

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
03/13/2019 21:32:19	mar69139
Created Date	Registration Renewed Date
2019-03-13 17:24:43.0	
Registration Expiration Date	
2020-12-31	
Last Updated	
2019-03-13	
Registration Status	
VALID	
Registration Status Reason	
Initial registration	

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:* **15291606232** *Pin No* **gAbc76aD** [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
MARINOSALAVA S.A.	593 5 2924779
Facility Name Suffix	Fax Number
Company	
Facility Street Address, Line 1	E-Mail Address
Calle 304 y Avenida 214	alavamarinos@hotmail.com
Facility Street Address, Line 2	
City	
Manta	
State/Province/Territory	
Manabi	
Zip/Postal Code	
0	
Country/Area	
ECUADOR	

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 MARINOSALAVA S.A.	Telephone Number 593 5 2924779
Address, Line 1 Calle 304 y Avenida 214	Fax Number
Address, Line 2	E-Mail Address alavamarinos@hotmail.com
City Manta	
State/Province/Territory Manabi	
Zip Code (Postal Code) 0	
Country/Area ECUADOR	

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 MARINOSALAVA S.A.	Telephone Number 593 5 2924779
Company Name Suffix Company	Fax Number
Address, Line 1 Calle 304 y Avenida 214	E-Mail Address alavamarinos@hotmail.com
Address, Line 2	
City Manta	
State/Province/Territory Manabi	
Zip Code (Postal Code) 0	
Country/Area ECUADOR	

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

593 5 2924779

Individual's Name *(Optional)*

E-mail Address

alavamarinos@hotmail.com

Individual's Middle Name *(Optional)*

Individual's Last Name *(Optional)*

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

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)

First Name

Laurentino

Telephone Number

305 5346669

Middle Name *(Optional)*

Emergency Contact Phone

305 5346669

Last Name

Alava

Fax Number

Title *(Optional)*

E-Mail Address

marinosalavausa@gmail.com

Address, Line 1

235 Washington Ave

Address, Line 2

City

Miami Beach

State/Province/Territory

Florida

Zip Code (Postal Code)

33139-7115

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

January

End Month

December

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	Manufacturer / Processor;
b. Molluscan Shellfish	Manufacturer / Processor;
c. Other Shellfish	Manufacturer / Processor;
e. Processed and Other Fishery Products	Manufacturer / Processor;

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 : Erick Alava Lagos

Address, Line 1

Calle 304 y Avenida 214

Telephone Number

593 5 2924779

Address, Line 2

Fax Number

City

Manta

E-Mail Address

alavamarinos@hotmail.com

State/Province/Territory

Manabi

Zip Code (Postal Code)

0

Country/Area

ECUADOR

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: Erick Alava Lagos

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-	