



Date:10/14/2024 10:39:54

Created Date

2015-01-16 09:32:42.0

Created by

bre55704

Registration Expiration Date

2026-12-31

Registration Renewed Date

2024-10-14

Last Updated

2024-10-14

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: **Domestic Registration**

UPDATE OF REGISTRATION INFORMATION:

Registration Number: **17025741118** Pin No **aE04H2cx**

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

**BREFARO'S NOBILE FOODS**

Telephone Number

**001 305 6210074**

Facility Name Suffix

**Limited Liability Corporation**

Fax Number

**001 305 6214997**

Facility Street Address, Line 1

**5340 Nw 163rd St**

E-Mail Address

**jyamin@floribruna.com**

Facility Street Address, Line 2

Unique Facility Identifier (UFI)

City

**Miami Lakes**

State/Province/Territory

**Florida**

Zip Code (Postal Code)

**33014**

Country/Area

**UNITED STATES**



### 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

**BREFARO'S NOBILE FOODS**

Telephone Number

**001 305 6210074**

Address, Line 1

**5340 Nw 163rd St**

Fax Number

**001 305 6214997**

Address, Line 2

E-Mail Address

**jyamin@fioribruna.com**

City

**Miami Lakes**

State/Province/Territory

**Florida**

Zip Code (Postal Code)

**33014**

Country/Area

**UNITED STATES**

### 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

**BREFARO'S NOBILE FOODS**

Telephone Number

**001 305 6210074**

Company Name Suffix

**Limited Liability Corporation**

Fax Number

**001 305 6214997**

Address, Line 1

**5340 Nw 163rd St**

E-Mail Address

**jyamin@fioribruna.com**

Address, Line 2

City

**Miami Lakes**

State/Province/Territory

**Florida**

Zip Code (Postal Code)

**33014**

Country/Area

**UNITED STATES**

### Section 5: Facility Emergency Contact Information



If information is the same as another section, check which section:

☐ Same as Facility Address (Section 2)

☒ None of the above

Individual's Title (Optional)

Emergency Contact Phone

**001 305 6210074**

Individual's Name (Optional)

E-Mail Address

**Jose**

**jyamin@fioribruna.com**

Individual's Middle Name (Optional)

Job Title (Optional)

**President**

Individual's Last Name (Optional)

**Yamin**

## 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

Alternate Trade Name #1: **FIORI BRUNA PASTA PRODUCTS**

## 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

Emergency Contact Phone

**-N/A-**

**-N/A-**

Middle Name (Optional)

Fax Number

**-N/A-**

**-N/A-**

Last Name (Optional)

E-Mail Address

**-N/A-**

**-N/A-**

Title (Optional)

**-N/A-**

Address, Line 1

**-N/A-**

Address, Line 2

**-N/A-**

City

**-N/A-**

State/Province/Territory

**-N/A-**

Zip Code (Postal Code)

**-N/A-**

Country/Area

**-N/A-**



### 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

January

December

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)
3.BAKERY PRODUCTS, DOUGH MIXES, OR ICINGS <sup>[21 CFR 170.3 (n) (1), (9)]</sup>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.FISHERY / SEAFOOD PRODUCT CATEGORIES <sup>[21 CFR 170.3 (n) (13), (15), (39), (40)]</sup>													
e.Processed and Other Fishery Products	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.MACARONI OR NOODLE PRODUCTS <sup>[21 CFR 170.3 (n) (23)]</sup>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.MULTIPLE FOOD DINNERS, GRAVIES, SAUCES AND SPECIALTIES <sup>[21 CFR 170.3 (n) (11) (14), (17), (18), (23), (24), (29), (34), (40)]</sup>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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	Interstat e Conveya nce Caterer / Catering Point	Contract Sterilizer	Labeler / Relabele r	Manufact urer / Process or	Packer / Repacker	Salvage Operator (Recondi tioner)	Farm Mixed- Type Facility	Other Activity Conduct ed (Please Specify)
	36.WHOLE GRAINS, MILLER GRAIN PRODUCTS (FLOURS), OR STARCH(21 CFR 170.3 (n) (1), (23))	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" 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: Jose Yamin

Address, Line 1	Telephone Number
5340 Nw 163rd St	001 305 6210074
Address, Line 2	Fax Number
	001 305 6214997
City	E-Mail Address
Miami Lakes	jyamin@fioribruna.com
State/Province/Territory	
Florida	
Zip Code (Postal Code)	
33014	
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:** Jose Yamin

### 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-