



Date:10/03/2024 2:37:45

Created Date

2014-10-02 04:28:44.0

Registration Expiration Date

2026-12-31

Last Updated

2024-10-03

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

Created by

ser19456

Registration Renewed Date

2024-10-03

Registration Status Reason

Biennial Registration Renewal - 2022

Section 1: Type of Registration

Facility Location: **Foreign Registration**

UPDATE OF REGISTRATION INFORMATION:

Registration Number: **13103653998** Pin No **adhD0cAc**

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

CAROLINE PARENT ET ASSOCIES

Facility Name Suffix

Company

Facility Street Address, Line 1

10 B Rue Des Naigeons

Facility Street Address, Line 2

City

Beaune

State/Province/Territory

Cote-d'Or

Zip Code (Postal Code)

21200

Country/Area

FRANCE

Telephone Number

033 380 221512

Fax Number

E-Mail Address

cparentgros@yahoo.fr

Unique Facility Identifier (UFI)



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	Telephone Number
CAROLINE PARENT ET ASSOCIES	033 380 221512
Address, Line 1	Fax Number
10 B Rue Des Naigeons	
Address, Line 2	E-Mail Address
	cparentgros@yahoo.fr
City	
Beaune	
State/Province/Territory	
Cote-d'Or	
Zip Code (Postal Code)	
21200	
Country/Area	
FRANCE	

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	Telephone Number
CAROLINE PARENT ET ASSOCIES	033 380 221512
Company Name Suffix	Fax Number
Company	
Address, Line 1	E-Mail Address
10 B Rue Des Naigeons	cparentgros@yahoo.fr
Address, Line 2	
City	
Beaune	
State/Province/Territory	
Cote-d'Or	
Zip Code (Postal Code)	
21200	
Country/Area	
FRANCE	

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)

Mrs

Individual's Name (Optional)

CAROLINE

Individual's Middle Name (Optional)

Individual's Last Name (Optional)

PARENT

Emergency Contact Phone

033 380 221512

E-Mail Address

cparentgros@yahoo.fr

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

Alternate Trade Name #1: **CAROLINE PARENT**

Alternate Trade Name #2: **MAISON PARENT GROS**

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

USID2790352

Name

Hillebrand Gori USA LLC

Address, Line 1

2147 Route 27 Ste 401

Address, Line 2

City

Edison

State/Province/Territory

New Jersey

Zip Code (Postal Code)

08817

Country/Area

UNITED STATES

Emergency Contact Phone

732 3880101

Fax Number

E-Mail Address

FDAUSR@HILLEBRAND.COM

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 Process or	Low-Acid Food Process or	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)
1. ALCOHOLIC BEVERAGES ^{(21 CFR 170.3 (n) (2))}	<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"/>
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 - US Agent Address Information
- None of the above

Name of Entity or Individual Who is the Owner, Operator, or Agent-in-Charge: CAROLINE PARENT

Address, Line 1

10 B Rue Des Naigeons

Address, Line 2

City

Beaune

Telephone Number

033 380 221512

Fax Number

E-Mail Address

cparentgros@yahoo.fr



State/Province/Territory

Cote-d'Or

Zip Code (Postal Code)

21200

Country/Area

FRANCE

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: Hillebrand Gori

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

-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-