

FDA | U.S. Food and Drug Administration

Food Facility Registration

Date: 10/08/2018 19:26:40

Created Date
2017-08-10 20:51:21.0

Created by
par65962

Registration Expiration Date
2020-12-31

Registration Renewed Date
2018-10-08

Last Updated
2018-10-08

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:* **10891094772** *Pin No* **fFH6J350**

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

CANTINA DI CONEGLIANO E VITTORIO VENETO SAC

Telephone Number

039 0438 500209

Facility Name Suffix

Company

Fax Number

039 0438 501779

Facility Street Address, Line 1

VIA DEL CAMPARDO 3

E-Mail Address

paragon_tax@hotmail.com

Facility Street Address, Line 2

City

VITTORIO VENETO

State/Province/Territory

Treviso

Zip/Postal Code

31029

Country/Area

ITALY

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

CANTINA DI CONEGLIANO E VITTORIO VENETO SAC

Telephone Number

039 0438 500209

Address, Line 1

VIA DEL CAMPARDO 3

Fax Number

039 0438 501779

Address, Line 2

E-Mail Address

paragon_tax@hotmail.com

City

VITTORIO VENETO

State/Province/Territory

Treviso

Zip Code (Postal Code)

31029

Country/Area
ITALY

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
CANTINA DI CONEGLIANO E VITTORIO VENETO SAC

Telephone Number
039 0438 500209

Company Name Suffix
Company

Fax Number
039 0438 501779

Address, Line 1
VIA DEL CAMPARDO 3

E-Mail Address
paragon_tax@hotmail.com

Address, Line 2

City
VITTORIO VENETO

State/Province/Territory
Treviso

Zip Code (Postal Code)
31029

Country/Area
ITALY

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)*

Individual's Name *(Optional)*

PARAGONTAX

Individual's Middle Name *(Optional)*

Individual's Last Name *(Optional)*

Emergency Contact Phone

001 718 7070606

E-mail Address

paragontax@hotmail.com

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

Alternate Trade Name #1: **LA MARCA**

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

PARAGONTAX

Telephone Number

718 7070606

Address, Line 1

4612 Queens Blvd Ste 205

Emergency Contact Phone

718 7070606

Address, Line 2

Fax Number

718 7070166

City

Long Island City

E-Mail Address

paragontax@hotmail.com

State/Province/Territory

New York

Zip Code (Postal Code)

11104-1740

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)
1. ALCOHOLIC BEVERAGES [21 CFR 170.3 (n) (2)]	<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 checked="" 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: PARAGONTAX

Address, Line 1

4612 Queens Blvd Ste 205

Telephone Number

001 718 7070606

Address, Line 2

Fax Number

001 718 7070166

City

Long Island City

E-Mail Address

paragontax@hotmail.com

State/Province/Territory

New York

Zip Code (Postal Code)

11104

Country/Area

UNITED STATES

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: DAN PANTOR

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-