



Date:01/02/2025 3:55:48

Created Date
2022-02-14 07:12:34.0

Created by
hmj92201

Registration Expiration Date
2026-12-31

Registration Renewed Date
2025-01-02

Last Updated
2025-01-02

Registration Status Reason
Accepted UFI

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

Are you a broker, distributor, importer/filer?

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: **16837385052** Pin No **xEAfCxdx**

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

HMJ FOODS LLP

Telephone Number

091 997 9912482

Facility Name Suffix

Limited Liability Corporation

Fax Number

Facility Street Address, Line 1

29a & 30a Mahagujarat industrial estate

E-Mail Address

ms@indibites.in

Facility Street Address, Line 2

opp. Dharamshil,

Unique Facility Identifier (UFI)

City

Ahmedabad

State/Province/Territory

Gujarat



Zip Code (Postal Code)

382213

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)? Yes

Name

HMJ FOODS LLP

Telephone Number

091 997 9912482

Address, Line 1

29a & 30a Mahagujarat industrial estate

Fax Number

Address, Line 2

opp. Dharamshil,

E-Mail Address

ms@indibites.in

City

Ahmedabad

State/Province/Territory

Gujarat

Zip Code (Postal Code)

382213

Country/Area

INDIA

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

HMJ FOODS LLP

Telephone Number

091 997 9912482

Company Name Suffix

Limited Liability Corporation

Fax Number

Address, Line 1

29a & 30a Mahagujarat industrial estate

E-Mail Address

ms@indibites.in

Address, Line 2

opp. Dharamshil,

City

Ahmedabad

State/Province/Territory

Gujarat



Zip Code (Postal Code)

382213

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

091 997 9912482

Individual's Name (Optional)

E-Mail Address

ms@indibites.in

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)

First Name

Telephone Number

Ashish

917 5074536 null

Middle Name (Optional)

Emergency Contact Phone

S

917 5074536

Last Name

Fax Number

Sachdev

Title (Optional)

E-Mail Address

Mr.

ashishssachdev@gmail.com

Address, Line 1

100 C. COLUMBUS DRIVE

Address, Line 2

UNIT #1817

City

Jersey City

State/Province/Territory

New Jersey



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)
d. Ready to Eat (RTE) 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. FRUIT AND FRUIT PRODUCTS ^[21 CFR 170.3 (n) (16), (27), (28), (35), (43)]													
c. Other Fruit and Fruit Products	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
25. MULTIPLE FOOD DINNERS, GRAVIES, SAUCES AND SPECIALTIES ^[21 CFR 170.3 (n) (11) (14), (17), (18), (23), (24), (29), (34), (40)]	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
27. PREPARED SALAD PRODUCTS ^[21 CFR 170.3 (n) (11), (17), (18), (22), (29), (34), (35)]	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
29. SNACK FOOD ITEMS (FLOUR, MEAL OR VEGETABLE BASE) ^[21 CFR 170.3 (n) (37)]	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
33. VEGETABLE AND VEGETABLE PRODUCT CATEGORIES ^[21 CFR 170.3 (n) (19), (36)]													
c. Other Vegetable and Vegetable Products	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>



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)
37. IF NONE OF THE ABOVE FOOD CATEGORIES APPLY, THEN PRINT THE APPLICABLE FOOD CATEGORY OR CATEGORIES (THAT DOES NOT OR DO NOT APPEAR ABOVE)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

If the food categories listed above do not apply, then print the applicable food category or categories.

Makhini Gravy Finished (Red), Onion gravy Finished (Brown), Palak Gravy Finished, White Gravy, Chole masala, Rajama masala, Baigan bartha, Bendi masala, LABABDAR GRAVY Finished, Green Chutney, Imli Chutney.

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: Manish

Address, Line 1

29a & 30a Mahagujarat industrial estate

Address, Line 2

opp. Dharamshil,

City

Ahmedabad

Telephone Number

091 997 9912482

Fax Number

E-Mail Address

ms@indibites.in



State/Province/Territory

Gujarat

Zip Code (Postal Code)

382213

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.

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: BRIJESH PATEL

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	Telephone Number
-N/A-	-N/A-
Address, Line 1	Fax Number
-N/A-	-N/A-
Address, Line 2	E-Mail Address
-N/A-	-N/A-
City	
-N/A-	
State/Province/Territory	
-N/A-	
Zip Code (Postal Code)	
-N/A-	
Country/Area	
-N/A-	