FDA U.S. FOOD & DRUG ADMINISTRATION
CENTER FOR FOOD SAFETY & APPLIED NUTRITION

Date:12/05/2024 18:16:36

Created Date
2010-06-09 14:07:47.0

Created by
[redacted]

Registration Expiration Date
2026-12-31

Registration Renewed Date
2024-12-05

Last Updated
2024-12-05

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: **18576866880** Pin No[redacted]

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

Telephone Number
001 732 2961990

Facility Name Suffix
Limited Liability Corporation

Fax Number
001 732 2961922

Facility Street Address, Line 1
1300 Airport Rd

E-Mail Address
Amol.Luhadia@uspl.com

Facility Street Address, Line 2

Unique Facility Identifier (UFI)

City
North Brunswick

State/Province/Territory
New Jersey

Zip Code (Postal Code)
08902

Country/Area
UNITED STATES

FDA U.S. FOOD & DRUG ADMINISTRATION
CENTER FOR FOOD SAFETY & APPLIED NUTRITION

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
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

Fax Number
001 732 2961922

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

FDA U.S. FOOD & DRUG ADMINISTRATION
CENTER FOR FOOD SAFETY & APPLIED NUTRITION

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)

Mr

Individual's Name (Optional)

Amol

Individual's Middle Name (Optional)

Individual's Last Name (Optional)

Luhadia

Emergency Contact Phone

001 732 6735481

E-Mail Address

Amol.Luhadia@uspl.com

Job Title (Optional)

CEO

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

-N/A-

Middle Name (Optional)

-N/A-

Last Name (Optional)

-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-

Emergency Contact Phone

-N/A-

Fax Number

-N/A-

E-Mail Address

-N/A-

FDA U.S. FOOD & DRUG ADMINISTRATION
CENTER FOR FOOD SAFETY & APPLIED NUTRITION

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

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 Processor	Low-Acid Food Processor	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)
11.DIETARY CONVENTIONAL FOODS OR MEAL REPLACEMENTS (Includes Medical Foods)[21 CFR 170.3 (n) (31)]	☑	☑	☑	☐	☐	☐	☐	☑	☑	☑	☐	☐	☐
12.DIETARY SUPPLEMENT CATEGORIES													
a.Proteins, Amino Acids, Fats and Lipid Substances[21 CFR 170.3(o) (20)]	☑	☑	☐	☐	☐	☐	☐	☑	☑	☑	☐	☐	☐
b.Vitamins and Minerals	☑	☐	☐	☐	☐	☐	☐	☑	☑	☑	☐	☐	☐
c.Animal By-Products and Extracts	☑	☐	☐	☐	☐	☐	☐	☑	☑	☑	☐	☐	☐
d.Herbals and Botanicals	☑	☐	☐	☐	☐	☐	☐	☑	☑	☑	☐	☐	☐

FDA U.S. FOOD & DRUG ADMINISTRATION
CENTER FOR FOOD SAFETY & APPLIED NUTRITION

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 Processor	Low-Acid Food Processor	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.

Manufacturing, Packaging of Probiotic (Specialty) Dietary Supplement Products, Refrigerated Dietary Supplements Storage Warehouse

Other Activity Conducted

Manufacturing, Storage and Packaging of probiotic dietary supplements. Refrigerated storage also applicable for these products.

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 Road

Address, Line 2

City
North Brunswick

Telephone Number
001 732 2961990 105

Fax Number

E-Mail Address
amol.luhadia@uspl.com

State/Province/Territory
New Jersey

Zip Code (Postal Code)
08902

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: 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

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 6905030

Fax Number

E-Mail Address
rajeev.kapoor@uspl.com