



Date:09/17/2023 16:58:33

Created Date

2023-09-17 16:40:38.0

Registration Expiration Date

2024-12-31

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: **17660066140**

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

**COOPERCABRUC**

Telephone Number

**055 73 9138 8884**

Facility Name Suffix

**Cooperative**

Fax Number

Facility Street Address, Line 1

**Rua ADELINO KFOURY SILVEIRA 17 ITABUNA, BAHIA**

E-Mail Address

**coopercabruca@gmail.com**

Facility Street Address, Line 2

Unique Facility Identifier (UFI)

City

**Itabuna**

State/Province/Territory

**Bahia**

Zip Code (Postal Code)

**45603-345**

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

**COOPERCABRUC**

Telephone Number

**055 73 9138 8884**



Address, Line 1

**Rua ADELINO KFOURY SILVEIRA 17 ITABUNA, BAHIA**

Address, Line 2

City

**Itabuna**

State/Province/Territory

**Bahia**

Zip Code (Postal Code)

**45603-345**

Country/Area

**BRAZIL**

Fax Number

E-Mail Address

**coopercabruca@gmail.com**

#### 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

**COOPERCABRUCA**

Telephone Number

**055 73 9138 8884**

Company Name Suffix

**Cooperative**

Fax Number

Address, Line 1

**Rua ADELINO KFOURY SILVEIRA 17 ITABUNA, BAHIA**

E-Mail Address

**coopercabruca@gmail.com**

Address, Line 2

City

**Itabuna**

State/Province/Territory

**Bahia**

Zip Code (Postal Code)

**45603-345**

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

## 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

**3041 Taraval St, San Francisco**

**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	<b>Ambient Food</b> Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators)	<b>Refrigerated Food</b> Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks)	<b>Frozen Food</b> Storage Warehouse / Holding Facility (e.g., storage facilities)	<b>Acidified Food</b> Process or	<b>Low-Acid Food</b> Process or	<b>Interstate</b> Conveyance Caterer / Catering Point	<b>Contract</b> Sterilizer	<b>Labeler / Relabeler</b>	<b>Manufacturer / Processor</b>	<b>Packer / Repacker</b>	<b>Salvage Operator</b> (Reconditioner)	<b>Farm</b> Mixed-Type Facility	<b>Other Activity</b> Conducted (Please Specify)
8. CHOCOLATE AND COCOA PRODUCTS <sup>(21 CFR 170.3 (n) (3), (9), (38), (43))</sup>	<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 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: Zhiwen Teh

Address, Line 1	Telephone Number
3041 Taraval St, San Francisco	001 415 3000019
Address, Line 2	Fax Number
City	E-Mail Address
Dover	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.