



Date:11/02/2020 23:22:27

Created Date

2019-01-09 19:39:21.0

Registration Expiration Date

2022-12-31

Last Updated

2020-11-02

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 broker, distributor, importer/filer?

☒ Yes ☐ No

Do you take physical possession of the food?

☒ Yes ☐ No

Section 1: Type of Registration

Facility Location: **Foreign Registration**

UPDATE OF REGISTRATION INFORMATION:

Registration Number: **14770804710** Pin No **h78fffiB**

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

KCWOORIGIM CO., LTD

Facility Name Suffix

Limited Liability Corporation

Facility Street Address, Line 1

147-70, KWANGCHEON-RO, KWANGCHEON-EP

Facility Street Address, Line 2

City

HONGSEONG-GUN

State/Province/Territory

Chungcheongnamdo

Telephone Number

082 041 6424155

Fax Number

082 041 6414157

E-Mail Address

kcwoori@naver.com

Unique Facility Identifier (UFI)

694081799

Created by

woo47549

Registration Renewed Date

2020-11-02

Registration Status Reason

Initial registration



Zip Code (Postal Code)

none

Country/Area

KOREA, REPUBLIC OF

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

KCWOORIGIM CO., LTD

Telephone Number

082 041 6424155

Address, Line 1

147-70, KWANGCHEON-RO, KWANGCHEON-EP

Fax Number

082 041 6414157

Address, Line 2

E-Mail Address

kcwoori@naver.com

City

HONGSEONG-GUN

State/Province/Territory

Chungcheongnamdo

Zip Code (Postal Code)

none

Country/Area

KOREA, REPUBLIC OF

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

KCWOORIGIM CO., LTD

Telephone Number

082 041 6424155

Company Name Suffix

Limited Liability Corporation

Fax Number

082 041 6414157

Address, Line 1

147-70, KWANGCHEON-RO, KWANGCHEON-EP

E-Mail Address

kcwoori@naver.com

Address, Line 2

City

HONGSEONG-GUN

State/Province/Territory

Chungcheongnamdo

Zip Code (Postal Code)

none



Country/Area

KOREA, REPUBLIC OF

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

001 714 5225505

Individual's Name (Optional)

E-Mail Address

Charity

cindyjlee2000@gmail.com

Individual's Middle Name (Optional)

Job Title (Optional)

Individual's Last Name (Optional)

Lee

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

Charity

714 3378527

Middle Name (Optional)

Emergency Contact Phone

714 5225505

Last Name

Fax Number

Lee

714 5225506

Title (Optional)

E-Mail Address

cindyjlee2000@gmail.com

Address, Line 1

16261 Phoebe Ave

Address, Line 2

City

La Mirada

State/Province/Territory

California

Zip Code (Postal Code)

90638



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)
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14. FISHERY / SEAFOOD PRODUCT CATEGORIES²(21 CFR 170.3 (n) (13), (15), (39), (40))

d. Ready to Eat (RTE)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fishery Products													

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: Charity Lee

Address, Line 1

16261 Phoebe Ave

Telephone Number

001 714 3378527



Address, Line 2

Fax Number

001 714 5225506

City

E-Mail Address

La Mirada

cindyjlee2000@gmail.com

State/Province/Territory

California

Zip Code (Postal Code)

90638

Country/Area

UNITED STATES

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 RENEWAL: Charity Lee

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-



FDA

**U.S. FOOD & DRUG
ADMINISTRATION**

CENTER FOR FOOD SAFETY & APPLIED NUTRITION