

FDA | U.S. Food and Drug Administration

Food Facility Registration

Date: 02/19/2017 22:41:28

Created Date
2017-02-17 09:11:59.0Created by
alp71907Registration Expiration Date
2018-12-31

Registration Renewed Date

Last Updated
2017-02-19Registration Status Reason
Initial registrationRegistration Status
VALIDIs 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: 14829192018 Pin No dAfehABg

Are you the new owner of a previously registered facility?

 Yes NoPrevious Owner's Title:
Previous Owner's Name:
Previous Owner's Registration Number:**Section 2: Facility Name/Address Information**Facility Name
Alpex Marine (Pvt) Ltd.Telephone Number
094 11 2934750Facility Name Suffix
Limited CompanyFax Number
094 11 2931639Facility Street Address, Line 1
no. 68, Canal Road, HendalaE-Mail Address
almarine@sltnet.lk

Facility Street Address, Line 2

City
WattalaState/Province/Territory
ColomboZip/Postal Code
11300Country/Area
SRI LANKA**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
NameTelephone Number
094 11 2934750

Alpex Marine (Pvt) Ltd.

Address, Line 1
no. 68, Canal Road, HendalaFax Number
094 11 2931639

Address, Line 2

City
WattalaState/Province/Territory
ColomboZip Code (Postal Code)
11300Country/Area
SRI LANKAE-Mail Address
almarine@sltnet.lk**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
Alpex Marine (Pvt) Ltd.Telephone Number
094 11 2934750Company Name Suffix
Limited CompanyFax Number
094 11 2931639Address, Line 1
no. 68, Canal Road, HendalaE-Mail Address
almarine@sltnet.lk

Address, Line 2

City
WattalaState/Province/Territory
ColomboZip Code (Postal Code)
11300Country/Area
SRI LANKA**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
094 11 2934750Individual's Name (Optional)
Sterling Seafood CorpE-mail Address
almarine@sltnet.lk

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)

Name: **Sterling Seafood Corp** Telephone Number: **201 8713004**
 Address, Line 1: **300 Knickerbocker Rd Ste 1600** Emergency Contact Phone: **201 2746068**
 Address, Line 2: _____ Fax Number: _____
 City: **Cresskill** E-Mail Address: **christina@sterlingseafood.com**
 State/Province/Territory: **New Jersey**
 Zip Code (Postal Code): **07626-1347**
 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 Processor	Low-Acid Food Processor	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)
14. FISHERY / SEAFOOD PRODUCT CATEGORIES [21 CFR 170.3 (n) (13), (15), (39), (40)]	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
e. Processed and Other Fishery Products	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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: **Janaka Mayakaduwege**

Address, Line 1 _____ Telephone Number _____

no. 68, Canal Road, Hendala

094 11 2934750

Address, Line 2

Fax Number

City

094 11 2931639

Wattala

E-Mail Address

State/Province/Territory

almarine@sltnet.lk

Colombo

Zip Code (Postal Code)

11300

Country/Area

SRI LANKA

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: Janaka Mayakaduwege

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-