

FDA | U.S. Food and Drug Administration

Food Facility Registration

Date: 05/24/2021 8:42:27

Created Date
2021-05-20 14:22:32.0

Created by
rob5048

Registration Expiration Date
2022-12-31

Registration Renewed Date

Last Updated
2021-05-24

Registration Status Reason
Pending UFI Confirmation

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

Section 1: Type of Registration

Facility Location : **Foreign Registration**

UPDATE OF REGISTRATION INFORMATION: *Registration Number: 14395859072 Pin No 22fC33Fd*

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
LIASTRO ELENI KORAKIANITI MOYZAKITI

Telephone Number
030 26 61099489

Facility Name Suffix
Company

Fax Number

Facility Street Address, Line 1
Avliotes

E-Mail Address
liastro75@hotmail.com

Facility Street Address, Line 2

Unique Facility Identifier (UFI)
523517739

City
Kourassades

State/Province/Territory
None of the above

Zip/Postal Code
490 81

Country/Area
GREECE

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

LIASTRO ELENI KORAKIANITI MOYZAKITI

Telephone Number

030 26 61099489

Address, Line 1

Avliotes

Fax Number

E-Mail Address

liastro75@hotmail.com

Address, Line 2

City

Kourassades

State/Province/Territory

None of the above

Zip Code (Postal Code)

490 81

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

LIASTRO ELENI KORAKIANITI MOYZAKITI

Telephone Number

030 26 61099489

Company Name Suffix

Company

Fax Number

E-Mail Address

liastro75@hotmail.com

Address, Line 1

Avliotes

Address, Line 2

City

Kourassades

State/Province/Territory

None of the above

Zip Code (Postal Code)

490 81

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 (Optional)

Ms

Emergency Contact Phone

030 26 661099489

Individual's Name (Optional)

Eleni

E-mail Address

liastro75@hotmail.com

Individual's Middle Name (Optional)

Job Title (Optional)

Individual's Last Name (Optional)

Korakianiti

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 Robert	Telephone Number 202 4493739 1
Middle Name (Optional) Charles	Emergency Contact Phone 202 3651958
Last Name Lehrman	Fax Number 202 4785189
Title (Optional) Attorney	E-Mail Address lazahn@bevlaw.com
Address, Line 1 2911 Hunter Mill Rd Ste 303	
Address, Line 2	
City Oakton	
State/Province/Territory Virginia	
Zip Code (Postal Code) 22124-1719	
Country/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

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)
34. VEGETABLE OILS (INCLUDES OLIVE OIL) [21 CFR 170.3 (n) (12)]	<input type="checkbox"/>	<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 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 : Eleni Korakianiti

Address, Line 1
Avliotes

Telephone Number
030 26 61099489

Address, Line 2

Fax Number

City
Kourassades

E-Mail Address
liastro75@hotmail.com

State/Province/Territory
None of the above

Zip Code (Postal Code)
490 81

Country/Area
GREECE

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: Robert Charles Lehrman

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	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-	