teh

Address, Line 1

**3041 Taraval St**

Telephone Number

**001 415 3000019**

Address, Line 2

**San Francisco**

Fax Number

E-Mail Address

City

**admin@truesight.me**

**San Francisco**

State/Province/Territory

**California**

Zip Code (Postal Code)

**94116**

Country/Area

**UNITED STATES**

## 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:** Zhiwen Teh

**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-**