U.S. FOOD & DRUG ADMINISTRATION
CENTER FOR FOOD SAFETY & APPLIED NUTRITION

Date:10/04/2024 10:00:55

Created Date

2024-09-11 00:57:10.0

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: **14129700602**

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

Shubhras Milk Products

Telephone Number

091 976 618788

Facility Name Suffix

Company

Fax Number

Facility Street Address, Line 1

C101 SAMRAT SWATIK HADAPSAR. NEAR SHANKAR MATH

E-Mail Address

shubhrasmilkproducts@gmail.com

Facility Street Address, Line 2

Unique Facility Identifier (UFI)

City

Pune

State/Province/Territory

Maharashtra

Zip Code (Postal Code)

411013

Country/Area

INDIA

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)? No

Name

Shubhras Milk Products

Telephone Number

001 307 2190881

Address, Line 1
30 N Gould St #45720

Fax Number

Address, Line 2

E-Mail Address
shubhrasmilkproducts@gmail.com

City
Sheridan

State/Province/Territory
Wyoming

Zip Code (Postal Code)
82801

Country/Area
UNITED STATES

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
Shubhras Milk Products

Telephone Number
091 976 618788

Company Name Suffix
Company

Fax Number

Address, Line 1
C101 SAMRAT SWATIK HADAPSAR. NEAR SHANKAR MATH

E-Mail Address
shubhrasmilkproducts@gmail.com

Address, Line 2

City
Pune

State/Province/Territory
Maharashtra

Zip Code (Postal Code)
411013

Country/Area
INDIA

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
091 976 618788

Individual's Name (Optional)

E-Mail Address
shubhrasmilkproducts@gmail.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)

Name
Northwest Registered Agent LLC

Telephone Number
509 7682249 null

Address, Line 1
30 N Gould St Ste N

Emergency Contact Phone
914 3707731

Address, Line 2

City
Sheridan

E-Mail Address
support@northwestregisteredagent.com

State/Province/Territory
Wyoming

Zip Code (Postal Code)
82801

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

U.S. FOOD & DRUG ADMINISTRATION
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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)
7.CHEESE AND CHEESE PRODUCT CATEGORIES [21 CFR 170.3 (n) (5)]													
a.Soft, Ripened Cheese	☐	☐	☐	☐	☐	☐	☐	☑	☐	☑	☐	☐	☐
b.Semi-Soft Cheese	☐	☐	☐	☐	☐	☐	☐	☑	☐	☑	☐	☐	☐
c.Hard Cheese	☐	☐	☐	☐	☐	☐	☐	☑	☐	☑	☐	☐	☐
d.Other Cheeses and Cheese Products	☐	☐	☐	☐	☐	☐	☐	☑	☐	☑	☐	☐	☐
13.DRESSING AND CONDIMENTS[21 CFR 170.3 (n) (8), (12)]	☐	☐	☐	☐	☐	☐	☑	☑	☑	☑	☐	☐	☐
20.ICE CREAM AND RELATED PRODUCTS[21 CFR 170.3 (n) (20), (21)]	☐	☐	☐	☐	☐	☐	☐	☑	☐	☑	☐	☐	☐
24.MILK, BUTTER, OR DRIED MILK PRODUCTS[21 CFR 170.3 (n) (12), (30), (31)]	☐	☐	☐	☐	☐	☐	☐	☑	☐	☑	☐	☐	☐

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: Mangesh Aradhye

Address, Line 1	Telephone Number
C101 SAMRAT SWATIK HADAPSAR. NEAR SHANKAR MATH	**091 976 618788**

Address, Line 2

Fax Number

City

Pune

E-Mail Address

shubhrasmilkproducts@gmail.com

State/Province/Territory

Maharashtra

Zip Code (Postal Code)

411013

Country/Area

INDIA

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.