



Date:12/02/2020 10:18:24

Created Date

2017-04-10 17:09:57.0

Created by

fda53808

Registration Expiration Date

2022-12-31

Registration Renewed Date

2020-11-25

Last Updated

2020-12-02

Registration Status Reason

Biennial Registration Renewal - 2020

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: **19852821062** Pin No **xigCla7D**

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

Nera Kritis

Telephone Number

030 282 1020851

Facility Name Suffix

Limited Company

Fax Number

030 282 1020853

Facility Street Address, Line 1

Varypetro

E-Mail Address

exports@nerakritis.gr

Facility Street Address, Line 2

Therissos

Unique Facility Identifier (UFI)

506919451

City

Chania

State/Province/Territory

Chania

Zip Code (Postal Code)

20300

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)? No

Name	Telephone Number
Nera Kritis	030 210 2445158
Address, Line 1	Fax Number
Acharnes	030 210 2409580
Address, Line 2	E-Mail Address
Iviskou 89	exports@nerakritis.gr
City	
Acharnes	
State/Province/Territory	
None of the above	
Zip Code (Postal Code)	
136 77	
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	Telephone Number
Nera Kritis	030 210 2445158
Company Name Suffix	Fax Number
Other	
Company Name Suffix Other	
S.A.	
Address, Line 1	E-Mail Address
1-3 Aristeidou Str.	exports@nerakritis.gr
Address, Line 2	
City	
Acharnes	
State/Province/Territory	
None of the above	
Zip Code (Postal Code)	
13677	
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)

Mr

Individual's Name (Optional)

Dimitrios

Individual's Middle Name (Optional)

Individual's Last Name (Optional)

Kasapoglou

Emergency Contact Phone

030 210 2445158

E-Mail Address

exports@nerakritis.gr

Job Title (Optional)

Commercial Director

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

USID6293144

Emergency Contact Phone

410 2202800

Name

FDAlmports.com, LLC

Fax Number

Address, Line 1

810 Landmark Dr Ste 126

E-Mail Address

registration@fdaimports.com

Address, Line 2

City

Glen Burnie

State/Province/Territory

Maryland

Zip Code (Postal Code)

21061

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)
32.SOFT DRINKS AND WATERS ²¹ CFR 170.3 (n) (3), (35)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 - US Agent Address Information
- None of the above

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

Address, Line 1

1-3 Aristeidou Str.

Address, Line 2

City

Acharnes

State/Province/Territory

None of the above

Telephone Number

030 210 2445158

Fax Number

030 210 2407060

E-Mail Address

customersupport@nerakritis.gr



Zip Code (Postal Code)

13677

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: Emily Diekemper

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

Olga Veletakou

Address, Line 1

1-3 Aristeidou Str.

Address, Line 2

City

Acharnes

State/Province/Territory

None of the above

Zip Code (Postal Code)

13677

Country/Area

GREECE

Telephone Number

030 210 2445158

Fax Number

030 210 2407060

E-Mail Address

customersupport@nerakritis.gr