

# FDA | U.S. Food and Drug Administration

## Food Facility Registration

Date: 11/18/2020 16:08:19

Created Date <b>2018-06-24 12:45:32.0</b>	Created by <b>par49512</b>
Registration Expiration Date <b>2022-12-31</b>	Registration Renewed Date <b>2020-11-18</b>
Last Updated <b>2020-11-18</b>	Registration Status Reason <b>Biennial Registration Renewal - 2018</b>
Registration Status <b>VALID</b>	

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

### Section 1: Type of Registration

Facility Location : **Foreign Registration**

UPDATE OF REGISTRATION INFORMATION: *Registration Number: 11665721804* Pin No **idahDIF5**

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 <b>Parfait PC</b>	Telephone Number <b>030 694 4202413</b>
Facility Name Suffix <b>Other</b>	Fax Number
Facility Name Suffix Other <b>Private Company</b>	E-Mail Address <b>z.sapounaki@parfait.gr</b>
Facility Street Address, Line 1 <b>3rd klm Serron- Dramas</b>	Unique Facility Identifier (UFI) <b>498907979</b>
Facility Street Address, Line 2	
City <b>Serres</b>	
State/Province/Territory <b>Serrai</b>	
Zip/Postal Code <b>62100</b>	
Country/Area <b>GREECE</b>	

**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

**Parfait PC**

Telephone Number

**030 694 4202413**

Address, Line 1

**3rd klm Serron- Dramas**

Fax Number

E-Mail Address

**z.sapounaki@parfait.gr**

Address, Line 2

City

**Serres**

State/Province/Territory

**Serrai**

Zip Code (Postal Code)

**62100**

Country/Area

**GREECE**

**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

**Parfait PC**

Telephone Number

**030 694 4202413**

Company Name Suffix

**Other**

Fax Number

E-Mail Address

**z.sapounaki@parfait.gr**

Company Name Suffix Other

**Private Company**

Address, Line 1

**3rd klm Serron- Dramas**

Address, Line 2

City

**Serres**

State/Province/Territory

**Serrai**

Zip Code (Postal Code)

**62100**

Country/Area

**GREECE**

**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 <i>(Optional)</i> <b>Mrs</b>	Emergency Contact Phone <b>030 694 4202413</b>
Individual's Name <i>(Optional)</i> <b>Zoe</b>	E-mail Address <b>z.sapounaki@parfait.gr</b>
Individual's Middle Name <i>(Optional)</i>	Job Title <i>(Optional)</i> <b>Contact person</b>
Individual's Last Name <i>(Optional)</i> <b>Sapounaki</b>	

**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 <b>Christos</b>	Telephone Number <b>703 8612940</b>
Middle Name <i>(Optional)</i>	Emergency Contact Phone <b>703 8612940</b>
Last Name <b>Gougoufkas</b>	Fax Number
Title <i>(Optional)</i>	E-Mail Address <b>cgougoufkas@yahoo.com</b>
Address, Line 1 <b>1871 Foxstone Dr</b>	
Address, Line 2	
City <b>Vienna</b>	
State/Province/Territory <b>Virginia</b>	
Zip Code (Postal Code) <b>22182-2147</b>	
Country/Area <b>UNITED STATES</b>	

**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)
3. BAKERY PRODUCTS, DOUGH MIXES, OR ICINGS [21 CFR 170.3 (n) (1), (9)]	<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"/>
5. CANDY WITHOUT CHOCOLATE, CANDY SPECIALTIES AND CHEWING GUM [21 CFR 170.3 (n) (6), (9), (25), (38)]	<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"/>
8. CHOCOLATE AND COCOA PRODUCTS [21 CFR 170.3 (n) (3), (9), (38), (43)]	<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"/>
29. SNACK FOOD ITEMS (FLOUR, MEAL OR VEGETABLE BASE) [21 CFR 170.3 (n) (37)]	<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 - U.S. Agent Address Information
- None of the above

Name of Entity or Individual Who is the Owner, Operator, or Agent-in-Charge : Konstantinos Sapounakis & Ioannis Sapounakis

Address, Line 1  
**3rd klm Serron- Dramas**

Address, Line 2

City  
**Serres**

State/Province/Territory  
**Serrai**

Zip Code (Postal Code)  
**62100**

Country/Area  
**GREECE**

Telephone Number  
**030 69476 98567**

Fax Number

E-Mail Address  
**info@parfait.gr**

**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:** Taxiarchoula Magra

**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  
**Taxiarchoula Magra**

Telephone Number  
**030 6942 900883**

Address, Line 1  
**Nikolaou Plastira 3**

Fax Number

Address, Line 2

E-Mail Address  
**info@alimentlab.gr**

City  
**Thessaloniki**

State/Province/Territory  
**Thessaloniki**

Zip Code (Postal Code)  
**55337**

Country/Area  
**GREECE**