



Date:10/16/2024 3:17:52

Please review the registration.

Created Date

2017-04-10 17:09:57.0

Registration Expiration Date

2026-12-31

Last Modified by

FMLS

Last Updated

2024-10-16

Last Modified by Company

Nera Kritis

Created by

fda53808

Registration Renewed Date

2024-10-16

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**

Initial Registration **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

Facility Name Suffix

Limited Company

Facility Street Address, Line 1

Varypetro

Facility Street Address, Line 2

Therissos

City

Chania

State/Province/Territory

Kriti

Telephone Number

030 282 1020851

Fax Number

030 282 1020853

E-Mail Address

exports@nerakritis.gr

Unique Facility Identifier (UFI)

506919451



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

**Nera Kritis**

Telephone Number

**030 210 2445158**

Address, Line 1

**Acharnes**

Fax Number

**030 210 2409580**

Address, Line 2

**Iviskou 89**

E-Mail Address

**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

**Nera Kritis**

Telephone Number

**030 210 2445158**

Company Name Suffix

**Other**

Fax Number

Company Name Suffix Other

**S.A.**

Address, Line 1

**1-3 Aristeidou Str.**

E-Mail Address

**exports@nerakritis.gr**

Address, Line 2

City

**Acharnes**

State/Province/Territory



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**

Emergency Contact Phone

**030 210 2445158**

Individual's Name (Optional)

**Dimitrios**

E-Mail Address

**exports@nerakritis.gr**

Individual's Middle Name (Optional)

Job Title (Optional)

**Commercial Director**

Individual's Last Name (Optional)

**Kasapoglou**

## 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

**FDAImports.com, LLC**

Fax Number

Address, Line 1

**2631 Housley Road, #1211**

E-Mail Address

**registration@fdaimports.com**

Address, Line 2

City

**Annapolis**

State/Province/Territory

**Maryland**

Zip Code (Postal Code)

**21401**



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 <sup>(21 CFR 170.3 (n) (3), (35))</sup>	<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

Telephone Number

**030 210 2445158**

Fax Number

**030 210 2407060**



City

Acharnes

E-Mail Address

customersupport@nerakritis.gr

State/Province/Territory

None of the above

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:** Monica Gao

### 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

Telephone Number

030 210 2445158

Address, Line 1

1-3 Aristeidou Str.

Fax Number

030 210 2407060

Address, Line 2

E-Mail Address

customersupport@nerakritis.gr

City

Acharnes

State/Province/Territory

None of the above

Zip Code (Postal Code)

13677

Country/Area

GREECE



FDA

U.S. FOOD & DRUG  
ADMINISTRATION

CENTER FOR FOOD SAFETY & APPLIED NUTRITION