

# FDA | U.S. Food and Drug Administration

## Food Facility Registration

Please review your registration. If all information is correct, click the Submit button below. To make changes to a section, click the Edit button for that section.

Date

**09/03/2025 17:44:56**

Created by

**vam35653**

Created Date

**2025-03-18 13:43:32.0**

Registration Renewed Date

Registration Expiration Date

**2026-12-31**

Last Updated

**2025-03-28**

Registration Status

**VALID**

Registration Status Reason

**Initial registration**

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: **10544021288** Pin No **G8CbEBjC** [Modify Pin](#)

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

**Said Omar Carrillo Zamora**

Telephone Number

**052 771 4310290**

Facility Name Suffix

**Other**

Fax Number

E-Mail Address

**vamparte@outlook.com**

Facility Name Suffix Other

**Individual**

Unique Facility Identifier (UFI)

**951774015**

Facility Street Address, Line 1

**Zaratustra 211 Amp. Santa Julia 3 SECC**

Facility Street Address, Line 2

City

**Pachuca**

State/Province/Territory

**Hidalgo**

Zip/Postal Code

**42080**

Country/Area

**MEXICO**

### 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

**Said Omar Carrillo Zamora**

Telephone Number

**052 771 4310290**

Address, Line 1

**Zaratustra 211 Amp. Santa Julia 3 SECC**

Fax Number

E-Mail Address

**vamparte@outlook.com**

Address, Line 2

City

**Pachuca**

State/Province/Territory

**Hidalgo**

Zip Code (Postal Code)

**42080**

Country/Area

**MEXICO**

### 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

**Said Omar Carrillo Zamora**

Telephone Number

**052 771 4310290**

Company Name Suffix

**Other**

Fax Number

E-Mail Address

**vamparte@outlook.com**

Company Name Suffix Other

**Individual**

Address, Line 1

**Zaratustra 211 Amp. Santa Julia 3 SECC**

Address, Line 2

City

**Pachuca**

State/Province/Territory

**Hidalgo**

Zip Code (Postal Code)

**42080**

Country/Area

**MEXICO****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

**001 956 6252200**Individual's Name *(Optional)***Alberto**

E-mail Address

**benavides@delbravo.com**Individual's Middle Name *(Optional)*Job Title *(Optional)*Individual's Last Name *(Optional)***Licona****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 ☐ NoAlternate Trade Name #1 : **VAMPARTE****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)

U.S. Agent ID

**USID7711012**

Telephone Number

**956 9566252**

Name

**BENAVIDES & COMPANY LLC**

Emergency Contact Phone

**956 2694873**

Address, Line 1

Fax Number

1102 Santo Tomas St

Address, Line 2

City

Laredo

State/Province/Territory

Texas

Zip Code (Postal Code)

78045

Country/Area

UNITED STATES

E-Mail Address

benavides@delbravo.com

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

Selected Product Name	Selected Activity Types
26. NUTS AND EDIBLE SEED PRODUCT CATEGORIES [21 CFR 170.3 (n) (26), (32)]	
a. Nut and Nut Products	Ambient Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators); Packer / Repacker;
b. Edible Seed and Edible Seed Products	Ambient Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators); Labeler / Relabeler;
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)	Ambient Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators); Packer / Repacker;
If the food categories listed above do not apply, then print the applicable food category or categories.	
Aamaranth based snacks, dehydrated blueberries and mango.	

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 - U.S. Agent Address Information**  
☐ **None of the above**

Name of Entity or Individual Who is the Owner, Operator, or Agent-in-Charge : Said Omar Carrillo Zamora

Address, Line 1

**Zaratustra 211 Amp. Santa Julia 3 SECC**

Telephone Number

**052 771 4310290**

Address, Line 2

Fax Number

City

**Pachuca**

E-Mail Address

**vamparte@outlook.com**

State/Province/Territory

**Hidalgo**

Zip Code (Postal Code)

**42080**

Country/Area

**MEXICO**

## 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 FORM:** Said Omar Carrillo Zamora

### 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-**