



Date:11/17/2022 13:56:15

Created Date

2013-04-15 17:35:43.0

Registration Expiration Date

2024-12-31

Last Updated

2022-11-17

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

Created by

ena21425

Registration Renewed Date

2022-11-17

Registration Status Reason

**Biennial Registration Renewal - 2022**

### Section 1: Type of Registration

Facility Location: **Foreign Registration**

UPDATE OF REGISTRATION INFORMATION:

Registration Number: **15226513166** Pin No **x574ai9f**

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

**Okinawa Kangen Foods Co. Ltd.**

Facility Name Suffix

**Company**

Facility Street Address, Line 1

**310 Sedake**

Facility Street Address, Line 2

City

**Nago**

State/Province/Territory

**Okinawa**

Zip Code (Postal Code)

**905-2266**

Country/Area

**JAPAN**

Telephone Number

**081 0980 519050**

Fax Number

**081 0980 519051**

E-Mail Address

**info@kangenfoods.com**

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)? No

Name	Telephone Number
<b>Erick M.</b>	<b>001 310 5427700</b>
Address, Line 1	Fax Number
<b>4115 Spencer St</b>	
Address, Line 2	E-Mail Address
	<b>erick.m@enagic.com</b>
City	
<b>Torrance</b>	
State/Province/Territory	
<b>California</b>	
Zip Code (Postal Code)	
<b>90503</b>	
Country/Area	
<b>UNITED STATES</b>	

#### 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
<b>Okinawa Kangen Foods Co. Ltd.</b>	<b>081 0980 519050</b>
Company Name Suffix	Fax Number
<b>Company</b>	<b>081 0980 519051</b>
Address, Line 1	E-Mail Address
<b>310 Sedake</b>	<b>info@kangenfoods.com</b>
Address, Line 2	
City	
<b>Nago</b>	
State/Province/Territory	
<b>Okinawa</b>	
Zip Code (Postal Code)	
<b>905-2266</b>	
Country/Area	
<b>JAPAN</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 (Optional)

Emergency Contact Phone

**001 310 7559950**

Individual's Name (Optional)

E-Mail Address

**Enagic USA, Inc.**

**erick.m@enagic.com**

Individual's Middle Name (Optional)

Job Title (Optional)

Individual's Last Name (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)

Name

Telephone Number

**Enagic USA, Inc.**

**310 5427700**

Address, Line 1

Emergency Contact Phone

**4115 Spencer St**

**310 7559950**

Address, Line 2

Fax Number

**310 7877029**

City

E-Mail Address

**Torrance**

**erick.m@enagic.com**

State/Province/Territory

**California**

Zip Code (Postal Code)

**90503**

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 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)

12. DIETARY SUPPLEMENT CATEGORIES

d. Herbs and Botanicals	<input checked="" 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"/>
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**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: Okinawa Kangen Foods Co. Ltd.

Address, Line 1

**310 Sedake**

Address, Line 2

City

**Nago**

State/Province/Territory

**Okinawa**

Zip Code (Postal Code)

**905-2266**

Country/Area

**JAPAN**

Telephone Number

**081 0980 519050**

Fax Number

**081 0980 519051**

E-Mail Address

**info@kangenfoods.com**

**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:** erick melendrez

#### 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-