



Date:12/10/2024 12:53:59

Created Date

2021-01-28 13:11:08.0

Registration Expiration Date

2026-12-31

Last Updated

2024-12-10

Registration Status

VALID

Created by

Registration Renewed Date

2024-12-10

Registration Status Reason

Biennial Registration Renewal - 2022

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: **14086047560**

Pin No

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

USPL Nutritionals

Facility Name Suffix

Limited Liability Corporation

Facility Street Address, Line 1

1200 Airport Rd

Facility Street Address, Line 2

City

North Brunswick

State/Province/Territory

New Jersey

Zip Code (Postal Code)

08902

Country/Area

UNITED STATES

Telephone Number

001 732 6735481

Fax Number

E-Mail Address

amol.luhadia@uspl.com

Unique Facility Identifier (UFI)



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

USPL Nutritionals

Address, Line 1

1300 Airport Rd

Address, Line 2

City

North Brunswick

State/Province/Territory

New Jersey

Zip Code (Postal Code)

08902

Country/Area

UNITED STATES

Telephone Number

001 732 2961990 105

Fax Number

E-Mail Address

amol.luhadia@uspl.com

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

U.S. Pharma Lab

Company Name Suffix

Limited Liability Corporation

Address, Line 1

1300 Airport Road

Address, Line 2

City

North Brunswick

State/Province/Territory

New Jersey

Zip Code (Postal Code)

08902

Country/Area

UNITED STATES

Telephone Number

001 732 2961990 105

Fax Number

E-Mail Address

amol.luhadia@uspl.com

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

001 732 6735481

Individual's Name (Optional)

E-Mail Address

amol.luhadia@uspl.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)

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).



End Month

☐ Food for Animal Consumption[illegible]



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)
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)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
If the food categories listed above do not apply, then print the applicable food category or categories.													
Quality Control testing laboratory for Dietary Supplements including raw materials and finished products at 1200 Airport Road, Suite A&B. R&D activities for new products development and formulations at 1200 Airport Road, Suite D.													
Other Activity Conducted													
Quality Control testing laboratory for Dietary Supplements including raw materials and finished products at 1200 Airport Road, Suite A&B. R&D activities for new products development and formulations at 1200 Airport Road, Suite D.													

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: AMOL LUHADIA

Address, Line 1

1300 Airport Rd

Address, Line 2

Telephone Number

001 732 2961990 105

Fax Number



City

North Brunswick

State/Province/Territory

New Jersey

Zip Code (Postal Code)

08902

Country/Area

UNITED STATES

E-Mail Address

amol.luhadia@uspl.com

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: RAJEEV KAPOOR

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:

☐ Same as Section 10

Individual's Name

RAJEEV KAPOOR

Telephone Number

001 732 6905030

Address, Line 1

1200 Airport Road Suite A-B

Fax Number

Address, Line 2

E-Mail Address

rajeev.kapoor@uspl.com

City

North Brunswick

State/Province/Territory

New Jersey

Zip Code (Postal Code)

08902

Country/Area

UNITED STATES