

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

Facility Name Suffix Other

Individual

E-Mail Address

vamparte@outlook.com

Facility Street Address, Line 1

Zarautstra 211 Amp. Santa Julia 3 SECC

Unique Facility Identifier (UFI)

951774015

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

Zarautstra 211 Amp. Santa Julia 3 SECC

Fax Number

Address, Line 2

E-Mail Address

vamparte@outlook.com

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

Company Name Suffix Other

Individual

E-Mail Address

vamparte@outlook.com

Address, Line 1

Zarautstra 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 6252200Individual's Name (*Optional*)

E-mail Address

Alberto**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 No

Alternate 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

Telephone Number

USID7711012**956 9566252**

Name

Emergency Contact Phone

BENAVIDES & COMPANY LLC**956 2694873**

Address, Line 1

Fax Number

1102 Santo Tomas St

Address, Line 2

E-Mail Address

City
Laredo**benavides@delbravo.com**State/Province/Territory
TexasZip Code (Postal Code)
78045Country/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

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 **Zarautstra 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:

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-