

FDA |

U.S. Food and Drug Administration  
Food Facility Registration

Date: 12/19/2024 10:12:12

Created Date 2021-02-17 03:22:08.0	Created by cra12097
Registration Expiration Date 2026-12-31	Registration Renewed Date 2024-12-19
Last Updated 2024-12-19	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 : Foreign Registration

UPDATE OF REGISTRATION INFORMATION:    Registration Number: 18477969170    Pin No BgCdC89B

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 GAP PROCESS IN THE WORLD	Telephone Number 034 630 074946
Facility Name Suffix Other	Fax Number
Facility Name Suffix Other SOCIEDAD LIMITADA.	E-Mail Address quality@gapfruits.com
Facility Street Address, Line 1 POLIGONO INDUSTRIAL VILLAREJOS, PAR A 1	Unique Facility Identifier (UFI) 468894769
Facility Street Address, Line 2	
City MADRIGUERAS	
State/Province/Territory Albacete	
Zip/Postal Code 02230	
Country/Area SPAIN	

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 GAP PROCESS IN THE WORLD	Telephone Number 034 630 074946
Address, Line 1 POLIGONO INDUSTRIAL VILLAREJOS, PAR A 1	Fax Number
	E-Mail Address

Address, Line 2  
**quality@gapfruits.com**

City  
**MADRIGUERAS**

State/Province/Territory  
**Albacete**

Zip Code (Postal Code)  
**02230**

Country/Area  
**SPAIN**

**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 <b>GAP PROCESS IN THE WORLD</b>	Telephone Number <b>034 630 074946</b>
Company Name Suffix <b>Other</b>	Fax Number
Company Name Suffix Other <b>SOCIEDAD LIMITADA.</b>	E-Mail Address <b>quality@gapfruits.com</b>
Address, Line 1 <b>POLIGONO INDUSTRIAL VILLAREJOS, PAR A 1</b>	
Address, Line 2	
City <b>MADRIGUERAS</b>	
State/Province/Territory <b>Albacete</b>	
Zip Code (Postal Code) <b>02230</b>	
Country/Area <b>SPAIN</b>	

**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>	Emergency Contact Phone <b>034 630 074946</b>
Individual's Name <i>(Optional)</i>	E-mail Address <b>quality@gapfruits.com</b>
Individual's Middle Name <i>(Optional)</i>	Job Title <i>(Optional)</i>
Individual's Last Name <i>(Optional)</i>	

**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)

U.S. Agent ID	Telephone Number
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USID7071534

305 3585988

Name

Emergency Contact Phone

Spain U.S. Chamber of Commerce

305 3585988

Address, Line 1

Fax Number

2153 Coral Way, Suite 400

305 3586844

Address, Line 2

E-Mail Address

City

fda@spainchamber.org

Miami

State/Province/Territory

Florida

Zip Code (Postal Code)

33145

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)
4. BEVERAGE BASES [21 CFR 170.3 (n) (3), (35)]	<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"/>
18. FRUIT OR VEGETABLE JUICE, PULP OR CONCENTRATE PRODUCTS [21 CFR 170.3 (n) (3), (16), (35)]	<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 : GEMA ARRIBAS PALENCIA

Address, Line 1

Telephone Number

POLIGONO INDUSTRIAL VILLAREJOS, PAR A 1

034 630 074946

Address, Line 2

Fax Number

City

E-Mail Address

MADRIGUERAS

quality@gapfruits.com

State/Province/Territory

Albacete

Zip Code (Postal Code)

02230

Country/Area

SPAIN

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: Alberto Cabanero

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	Telephone Number
-N/A-	-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-	