

FDA

U.S. Food and Drug Administration
Food Facility Registration

Please review your registration. If all information is correct, click the **Submit** button below. To make changes to a section, click the **Edit** button for that section.

Date

08/12/2025 2:13:14

Created by

Created Date

2020-08-14 14:24:13.0

Registration Renewed Date

2024-11-18

Registration Expiration Date

2026-12-31

Last Updated

2024-11-18

Registration Status

VALID

Registration Status Reason

Biennial Registration Renewal - 2024

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: **15376698304** Pin No [Modify Pin](#)

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

Arizone International LLP

Facility Name Suffix

Limited Partnership

Facility Street Address, Line 1

1st Floor, S No. 653/1, Plot No. 16, Somnath Co-Op
INDL SOC LTD,

Facility Street Address, Line 2

Somnath Road, Somnath, Dabhel,

City

Daman

State/Province/Territory

Daman and Diu

Telephone Number

091 260 2402861

Fax Number

E-Mail Address

sales@arizone.in

Unique Facility Identifier (UFI)

854098310

Zip/Postal Code

396210

Country/Area

INDIA

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

Arizone International LLP

Telephone Number

091 260 2402861

Address, Line 1

**1st Floor, S No. 653/1, Plot No. 16, Somnath Co-Op
INDL SOC LTD,**

Fax Number

E-Mail Address

sales@arizone.in

Address, Line 2

Somnath Road, Somnath, Dabhel,

City

Daman

State/Province/Territory

Daman and Diu

Zip Code (Postal Code)

396210

Country/Area

INDIA

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

Arizone International LLP

Telephone Number

091 260 2402861

Company Name Suffix

Limited Partnership

Fax Number

E-Mail Address

sales@arizone.in

Address, Line 1

**1st Floor, S No. 653/1, Plot No. 16, Somnath Co-Op
INDL SOC LTD,**

Address, Line 2

Somnath Road, Somnath, Dabhel,

City

Daman

State/Province/Territory

Daman and Diu

Zip Code (Postal Code)

396210

Country/Area
INDIA

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

091 260 2402861

Individual's Name *(Optional)*

E-mail Address

sales@arizone.in

Individual's Middle Name *(Optional)*

Individual's Last Name *(Optional)*

Job Title *(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

Herbal By Nature Inc

Telephone Number

[REDACTED]

Address, Line 1

1191 Fulton St

Emergency Contact Phone

[REDACTED]

Address, Line 2

Fax Number

City

Brooklyn

E-Mail Address

[REDACTED]

State/Province/Territory

New York

Zip Code (Postal Code)

11216-1810

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

Selected Product Name	Selected Activity Types
9. COFFEE AND TEA [21 CFR 170.3 (n) (3), (7)]	Manufacturer / Processor; Packer / Repacker;
11. DIETARY CONVENTIONAL FOODS OR MEAL REPLACEMENTS (Includes Medical Foods) [21 CFR 170.3 (n) (31)]	Manufacturer / Processor; Packer / Repacker;
12. DIETARY SUPPLEMENT CATEGORIES	
a. Proteins, Amino Acids, Fats and Lipid Substances [21 CFR 170.3(o) (20)]	Manufacturer / Processor; Packer / Repacker;
b. Vitamins and Minerals	Manufacturer / Processor; Packer / Repacker;
d. Herbals and Botanicals	Manufacturer / Processor; Packer / Repacker;
15. FOOD ADDITIVES, GENERALLY RECOGNIZED AS SAFE (GRAS) INGREDIENTS, OR OTHER INGREDIENTS USED FOR PROCESSING [21 CFR 170.3 (n) (42); 21 CFR 170.3 (o) (1), (2), (3), (5), (6), (7), (8), (9), (10), (11), (12), (13), (14), (15), (16), (17), (18), (19), (22), (23), (24), (25), (26), (27), (28), (29), (30), (31), (32)]	Packer / Repacker;
17. FRUIT AND FRUIT PRODUCTS [21 CFR 170.3 (n) (16), (27), (28), (35), (43)]	
b. Raw Agricultural Commodities	Manufacturer / Processor; Packer / Repacker;
18. FRUIT OR VEGETABLE JUICE, PULP OR CONCENTRATE PRODUCTS [21 CFR 170.3 (n) (3), (16), (35)]	Manufacturer / Processor; Packer / Repacker;
26. NUTS AND EDIBLE SEED PRODUCT CATEGORIES [21 CFR 170.3 (n) (26), (32)]	
a. Nut and Nut Products	Packer / Repacker;
b. Edible Seed and Edible Seed Products	Manufacturer / Processor; Packer / Repacker;
29. SNACK FOOD ITEMS (FLOUR, MEAL OR VEGETABLE BASE) [21 CFR 170.3 (n) (37)]	Packer / Repacker;
30. SPICES, FLAVORS, AND SALTS [21 CFR 170.3 (n) (26)]	Manufacturer / Processor; Packer / Repacker;
33. VEGETABLE AND VEGETABLE PRODUCT CATEGORIES [21 CFR 170.3 (n) (19), (36)]	
b. Raw Agricultural Commodities	Manufacturer / Processor; Packer / Repacker;

Selected Product Name	Selected Activity Types
36. WHOLE GRAINS, MILLER GRAIN PRODUCTS (FLOURS), OR STARCH [21 CFR 170.3 (n) (1), (23)]	Manufacturer / Processor; Packer / Repacker;
37. IF NONE OF THE ABOVE FOOD CATEGORIES APPLY, THEN PRINT THE APPLICABLE FOOD CATEGORY OR CATEGORIES (THAT DOES NOT OR DO NOT APPEAR ABOVE)	Manufacturer / Processor; Packer / Repacker;
If the food categories listed above do not apply, then print the applicable food category or categories.	
Herbs, Seeds, Spices, Herbal Extract, etc	

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 - U.S. Agent Address Information
☐ None of the above

Name of Entity or Individual Who is the Owner, Operator, or Agent-in-Charge : Meet Mehta

Address, Line 1

**1st Floor, S No. 653/1, Plot No. 16, Somnath Co-Op
INDL SOC LTD,**

Telephone Number

091 260 2402861

Fax Number

Address, Line 2

Somnath Road, Somnath, Dabhel,

E-Mail Address

sales@arizone.in

City

Daman

State/Province/Territory

Daman and Diu

Zip Code (Postal Code)

396210

Country/Area

INDIA

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: Meet Mehta

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-