



Date:09/09/2024 15:24:04

Created Date

2024-09-07 12:40:30.0

Registration Expiration Date

2024-12-31

Last Updated

2024-09-09

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: 19657644518 Pin No 9Jh2bDAb

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

MU GELATO SORVETES ARTESANAIS LTDA

Facility Name Suffix

Limited

Facility Street Address, Line 1

Rod. DOUTOR ANTONIO LUIZ MOURA GONZAGA 128

Facility Street Address, Line 2

LOJA 01

City

FLORIANOPOLIS

State/Province/Territory

Santa Catarina

Zip Code (Postal Code)

88048-300

Telephone Number

055 48 88458843

Fax Number

E-Mail Address

guidbortoli@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

**MU GELATO SORVETES ARTESANAIS LTDA**

Telephone Number

**055 48 88458843**

Address, Line 1

Fax Number

**Rod. DOUTOR ANTONIO LUIZ MOURA GONZAGA 128**

Address, Line 2

E-Mail Address

**LOJA 01**

**guidbortoli@gmail.com**

City

**FLORIANOPOLIS**

State/Province/Territory

**Santa Catarina**

Zip Code (Postal Code)

**88048-300**

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

**MU GELATO SORVETES ARTESANAIS LTDA**

Telephone Number

**055 48 88458843**

Company Name Suffix

Fax Number

**Limited**

Address, Line 1

E-Mail Address

**Rod. DOUTOR ANTONIO LUIZ MOURA GONZAGA 128**

**guidbortoli@gmail.com**

Address, Line 2

**LOJA 01**

City

**FLORIANOPOLIS**

State/Province/Territory

**Santa Catarina**

Zip Code (Postal Code)

**88048-300**



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

**001 415 3000019**

Individual's Name (Optional)

E-Mail Address

**TrueTech Inc**

**admin@truesight.me**

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: **MU GELATO**

## 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 <sup>(2)</sup> 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. COFFEE AND TEA <sup>(2)</sup> CFR 170.3 (n) (3), (7)]	<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 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

8 THE GRN STE A

Address, Line 2

City

Dover

Telephone Number

001 415 3000019

Fax Number

E-Mail Address

admin@truesight.me



State/Province/Territory

**Delaware**

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 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-**