

# 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	Created by
<b>02/08/2023 16:53:30</b>	<b>mie55489</b>
Created Date	Registration Renewed Date
<b>2023-02-07 04:30:37.0</b>	
Registration Expiration Date	
<b>2024-12-31</b>	
Last Updated	
<b>2023-02-07</b>	
Registration Status	
<b>VALID</b>	
Registration Status Reason	
<b>Pending UFI Confirmation</b>	

Is this facility engaged in the manufacturing/processing, packing, or holding of food for human or animal consumption in the United States?

Yes  No

## Section 1: Type of Registration

Facility Location : **Foreign Registration**

UPDATE OF REGISTRATION INFORMATION: *Registration Number:* **15736354364** Pin No **chiBjC2g** [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	Telephone Number
<b>Mie Prefectural Federation of Fisheries Co-operative Associations Miura katugyo ryuutuusenta</b>	<b>081 46 8870320</b>
Facility Name Suffix	Fax Number
<b>Other</b>	<b>081 887 0292</b>
Facility Name Suffix Other	E-Mail Address
<b>federation of cooperatives</b>	<b>k-kimishima@miegyoren.or.jp</b>
Facility Street Address, Line 1	Unique Facility Identifier (UFI)
<b>658-7,Misakimachijogashima</b>	<b>717719965</b>
Facility Street Address, Line 2	
City	
<b>miura-shi</b>	
State/Province/Territory	
<b>Kanagawa</b>	
Zip/Postal Code	
<b>238-0237</b>	
Country/Area	
<b>JAPAN</b>	

### 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	Telephone Number
<b>Mie Prefectural Federation of Fisheries Co-operative Associations Miura katugyo ryuutuusenta</b>	<b>081 46 8870320</b>
Address, Line 1	Fax Number
<b>658-7,Misakimachijogashima</b>	<b>081 887 0292</b>
Address, Line 2	E-Mail Address
	<b>k-kimishima@miegyoren.or.jp</b>
City	
<b>miura-shi</b>	
State/Province/Territory	
<b>Kanagawa</b>	
Zip Code (Postal Code)	
<b>238-0237</b>	
Country/Area	
<b>JAPAN</b>	

### 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	Telephone Number
<b>Mie Prefectural Federation of Fisheries Co-operative Associations Miura katugyo ryuutuusenta</b>	<b>081 46 8870320</b>
Company Name Suffix	Fax Number
<b>Other</b>	<b>081 887 0292</b>
Company Name Suffix Other	E-Mail Address
<b>federation of cooperatives</b>	<b>k-kimishima@miegyoren.or.jp</b>
Address, Line 1	
<b>658-7,Misakimachijogashima</b>	
Address, Line 2	
City	
<b>miura-shi</b>	
State/Province/Territory	
<b>Kanagawa</b>	
Zip Code (Postal Code)	
<b>238-0237</b>	
Country/Area	
<b>JAPAN</b>	

### 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 <i>(Optional)</i>	Emergency Contact Phone <b>081 46 8870320</b>
Individual's Name <i>(Optional)</i>	E-mail Address <b>k-kimishima@miegyoren.or.jp</b>
Individual's Middle Name <i>(Optional)</i>	Job Title <i>(Optional)</i>
Individual's Last Name <i>(Optional)</i>	

## 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 <b>MEGUMI FOODS INC.</b>	Telephone Number <b>805 5582508</b>
Address, Line 1 <b>1650 E Gonzales Rd</b>	Emergency Contact Phone <b>805 5582508</b>
Address, Line 2	Fax Number
City <b>Oxnard</b>	E-Mail Address <b>gene.d@megumi-foods.com</b>
State/Province/Territory <b>California</b>	
Zip Code (Postal Code) <b>93036</b>	
Country/Area <b>UNITED STATES</b>	

## 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 <b>April</b>	End Month <b>March</b>
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
14. FISHERY / SEAFOOD PRODUCT CATEGORIES [21 CFR 170.3 (n) (13), (15), (39), (40)]	
a. Fin Fish, Whole or Filet	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); Labeler / Relabeler; Manufacturer / Processor; Packer / Repacker;
b. Molluscan Shellfish	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); Labeler / Relabeler; Manufacturer / Processor; Packer / Repacker;
c. Other Shellfish	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); Labeler / Relabeler; Manufacturer / Processor; Packer / Repacker;
d. Ready to Eat (RTE) Fishery Products	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); Labeler / Relabeler; Manufacturer / Processor; Packer / Repacker;
e. Processed and Other Fishery Products	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); 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 : Kenichi Kimishima

Address, Line 1 <b>658-7,Misakimachijogashima</b>	Telephone Number <b>081 46 8870320</b>
Address, Line 2	Fax Number <b>081 887 0292</b>
City <b>miura-shi</b>	E-Mail Address <b>k-kimishima@miegyoren.or.jp</b>
State/Province/Territory <b>Kanagawa</b>	
Zip Code (Postal Code) <b>238-0237</b>	
Country/Area <b>JAPAN</b>	

## 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:** Kenichi Kimishima

**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	Telephone Number
-N/A-	-N/A-
Address, Line 1	Fax Number
-N/A-	-N/A-
Address, Line 2	E-Mail Address
-N/A-	-N/A-
City	
-N/A-	
State/Province/Territory	
-N/A-	
Zip Code (Postal Code)	
-N/A-	
Country/Area	
-N/A-	