

# FDA | U.S. Food and Drug Administration Food Facility Registration

Please review your registration. If all information is correct, click the Submit button below. To make changes to a section, click the Edit button for that section.

Date <b>12/04/2024 2:03:34</b>	Created by <b>hhu93889</b>
Created Date <b>2024-12-03 23:11:37.0</b>	Registration Renewed Date
Registration Expiration Date <b>2026-12-31</b>	
Last Updated <b>2024-12-03</b>	
Registration Status <b>VALID</b>	
Registration Status Reason <b>Initial registration</b>	

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:* **13092029732** Pin No **EA0xd7eD** [Modify Pin](#)

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 <b>HUU DUC TAY NINH GENERAL IMPORT EXPORT TRADING PRODUCTION SERVICE COMPANY LIMITED</b>	Telephone Number <b>084 9 7116026 0</b>
Facility Name Suffix <b>Limited Company</b>	Fax Number
Facility Street Address, Line 1 <b>Group 3, Suoi Dop Hamlet,</b>	E-Mail Address <b>tayninhhuuduc@gmail.com</b>
Facility Street Address, Line 2 <b>Thai Binh Commune,</b>	Unique Facility Identifier (UFI) <b>555867058</b>
City <b>Chau Thanh District</b>	
State/Province/Territory <b>Tay Ninh</b>	

Zip/Postal Code

**None**

Country/Area

**VIETNAM**

### 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

**HUU DUC TAY NINH GENERAL IMPORT EXPORT  
TRADING PRODUCTION SERVICE COMPANY LIMITED**

Telephone Number

**084 9 7116026 0**

Fax Number

Address, Line 1

**Group 3, Suoi Dop Hamlet,**

E-Mail Address

**tayninhhuuduc@gmail.com**

Address, Line 2

**Thai Binh Commune,**

City

**Chau Thanh District**

State/Province/Territory

**Tay Ninh**

Zip Code (Postal Code)

**None**

Country/Area

**VIETNAM**

### 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

**HUU DUC TAY NINH GENERAL IMPORT EXPORT  
TRADING PRODUCTION SERVICE COMPANY LIMITED**

Telephone Number

**084 9 7116026 0**

Fax Number

Company Name Suffix

**Limited Company**

E-Mail Address

**tayninhhuuduc@gmail.com**

Address, Line 1

**Group 3, Suoi Dop Hamlet,**

Address, Line 2

**Thai Binh Commune,**

City

**Chau Thanh District**

State/Province/Territory

**Tay Ninh**

Zip Code (Postal Code)

**None**

Country/Area  
**VIETNAM**

### 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>084 9 7116026</b>
Individual's Name <i>(Optional)</i>	E-mail Address <b>tayninhuuduc@gmail.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)

First Name <b>Mark</b>	Telephone Number <b>612 7039000 0</b>
Middle Name <i>(Optional)</i>	Emergency Contact Phone <b>612 7039000</b>
Last Name <b>Tran</b>	Fax Number
Title <i>(Optional)</i>	E-Mail Address <b>marktantn@gmail.com</b>
Address, Line 1 <b>8131 33rd Avenue, S. Suite 1601, Bloomington, Minnesota</b>	
Address, Line 2	
City <b>Bloomington</b>	
State/Province/Territory <b>Minnesota</b>	
Zip Code (Postal Code) <b>55425</b>	
Country/Area <b>UNITED STATES</b>	

### 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
<b>January</b>	<b>December</b>
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

Selected Product Name	Selected Activity Types
37. IF NONE OF THE ABOVE FOOD CATEGORIES APPLY, THEN PRINT THE APPLICABLE FOOD CATEGORY OR CATEGORIES (THAT DOES NOT OR DO NOT APPEAR ABOVE)	Manufacturer / Processor;
<b>If the food categories listed above do not apply, then print the applicable food category or categories.</b>	
Tapioca starch	

### 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 : **Le Thi Kim Hoa**

Address, Line 1	Telephone Number
<b>Group 3, Suoi Dop Hamlet,</b>	<b>084 9 7116026 0</b>
Address, Line 2	Fax Number
<b>Thai Binh Commune,</b>	E-Mail Address
City	<b>tayninhhuuduc@gmail.com</b>
<b>Chau Thanh District</b>	
State/Province/Territory	
<b>Tay Ninh</b>	
Zip Code (Postal Code)	
<b>None</b>	
Country/Area	
<b>VIETNAM</b>	

### 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:** Le Thi Kim Hoa

**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-	