



Date:12/30/2020 12:07:37

Created Date  
**2020-03-10 04:19:13.0**

Created by  
**con27303**

Registration Expiration Date  
**2022-12-31**

Registration Renewed Date  
**2020-12-30**

Last Updated  
**2020-12-30**

Registration Status Reason  
**Initial registration**

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: **13774124020** Pin No **0x6cCBe7**

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

**ARIEL BAKERY LTD**

Telephone Number

**972 50 8841889**

Facility Name Suffix

**Limited Liability Corporation**

Fax Number

Facility Street Address, Line 1

**114, Khalutsei Ha-Ta'Asiya**

E-Mail Address

**yardenal@arielbakery.com**

Facility Street Address, Line 2

Unique Facility Identifier (UFI)

**514621333**

City

**Haifa**

State/Province/Territory

**Ha Zafon**

Zip Code (Postal Code)

**2620113**

Country/Area

**ISRAEL**



### 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>ARIEL BAKERY LTD</b>	<b>972 50 8841889</b>
Address, Line 1	Fax Number
<b>114, Khalutsei Ha-Ta'Asiya</b>	
Address, Line 2	E-Mail Address
	<b>yardenal@arielbakery.com</b>
City	
<b>Haifa</b>	
State/Province/Territory	
<b>Ha Zafon</b>	
Zip Code (Postal Code)	
<b>2620113</b>	
Country/Area	
<b>ISRAEL</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>ARIEL BAKERY LTD</b>	<b>972 50 8841889</b>
Company Name Suffix	Fax Number
<b>Limited Liability Corporation</b>	
Address, Line 1	E-Mail Address
<b>114, Khalutsei Ha-Ta'Asiya</b>	<b>yardenal@arielbakery.com</b>
Address, Line 2	
City	
<b>Haifa</b>	
State/Province/Territory	
<b>Ha Zafon</b>	
Zip Code (Postal Code)	
<b>2620113</b>	
Country/Area	
<b>ISRAEL</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 (Optional)	Emergency Contact Phone <b>972 50 8841889</b>
Individual's Name (Optional)	E-Mail Address <b>yardenal@arielbakery.com</b>
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 <b>Bagel Bites USA INC</b>	Telephone Number <b>718 4398999</b>
Address, Line 1 <b>240 60th St</b>	Emergency Contact Phone <b>718 4398998</b>
Address, Line 2	City <b>Brooklyn</b>
E-Mail Address <b>swtgld@gmail.com</b>	State/Province/Territory <b>New York</b>
	Zip Code (Postal Code) <b>11220</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	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)
3. BAKERY PRODUCTS, DOUGH MIXES, OR ICINGS <sup>(1), (9)</sup>	<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 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: **Yardana Levy**

Address, Line 1: **114, Khalutsei Ha-Ta'Asiya** Telephone Number: **972 50 8841889**

Address, Line 2: \_\_\_\_\_ Fax Number: \_\_\_\_\_

City: **Haifa** E-Mail Address: **yardenal@arielbakery.com**

State/Province/Territory: **Ha Zafon**

Zip Code (Postal Code): **2620113**

Country/Area: **ISRAEL**

**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:** Audrey Ben Lulu

#### 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-