

Form Approval: OMB No.0910-0502

Expiration date: 08/31/2016

See OMB Statement at end of form

An Agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number.

Please Note:

The system will automatically time out if there is no activity for 30 minutes and you will need to re-do your work from the beginning.

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: 01/13/2015 15:49:30

Are you a manufacturer, processor, or packer of food for human or animal consumption in the United States or do you hold such products? Yes

No

SECTION 1 TYPE OF REGISTRATION

1a. FOREIGN REGISTRATION

1b. INITIAL REGISTRATION: *Registration number will be generated upon submission*

ARE YOU THE NEW OWNER OF A PREVIOUSLY REGISTERED FACILITY? Yes No

1c. PREVIOUS OWNER'S TITLE : PREVIOUS OWNER'S NAME : PREVIOUS OWNER'S REGISTRATION NUMBER :

SECTION 2 FACILITY NAME / ADDRESS INFORMATION

FACILITY NAME: STEFANAKIS EMMANOUIL

FACILITY NAME SUFFIX: Manufacturing

FACILITY NAME SUFFIX OR:

FACILITY STREET ADDRESS, Line 1: 09 , BELIBASAKI STR

FACILITY STREET ADDRESS, Line 2:

CITY: ARKALOCHORI

STATE/PROVINCE/TERRITORY: Irakleion

ZIP CODE (POSTAL CODE): 70300

COUNTRY/AREA: GREECE

PHONE NUMBER (Include Area/Country Code): 030 28910 29066

FAX NUMBER (Optional; Include Area/Country Code): 030 28910 29066

E-MAIL ADDRESS: meligyris@gmail.com

SECTION 3 PREFERRED MAILING ADDRESS INFORMATION (Optional)

Complete this section if different from Section 2 Facility Name/Address Information (OPTIONAL)

If information is the same as section 2, check the box:

NAME: STEFANAKIS EMMANOUIL Manufacturing

ADDRESS, Line 1: 09 , BELIBASAKI STR

ADDRESS, Line 2:

CITY: ARKALOCHORI

STATE/PROVINCE/TERRITORY: Irakleion

ZIP CODE (POSTAL CODE): 70300

COUNTRY/AREA: GREECE

PHONE NUMBER (Include Area/Country Code): 030 28910 29066

FAX NUMBER (Optional; Include Area/Country Code): 030 28910 29066

E-MAIL ADDRESS (Optional): meligyris@gmail.com

SECTION 4 PARENT COMPANY NAME/ADDRESS INFORMATION AND TRADE NAMES

(If applicable and if different from sections 2 and 3). If information is the same as another section, click which section:



Section 2 - Facility Address Information



Section 3 - Preferred Mailing Address Information



None of the above

NAME OF PARENT COMPANY: STEFANAKIS EMMANOUIL

PARENT COMPANY SUFFIX: Manufacturing

PARENT COMPANY SUFFIX:

STREET ADDRESS OF PARENT COMPANY, Line 1: 09 , BELIBASAKI STR

STREET ADDRESS OF PARENT COMPANY, Line 2:

CITY: ARKALOCHORI

STATE/PROVINCE/TERRITORY: Irakleion

ZIP CODE (POSTAL CODE): 70300

COUNTRY/AREA: GREECE

PHONE OF INDIVIDUAL AT PARENT COMPANY (Include Area/Country Code): 030 28910 29066

FAX # OF INDIVIDUAL AT PARENT COMPANY (Optional; Include Area/Country Code): 030 28910 29066

E-MAIL ADDRESS OF INDIVIDUAL AT PARENT COMPANY (Optional): meligyris@gmail.com

(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"):

ALTERNATE TRADE NAME #1:

SECTION 5 FACILITY EMERGENCY CONTACT INFORMATION

INDIVIDUALS TITLE (Optional): INDIVIDUALS TITLE OTHER:

INDIVIDUALS NAME (Optional): MELINA'S GOURMET FOODS Inc

INDIVIDUALS MIDDLE NAME (Optional):

INDIVIDUALS LAST NAME (Optional):

TITLE (Optional):

EMERGENCY CONTACT PHONE (Include Area/Country Code): 001 408 5406916

E-MAIL ADDRESS (Optional): kosta@melinas.com

SECTION 6 TRADE NAMES

In the electronic version of FDA Form 3537, Section 6 (Trade Names) has been merged with Section 4 (Parent Company Name)

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 the Northern Mariana Islands)

NAME OF U.S. AGENT: MELINA'S GOURMET FOODS Inc

ADDRESS, Line 1: 1822 Stone Avenue , San Jose CA

ADDRESS, Line 2:

CITY: San Jose

STATE: California

ZIP CODE (POSTAL CODE): 95125 COUNTRY/AREA: UNITED STATES

PHONE NUMBER (Include Area/Country Code): 408 5406916

EMERGENCY CONTACT PHONE NUMBER (Include Area Code): 408 5406916

FAX NUMBER (Optional; Include Area Code):

EMAIL ADDRESS: kosta@melinas.com

SECTION 8 SEASONAL FACILITY DATES OF OPERATION (Optional)

Optional - Give the approximate dates that your facility is open for business, if its operations are on a seasonal basis.

