



Date:01/01/2025 16:32:53

Created Date

2024-06-28 01:39:34.0

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: 14674182470 Pin No h3Ggf508

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

COOPERATIVA CENTRAL DE PRODUCAO ORGANICA DA
TRANSAMAZONICA E XINGU

Facility Name Suffix

Cooperative

Facility Street Address, Line 1

Av. PERIMETRAL 3966

Facility Street Address, Line 2

City

ALTAMIRA

State/Province/Territory

Para

Zip Code (Postal Code)

68.374-274

Telephone Number

055 93 3515 1453

Fax Number

E-Mail Address

MARCELCONTABILIDADE@GMAIL.COM

Unique Facility Identifier (UFI)



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

**COOPERATIVA CENTRAL DE PRODUCAO ORGANICA DA
TRANSAMAZONICA E XINGU**

Telephone Number

055 93 3515 1453

Address, Line 1

Av. PERIMETRAL 3966

Fax Number

Address, Line 2

E-Mail Address

MARCELCONTABILIDADE@GMAIL.COM

City

ALTAMIRA

State/Province/Territory

Para

Zip Code (Postal Code)

68.374-274

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

**COOPERATIVA CENTRAL DE PRODUCAO ORGANICA DA
TRANSAMAZONICA E XINGU**

Telephone Number

055 93 3515 1453

Company Name Suffix

Cooperative

Fax Number

Address, Line 1

Av. PERIMETRAL 3966

E-Mail Address

MARCELCONTABILIDADE@GMAIL.COM

Address, Line 2

City

ALTAMIRA

State/Province/Territory

Para

Zip Code (Postal Code)

68.374-274



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)

Mr

Individual's Name (Optional)

TrueTech Inc

Individual's Middle Name (Optional)

Individual's Last Name (Optional)

Emergency Contact Phone

001 415 3000019

E-Mail Address

admin@truesight.me

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: **CEPOTX**

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

Address, Line 1

1968 South Coast Highway

Address, Line 2

4616

E-Mail Address

admin@truesight.me

Telephone Number

415 3000019 null

Emergency Contact Phone

415 3000019

City

Laguna Beach

State/Province/Territory

California

Zip Code (Postal Code)

92651

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

May

Harvest 2

Start Month

August

End Month

July

End Month

December

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 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

1968 South Coast Highway

Address, Line 2

4616

City

Laguna Beach

Telephone Number

001 415 3000019

Fax Number

E-Mail Address

admin@truesight.me



State/Province/Territory

California

Zip Code (Postal Code)

92651

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-