



Date:04/13/2021 15:11:58

Please review the registration.

Created Date

2019-06-11 14:31:07.0

Created by

dem1330

Registration Expiration Date

2022-12-31

Registration Renewed Date

2020-11-16

Last Modified by

dem1330

Last Updated

2020-11-16

Last Modified by Company

COVEX

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**

Initial Registration **18202524874** Pin No **EAhAh4e0**

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

COVEX

Telephone Number

034 918 450200

Facility Name Suffix

Other

Fax Number

034 918 450208

Facility Name Suffix Other

S.A.

Facility Street Address, Line 1

Calle Acero 25

E-Mail Address

info@covex.com

Facility Street Address, Line 2

Poligono Industrial Sur

Unique Facility Identifier (UFI)

462027889

City

Colmenar Viejo

State/Province/Territory

Madrid (Province)



Zip Code (Postal Code)

**28770**

Country/Area

**SPAIN**

### 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

**COVEX**

Telephone Number

**034 918 450200**

Address, Line 1

**Calle Acero 25**

Fax Number

**034 918 450208**

Address, Line 2

**Poligono Industrial Sur**

E-Mail Address

**info@covex.com**

City

**Colmenar Viejo**

State/Province/Territory

**Madrid (Province)**

Zip Code (Postal Code)

**28770**

Country/Area

**SPAIN**

### 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

**PIONEER PHARMA (SINGAPORE) Pte. LTD**

Telephone Number

**065 981 16356**

Company Name Suffix

**Other**

Fax Number

Company Name Suffix Other

**LTD**

Address, Line 1

**33A Chander Road**

E-Mail Address

Address, Line 2

City

**Singapore**

State/Province/Territory

**Central Singapore**



Zip Code (Postal Code)

**219539**

Country/Area

**SINGAPORE**

### 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

**001 305 6700979**

Individual's Name (Optional)

E-Mail Address

**Demos Global Group, Inc**

**tm@demosglobal.es**

Individual's Middle Name (Optional)

Job Title (Optional)

Individual's Last Name (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)

U.S. Agent ID

Emergency Contact Phone

**USID9284100**

**305 6700979**

Name

Fax Number

**Demos Global Group Inc.**

**954 2066880**

Address, Line 1

E-Mail Address

**8950 Sw 74th Ct Ste 1406**

**tm@demosglobal.es**

Address, Line 2

City

**Miami**

State/Province/Territory

**Florida**

Zip Code (Postal Code)

**33156**

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)
11. DIETARY CONVENTIONAL FOODS OR MEAL REPLACEMENTS (Includes Medical Foods) <sup>(21 CFR 170.3 (n) (31))</sup>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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: Cira Maria Martinez

Address, Line 1

Calle Acero 25

Telephone Number

034 918 450200



Address, Line 2

**Poligono Industrial Sur**

City

**Colmenar Viejo**

State/Province/Territory

**Madrid (Province)**

Zip Code (Postal Code)

**28770**

Country/Area

**SPAIN**

Fax Number

**034 918 450208**

E-Mail Address

**info@covex.com**

**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:** Shirley Mazza

**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

**-N/A-**

Telephone Number

**-N/A-**

Address, Line 1

**-N/A-**

Fax Number

**-N/A-**

Address, Line 2

**-N/A-**

E-Mail Address

**-N/A-**

City

**-N/A-**

State/Province/Territory

**-N/A-**

Zip Code (Postal Code)

**-N/A-**

Country/Area

**-N/A-**



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