For Harvest 1

Start Month:

End Month:

For Harvest 2

Start Month:

End Month:

SECTION 9 TYPE OF STORAGE (FOR FACILITIES THAT ARE PRIMARILY HOLDERS) (OPTIONAL)

Ambient (neither frozen nor refrigerated) Storage

Refrigerated Storage

Frozen Storage

SECTION 10 GENERAL PRODUCT CATEGORIES – HUMAN/ANIMAL/BOTH

Food for Human Consumption Food for Animal Consumption

SECTION 10a GENERAL PRODUCT CATEGORIES - FOOD FOR HUMAN CONSUMPTION; and TYPE OF ACTIVITY CONDUCTED AT THE FACILITY (OPTIONAL)

To be completed by all food facilities. Please see instructions for further examples.	TYPE OF ACTIVITY CONDUCTED AT THE FACILITY (Optional) Check all types of operations that are performed at this facility regarding the manufacturing/processing, packing or holding of food.									
	Warehouse / Holding Facility (e.g. storage facilities, including storage tanks, grain elevators)	Acidified / Low Acid Food Processor	Interstate Conveyance Caterer / Catering Point	Molluscan Shellfish Establishment	Commissary	Contract Sterilizer	Labeler / Relabeler	Manufacturer / Processor	Repacker / Packer	Salvage Operator (Reconditioner)
<input checked="" type="checkbox"/> 6. CANDY WITHOUT CHOCOLATE, CANDY SPECIALTIES AND CHEWING GUM [21 CFR 170.3 (n) (6), (9), (25), (38)]	<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"/>

SECTION 11 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:

- Section 2 - Facility Address Information
- Section 3 - Preferred Mailing Address Information
- Section 4 - Parent Company Address Information
- Section 7 - US Agent Address Information

NAME OF ENTITY OR INDIVIDUAL WHO IS THE OWNER, OPERATOR, OR AGENT IN CHARGE: STEFANAKIS EMMANOUIL

STREET ADDRESS, Line 1: 09 , BELIBASAKI STR

STREET ADDRESS, Line 2:

CITY: ARKALOCHORI

STATE/PROVINCE/TERRITORY: Irak

ZIP CODE (POSTAL CODE): 70300

COUNTRY/AREA: GREECE

PHONE NUMBER (Include Area/Country Code): 030 28910 29066

FAX NUMBER (Optional; Include Area/Country Code): 030 28910 29066

E-MAIL ADDRESS (Optional): meligyris@gmail.com

SECTION 12 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 13 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 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 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 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.

rm. By submitting this form to FDA, the owner, operator, or agent-in-charge of the facility) who submits 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 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: STEFANAKIS EMMANOUIL

CHECK ONE BOX



A. OWNER, OPERATOR, OR AGENT IN CHARGE (STOP HERE, FORM IS COMPLETED)



B. INDIVIDUAL AUTHORIZED TO SUBMIT THE REGISTRATION

IF YOU CHECKED BOX B ABOVE, INDICATE WHO AUTHORIZED YOU TO SUBMIT THE REGISTRATION:



OWNER, OPERATOR, OR AGENT IN CHARGE (STOP HERE, FORM IS COMPLETED)



NAME OF INDIVIDUAL WHO AUTHORIZED REGISTRATION ON BEHALF OF OWNER, OPERATOR, OR AGENT IN CHARGE (FILL IN ADDRESS INFORMATION FOR THE AUTHORIZING INDIVIDUAL: -N/A-

BELOW): -N/A-

ADDRESS INFORMATION FOR THE AUTHORIZING INDIVIDUAL: -N/A-

AUTHORIZING INDIVIDUAL STREET ADDRESS, Line 1: -N/A-

AUTHORIZING INDIVIDUAL STREET ADDRESS, Line 2: -N/A-

CITY: -N/A-

STATE/PROVINCE/TERRITORY: -N/A-

ZIP CODE (POSTAL CODE): -N/A-

COUNTRY/AREA: -N/A-

PHONE NUMBER (Include Area/Country Code): -N/A-

FAX NUMBER (Optional; Include Area/Country Code): -N/A-

E-MAIL ADDRESS (Optional): -N/A-

<< Cancel & Start Again From Section 1

>> Save & Exit

>> Submit

Your Registration Number is 17281296776