U.S. FOOD & DRUG ADMINISTRATION
CENTER FOR FOOD SAFETY & APPLIED NUTRITION

Date:11/24/2024 11:02:28

Created Date
2017-03-24 17:18:47.0

Created by
fda57722

Registration Expiration Date
2026-12-31

Registration Renewed Date
2024-11-24

Last Updated
2024-11-24

Registration Status Reason
Biennial Registration Renewal - 2022

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**

UPDATE OF REGISTRATION INFORMATION:

Registration Number: **19184142766** Pin No **jib0xC83**

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
CUU LONG SEAPRO

Telephone Number
084 847 43852052

Facility Name Suffix
Company

Fax Number
084 847 43852052

Facility Street Address, Line 1
36 BACH DANG, WARD 4

E-Mail Address
PHAMHO@CUULONGSEAPRO.VN

Facility Street Address, Line 2

Unique Facility Identifier (UFI)

City
TRA VINH

State/Province/Territory
Tra Vinh

Zip Code (Postal Code)
90000

Country/Area
VIETNAM

U.S. FOOD & DRUG ADMINISTRATION
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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
CUU LONG SEAPRO

Address, Line 1
36 BACH DANG, WARD 4

Address, Line 2

City
TRA VINH

State/Province/Territory
Tra Vinh

Zip Code (Postal Code)
90000

Country/Area
VIETNAM

Telephone Number
084 847 43852052

Fax Number
084 847 43852052

E-Mail Address
PHAMHO@CUULONGSEAPRO.VN

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
CUU LONG SEAPRO

Company Name Suffix
Company

Address, Line 1
36 BACH DANG, WARD 4

Address, Line 2

City
TRA VINH

State/Province/Territory
Tra Vinh

Zip Code (Postal Code)
90000

Country/Area
VIETNAM

Telephone Number
084 847 43852052

Fax Number
084 847 43852052

E-Mail Address
PHAMHO@CUULONGSEAPRO.VN

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

001 310 8346458

Individual's Name (Optional)

FDAUSAGENT.COM INC

E-Mail Address

contact@fdausagent.com

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

USID7389078

Emergency Contact Phone

310 4308625

Name

FDAUSAGENT.COM INC (Barbara Clarke)

Fax Number

310 8346458

Address, Line 1

603 N Fries Ave

E-Mail Address

contact@fdausagent.com

Address, Line 2

City

Wilmington

State/Province/Territory

California

Zip Code (Postal Code)

90744

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 Processor	Low-Acid Food Processor	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)
14.FISHERY / SEAFOOD PRODUCT CATEGORIES[21 CFR 170.3 (n) (13), (15), (39), (40)]													
a.Fin Fish, Whole or Filet	☐	☑	☐	☐	☐	☐	☐	☐	☑	☐	☐	☐	☐
b.Molluscan Shellfish	☐	☐	☑	☐	☐	☐	☐	☐	☑	☐	☐	☐	☐
c.Other Shellfish	☐	☐	☑	☐	☐	☐	☐	☐	☑	☐	☐	☐	☐
d.Ready to Eat (RTE) Fishery Products	☐	☐	☑	☐	☐	☐	☐	☐	☑	☐	☐	☐	☐
e.Processed and Other 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: NGUYEN VAN BANG

Address, Line 1	Telephone Number
36 BACH DANG, WARD 4	**084 847 43852052**
Address, Line 2	Fax Number
	084 847 43852052

City
TRA VINH

E-Mail Address
PHAMHO@CUULONGSEAPRO.VN

State/Province/Territory
Tra Vinh

Zip Code (Postal Code)
90000

Country/Area
VIETNAM

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: Barbara Clarke, FDAUSAgent.com Inc.

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-