U.S. FOOD & DRUG ADMINISTRATION
CENTER FOR FOOD SAFETY & APPLIED NUTRITION

Date:10/01/2024 12:18:23

Created Date
2022-05-18 08:46:28.0

Created by
nat69440

Registration Expiration Date
2026-12-31

Registration Renewed Date
2024-10-01

Last Updated
2024-10-01

Registration Status Reason
Biennial Registration Renewal - 2022

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 fishing vessel engaged in processing (21 CFR 1.226(f))?

( ) Yes (•) No

Section 1: Type of Registration

Facility Location: **Domestic Registration**

UPDATE OF REGISTRATION INFORMATION:

Registration Number: **18065673026**

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
Natural Vitamins Laboratory Corp

Telephone Number
001 305 2651660

Facility Name Suffix
Corporation

Fax Number
001 305 2654414

Facility Street Address, Line 1
4400 Nw 133rd St

E-Mail Address
ashish@nvlabs.net

Facility Street Address, Line 2

Unique Facility Identifier (UFI)

City
Opa Locka

State/Province/Territory
Florida

Zip Code (Postal Code)
33054

Country/Area
UNITED STATES

FDA U.S. FOOD & DRUG ADMINISTRATION
CENTER FOR FOOD SAFETY & APPLIED NUTRITION

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

Natural Vitamins Laboratory Corp

Address, Line 1

4400 Nw 133rd St

Address, Line 2

City

Opa Locka

State/Province/Territory

Florida

Zip Code (Postal Code)

33054

Country/Area

UNITED STATES

Telephone Number

001 305 2651660

Fax Number

001 305 2654414

E-Mail Address

ashish@nvlabs.net

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

Natural Vitamins Laboratory Corp

Company Name Suffix

Corporation

Address, Line 1

4400 Nw 133rd St

Address, Line 2

City

Opa Locka

State/Province/Territory

Florida

Zip Code (Postal Code)

33054

Country/Area

UNITED STATES

Telephone Number

001 305 2651660

Fax Number

001 305 2654414

E-Mail Address

ashish@nvlabs.net

Section 5: Facility Emergency Contact Information

If information is the same as another section, check which section:

◉ Same as Facility Address (Section 2)

○ None of the above

Individual's Title (Optional)

Individual's Name (Optional)

Individual's Middle Name (Optional)

Individual's Last Name (Optional)

Emergency Contact Phone

001 305 2651660

E-Mail Address

ashish@nvlabs.net

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

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

-N/A-

Middle Name (Optional)

-N/A-

Last Name (Optional)

-N/A-

Title (Optional)

-N/A-

Address, Line 1

-N/A-

Address, Line 2

-N/A-

City

-N/A-

State/Province/Territory

-N/A-

Zip Code (Postal Code)

-N/A-

Country/Area

-N/A-

Emergency Contact Phone

-N/A-

Fax Number

-N/A-

E-Mail Address

-N/A-

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
January	**September**
Harvest 2	
Start Month	End Month
January	**December**

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)**
11.DIETARY CONVENTIONAL FOODS OR MEAL REPLACEMENTS (Includes Medical Foods)[21 CFR 170.3 (n) (31)]	☑	☐	☐	☐	☐	☐	☐	☑	☑	☑	☐	☐	☐
12.DIETARY SUPPLEMENT CATEGORIES													
a.Proteins, Amino Acids, Fats and Lipid Substances[21 CFR 170.3(o) (20)]	☑	☐	☐	☐	☐	☐	☐	☑	☑	☑	☐	☐	☐
b.Vitamins and Minerals	☑	☐	☐	☐	☐	☐	☐	☑	☑	☑	☐	☐	☐
c.Animal By-Products and Extracts	☑	☐	☐	☐	☐	☐	☐	☑	☑	☑	☐	☐	☐
d.Herbals and Botanicals	☑	☐	☐	☐	☐	☐	☐	☑	☑	☑	☐	☐	☐

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)
35.VEGETABLE PROTEIN PRODUCTS (SIMULATED MEATS)[21 CFR 170.3 (n) (33)]	☑	☐	☐	☐	☐	☐	☐	☑	☑	☑	☐	☐	☐

Section 9b: General Product Categories - Food for Animal Consumption; and Type of Activity Conducted at the Facility

To be completed by all animal food facilities. Please see instructions for further examples. IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY, SELECT BOX 33	Animal food manufacturer / Processor	Animal Food Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators)	Acidified Food Processor	Low Acid Food Processor	Contract Sterilizer	Packer / Repacker	Labeler / Relabeler	Salvage Operator (Reconditioner)	Farm Mixed-Type Facility	Other Activity (Please Specify)
4.AMINO ACIDS OR RELATED PRODUCTS	☑	☑	☐	☐	☐	☑	☑	☐	☐	☐
5.ANIMAL PROTEIN PRODUCTS	☑	☑	☐	☐	☐	☑	☑	☐	☐	☐
6.BOTANICALS AND HERBS	☑	☑	☐	☐	☐	☑	☑	☐	☐	☐
12.ENZYMES	☑	☑	☐	☐	☐	☑	☑	☐	☐	☐
13.FATS OR OILS	☑	☑	☐	☐	☐	☑	☑	☐	☐	☐
18.MILK PRODUCTS	☑	☑	☐	☐	☐	☑	☑	☐	☐	☐
19.MINERALS OR MINERAL PRODUCTS	☑	☑	☐	☐	☐	☑	☑	☐	☐	☐
23.PEANUT PRODUCTS	☑	☑	☐	☐	☐	☑	☑	☐	☐	☐
27.VITAMINS OR VITAMIN PRODUCTS	☑	☑	☐	☐	☐	☑	☑	☐	☐	☐

To be completed by all animal food facilities. Please see instructions for further examples. IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY, SELECT BOX 33	Animal food manufacturer / Processor	Animal Food Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators)	Acidified Food Processor	Low Acid Food Processor	Contract Sterilizer	Packer / Repacker	Labeler / Relabeler	Salvage Operator (Reconditioner)	Farm Mixed-Type Facility	Other Activity (Please Specify)
31.PET TREATS OR PET CHEWS	☑	☑	☐	☐	☐	☑	☑	☐	☐	☐
32.PET NUTRITIONAL SUPPLEMENTS (E.G., VITAMINS, MINERALS)	☑	☑	☐	☐	☐	☑	☑	☐	☐	☐

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: Tejas Choksi

Address, Line 1
4400 Nw 133rd St

Address, Line 2

City
Opa Locka

State/Province/Territory
Florida

Zip Code (Postal Code)
33054

Country/Area
UNITED STATES

Telephone Number
001 305 2651660

Fax Number
001 305 2654414

E-Mail Address
ashish@nvlabs.net

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

FDA U.S. FOOD & DRUG ADMINISTRATION
CENTER FOR FOOD SAFETY & APPLIED NUTRITION

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: Ashish 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:

☐ **Same as Section 10**

Individual's Name
Tejas Choksi

Address, Line 1
4400 NW 133rd St

Address, Line 2

City
Opa Locka

State/Province/Territory
Florida

Zip Code (Postal Code)
33054

Country/Area
UNITED STATES

Telephone Number
001 305 2651660

Fax Number
001 305 2654414

E-Mail Address
tejas@nvlabs.net