

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

01/29/2025 2:45:06

Created by

sar5788

Created Date

2022-06-14 04:08:22.0

Registration Renewed Date

2024-10-25

Registration Expiration Date

2026-12-31

Last Updated

2024-10-25

Registration Status

VALID

Registration Status Reason

Biennial Registration Renewal - 2024

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 broker, distributor, importer/filer?

☐ 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: **19100268918** Pin No **B56D2ix6** [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

**SARDES GIDA SAN. VE TAR. URUNLERI TIC. ITH.
IHR.LTD. STI.**

Telephone Number

090 236 7425225

Facility Name Suffix

Limited

Fax Number

090 236 7425137

Facility Street Address, Line 1

SALIH LI ORGANIZE SANAYI BOLGESI

E-Mail Address

kaliteguvence@sardes.com.tr

Facility Street Address, Line 2

NO : 5 SALIH LI

Unique Facility Identifier (UFI)

565527111

City

MANISA

State/Province/Territory

Manisa

Zip/Postal Code

45300

Country/Area

TURKEY

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

**SARDES GIDA SAN. VE TAR. URUNLERI TIC. ITH.
IHR.LTD. STI.**

Telephone Number

090 236 7425225

Fax Number

090 236 7425137

Address, Line 1

SALIHILI ORGANIZE SANAYI BOLGESI

E-Mail Address

kaliteguvence@sardes.com.tr

Address, Line 2

NO : 5 SALIHILI

City

MANISA

State/Province/Territory

Manisa

Zip Code (Postal Code)

45300

Country/Area

TURKEY

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

**SARDES GIDA SAN. VE TAR. URUNLERI TIC. ITH.
IHR.LTD. STI.**

Telephone Number

090 236 7425225

Fax Number

090 236 7425137

Company Name Suffix

Limited

E-Mail Address

kaliteguvence@sardes.com.tr

Address, Line 1

SALIHILI ORGANIZE SANAYI BOLGESI

Address, Line 2

NO : 5 SALIHILI

City

MANISA

State/Province/Territory

Manisa

Zip Code (Postal Code)

45300

Country/Area

TURKEY

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

090 236 7425225

Individual's Name (Optional)

E-mail Address

kaliteguvence@sardes.com.tr

Individual's Middle Name (Optional)

Individual's Last Name (Optional)

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

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

Telephone Number

Ertan**516 9023164**

Middle Name (Optional)

Emergency Contact Phone

516 9023164

Last Name

Fax Number

Kesicier**516 3770922**

Title (Optional)

E-Mail Address

Address, Line 1

foodbrokerertan@aol.com**739 Lakeside Dr**

Address, Line 2

City

Baldwin

State/Province/Territory

New York

Zip Code (Postal Code)

11510-3510

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

Selected Product Name	Selected Activity Types
33. VEGETABLE AND VEGETABLE PRODUCT CATEGORIES [21 CFR 170.3 (n) (19), (36)]	
c. Other Vegetable and Vegetable Products	Acidified Food Processor; Low-Acid Food Processor; Manufacturer / Processor;

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 : MEHMET DEMIR

Address, Line 1

SALIHILI ORGANIZE SANAYI BOLGESI

Telephone Number

090 236 7425225

Address, Line 2

NO : 5 SALIHILI

Fax Number

090 236 7425137

City

MANISA

E-Mail Address

kaliteguvence@sardes.com.tr

State/Province/Territory

Manisa

Zip Code (Postal Code)

45300

Country/Area

TURKEY

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: Emre Urlu

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-	