



Date:01/01/2025 16:36:17

Created Date

2024-09-07 12:30:12.0

Registration Expiration Date

2026-12-31

Last Updated

2025-01-01

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: 19088052616 Pin No I3iiDgdf

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

MATHEUS REIS PEREIRA

Facility Name Suffix

Company

Facility Street Address, Line 1

Av. TANCREDO NEVES 4900, QUADRA H CASA 9

Facility Street Address, Line 2

City

ILHEUS

State/Province/Territory

Bahia

Zip Code (Postal Code)

45655-650

Country/Area

BRAZIL

Created by

tru6840

Registration Renewed Date

2025-01-01

Registration Status Reason

Initial registration

Telephone Number

055 73 991090002

Fax Number

E-Mail Address

theus.reis.ssa@gmail.com

Unique Facility Identifier (UFI)



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

MATHEUS REIS PEREIRA

Telephone Number

055 73 991090002

Address, Line 1

Av. TANCREDO NEVES 4900, QUADRA H CASA 9

Fax Number

Address, Line 2

E-Mail Address

theus.reis.ssa@gmail.com

City

ILHEUS

State/Province/Territory

Bahia

Zip Code (Postal Code)

45655-650

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

MATHEUS REIS PEREIRA

Telephone Number

055 73 991090002

Company Name Suffix

Fax Number

Company

Address, Line 1

Av. TANCREDO NEVES 4900, QUADRA H CASA 9

E-Mail Address

theus.reis.ssa@gmail.com

Address, Line 2

City

ILHEUS

State/Province/Territory

Bahia

Zip Code (Postal Code)

45655-650

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 73 991090002

Individual's Name (Optional)

E-Mail Address

theus.reis.ssa@gmail.com

Individual's Middle Name (Optional)

Job Title (Optional)

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?**

- ☒ Yes
☐ No

Alternate Trade Name #1: **Black King**

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

TrueTech Inc

415 3000019 null

Address, Line 1

Emergency Contact Phone

8 THE GRN STE A

415 3000019

Address, Line 2

City

Dover

E-Mail Address

State/Province/Territory

admin@truesight.me

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 Process or	Low-Acid Food Process or	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)
8.CHOCOLATE AND COCOA PRODUCTS ⁽²¹⁾ CFR 170.3 (n) (3), (9), (38), (43)]	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
16.FOOD SWEETENERS (NUTRITIVE) ⁽²¹⁾ CFR 170.3 (n) (9) (41), 21 CFR 170.3 (o) (21)]	<input checked="" 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 checked="" 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 - US Agent Address Information
- ☐ None of the above

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

Address, Line 1

8 THE GRN STE A

Address, Line 2

City

Dover

State/Province/Territory

Delaware

Telephone Number

001 415 3000019

Fax Number

E-Mail Address

admin@truesight.me



Zip Code (Postal Code)

19901

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 RENEWAL: 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-