



Date:11/17/2022 13:56:15

Created Date

2013-04-15 17:35:43.0

Created by

ena21425

Registration Expiration Date

2024-12-31

Registration Renewed Date

2022-11-17

Last Updated

2022-11-17

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

Section 1: Type of Registration

Facility Location: **Foreign Registration**

UPDATE OF REGISTRATION INFORMATION:

Registration Number: **15226513166** Pin No **x574ai9f**

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

Okinawa Kangen Foods Co. Ltd.

Telephone Number

081 0980 519050

Facility Name Suffix

Company

Fax Number

081 0980 519051

Facility Street Address, Line 1

310 Sedake

E-Mail Address

info@kangenfoods.com

Facility Street Address, Line 2

Unique Facility Identifier (UFI)

City

Nago

State/Province/Territory

Okinawa

Zip Code (Postal Code)

905-2266

Country/Area

JAPAN

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)? No

Name	Telephone Number
Erick M.	001 310 5427700
Address, Line 1	Fax Number
4115 Spencer St	
Address, Line 2	E-Mail Address
	erick.m@enagic.com
City	
Torrance	
State/Province/Territory	
California	
Zip Code (Postal Code)	
90503	
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	Telephone Number
Okinawa Kangen Foods Co. Ltd.	081 0980 519050
Company Name Suffix	Fax Number
Company	081 0980 519051
Address, Line 1	E-Mail Address
310 Sedake	info@kangenfoods.com
Address, Line 2	
City	
Nago	
State/Province/Territory	
Okinawa	
Zip Code (Postal Code)	
905-2266	
Country/Area	
JAPAN	

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 7559950

Individual's Name (Optional)

E-Mail Address

Enagic USA, Inc.

erick.m@enagic.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)

Name

Telephone Number

Enagic USA, Inc.

310 5427700

Address, Line 1

Emergency Contact Phone

4115 Spencer St

310 7559950

Address, Line 2

Fax Number

310 7877029

City

E-Mail Address

Torrance

erick.m@enagic.com

State/Province/Territory

California

Zip Code (Postal Code)

90503

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



<input checked="" type="checkbox"/> Food for Human Consumption	<input type="checkbox"/> Food for Animal Consumption
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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	Refrigerated Food	Frozen Food	Acidified Food	Low-Acid Food	Interstate Conveyance	Contract Sterilizer	Labeler / Relabeler	Manufacturer / Processor	Packer / Repacker	Salvage Operator (Reconditioner)	Farm Mixed-Type Facility	Other Activity Conducted (Please Specify)
	Storage Warehouse	Storage Warehouse	Storage Warehouse										
	/ Holding Facility	/ Holding Facility	/ Holding Facility	Process	Food Process	Conveyance			Process			Type Facility	Conduct
	(e.g., storage facilities, including storage tanks, grain elevators)	(e.g., storage facilities, including storage tanks)	(e.g., storage facilities)		or Process	Caterer / Catering Point			or				ed (Please Specify)
12. DIETARY SUPPLEMENT CATEGORIES													
d. Herbs and Botanicals	<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"/>

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: Okinawa Kangen Foods Co. Ltd.

Address, Line 1	Telephone Number
310 Sedake	081 0980 519050
Address, Line 2	Fax Number
	081 0980 519051
City	E-Mail Address
Nago	info@kangenfoods.com
State/Province/Territory	
Okinawa	
Zip Code (Postal Code)	
905-2266	
Country/Area	
JAPAN	

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: erick melendrez

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-