



Date:11/03/2020 2:03:30

Created Date
2017-03-02 11:40:09.0

Created by
sha96293

Registration Expiration Date
2022-12-31

Registration Renewed Date
2020-11-03

Last Updated
2020-11-03

Registration Status Reason
Biennial Registration Renewal - 2018

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: **11791920180** Pin No **x3c9hGCH**

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
Shamir Salads 2006 Ltd.

Telephone Number
972 3 9067744 110

Facility Name Suffix
Manufacturing

Fax Number
972 3 9366270

Facility Street Address, Line 1
Ha'Shoham 31 st.

E-Mail Address
export@shamirsalads.co.il

Facility Street Address, Line 2

Unique Facility Identifier (UFI)
514762157

City
Barkan

State/Province/Territory
None of the above

Zip Code (Postal Code)
4482000

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
Shamir Salads 2006 Ltd.	972 3 9067744 110
Address, Line 1	Fax Number
Ha'Shoham 31 st.	972 3 9366270
Address, Line 2	E-Mail Address
	export@shamirsalads.co.il
City	
Barkan	
State/Province/Territory	
None of the above	
Zip Code (Postal Code)	
4482000	
Country/Area	
ISRAEL	

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
Shamir Salads 2006 Ltd.	972 3 9067744 110
Company Name Suffix	Fax Number
Manufacturing	972 3 9366270
Address, Line 1	E-Mail Address
Ha'Shoham 31 st.	export@shamirsalads.co.il
Address, Line 2	
City	
Barkan	
State/Province/Territory	
None of the above	
Zip Code (Postal Code)	
4482000	
Country/Area	
ISRAEL	

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

001 516 8641323

Individual's Name (Optional)

E-Mail Address

Shamir USA Inc.

info@BroganEnterprises.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

Telephone Number

Shamir USA Inc.

516 6841111

Address, Line 1

Emergency Contact Phone

2 Haven Ave

516 8641323

Address, Line 2

Fax Number

516 6841112

City

E-Mail Address

Port Washington

info@BroganEnterprises.com

State/Province/Territory

New York

Zip Code (Postal Code)

11050

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

<input checked="" type="checkbox"/> Food for Human Consumption	<input type="checkbox"/> Food for Animal Consumption
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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)
27. PREPARED SALAD PRODUCTS ⁽²⁾ 21 CFR 170.3 (n) (11), (17), (18), (22), (29), (34), (35)]	<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: Amiram Guy

Address, Line 1 Ha'Shoham 31 st.	Telephone Number 972 3 9067744 110
Address, Line 2	Fax Number 972 3 9366270
City Barkan	E-Mail Address export@shamirsalads.co.il
State/Province/Territory None of the above	
Zip Code (Postal Code) 4482000	



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: hana algazy

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:

Same as Section 10

Individual's Name

Amiram Guy

Telephone Number

972 3 9067744 110

Address, Line 1

Ha'Shoham 31 st.

Fax Number

972 3 9366270

Address, Line 2

E-Mail Address

export@shamirsalads.co.il

City

Barkan

State/Province/Territory

None of the above

Zip Code (Postal Code)

4482000

Country/Area

ISRAEL