



Date:12/30/2022 0:41:25

Created Date
2017-02-13 22:02:28.0

Created by
hun28669

Registration Expiration Date
2024-12-31

Registration Renewed Date
2022-12-30

Last Updated
2022-12-30

Registration Status Reason
Accepted UFI

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

Section 1: Type of Registration

Facility Location: **Foreign Registration**

UPDATE OF REGISTRATION INFORMATION:

Registration Number: **13194423558**

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

Hunan XiangXueYuan Food Industry Co.,Ltd

Telephone Number

086 731 56816688

Facility Name Suffix

Limited Company

Fax Number

Facility Street Address, Line 1

NO.10 Xiangxiang Av.

E-Mail Address

667047@qq.com

Facility Street Address, Line 2

Xiangxiang Economic Development Zone

Unique Facility Identifier (UFI)

City

Xiangxiang

State/Province/Territory

Hunan

Zip Code (Postal Code)

411400

Country/Area

CHINA



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
Hunan XiangXueYuan Food Industry Co.,Ltd	086 731 56816688
Address, Line 1	Fax Number
NO.10 Xiangxiang Av.	
Address, Line 2	E-Mail Address
Xiangxiang Economic Development Zone	667047@qq.com
City	
Xiangxiang	
State/Province/Territory	
Hunan	
Zip Code (Postal Code)	
411400	
Country/Area	
CHINA	

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
Hunan XiangXueYuan Food Industry Co.,Ltd	086 731 56816688
Company Name Suffix	Fax Number
Limited Company	
Address, Line 1	E-Mail Address
NO.10 Xiangxiang Av.	667047@qq.com
Address, Line 2	
Xiangxiang Economic Development Zone	
City	
Xiangxiang	
State/Province/Territory	
Hunan	
Zip Code (Postal Code)	
411400	
Country/Area	
CHINA	



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
	086 731 56816688
Individual's Name (Optional)	E-Mail Address
	667047@qq.com
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)

U.S. Agent ID	Emergency Contact Phone
USID8260546	516 8303285
Name	Fax Number
BADA REG SERVICES INC	
Address, Line 1	E-Mail Address
3700 TENNYSON ST	bada-reg@hotmail.com
Address, Line 2	
City	
Denver	
State/Province/Territory	
Colorado	
Zip Code (Postal Code)	
80212	
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)
5. CANDY WITHOUT CHOCOLATE, CANDY SPECIALTIES AND CHEWING GUM ^[21] <small>CFR 170.3 (n) (6), (9), (25), (38)]</small>	<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 type="checkbox"/>	<input type="checkbox"/>
8. CHOCOLATE AND COCOA PRODUCTS ^[21] <small>CFR 170.3 (n) (3), (9), (38), (43)]</small>	<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 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: Mengqi Wang

Address, Line 1

NO.10 Xiangxiang Av.

Telephone Number

086 731 56816688



Address, Line 2

Xiangxiang Economic Development Zone

Fax Number

City

Xiangxiang

E-Mail Address

667047@qq.com

State/Province/Territory

Hunan

Zip Code (Postal Code)

411400

Country/Area

CHINA

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: Mengqi Wang

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-

