



Date:02/06/2024 16:19:33

Please review the registration.

Created Date

2016-12-08 10:29:18.0

Created by

reg56562

Registration Expiration Date

2024-12-31

Registration Renewed Date

2022-10-31

Last Modified by

uni88560

Last Updated

2023-11-27

Last Modified by Company

Unipharm,

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**

Initial Registration **16963275420** Pin No **0402axgC**

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

Unipharm,

Telephone Number

001 203 5283230 800

Facility Name Suffix

Other

Fax Number

001 203 5277931

Facility Name Suffix Other

Inc.

Facility Street Address, Line 1

75 Progress Lane

E-Mail Address

msheehan@unipharmus.com

Facility Street Address, Line 2

Unique Facility Identifier (UFI)

062110587

City

Waterbury



State/Province/Territory

**Connecticut**

Zip Code (Postal Code)

**06705**

Country/Area

**UNITED STATES**

**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

**Unipharm,**

Telephone Number

**001 203 5283230 800**

Address, Line 1

**75 Progress Lane**

Fax Number

**001 203 5277931**

Address, Line 2

E-Mail Address

**msheehan@unipharmus.com**

City

**Waterbury**

State/Province/Territory

**Connecticut**

Zip Code (Postal Code)

**06705**

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

**Unipharm, Inc.**

Telephone Number

**001 212 5943260**

Company Name Suffix

**Other**

Fax Number

**001 212 5943261**

Company Name Suffix Other

**Inc.**

Address, Line 1

**350 Fifth Av. Suite 6701**

E-Mail Address

**sherrick@unipharmus.com**

Address, Line 2

City

**New York**



State/Province/Territory

**New York**

Zip Code (Postal Code)

**10118**

Country/Area

**UNITED STATES**

**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

**001 774 2396743**

Individual's Name (Optional)

E-Mail Address

**Suzette**

**sherrick@unipharmus.com**

Individual's Middle Name (Optional)

Job Title (Optional)

**Director of Quality & RA**

Individual's Last Name (Optional)

**Herrick**

**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-**

Emergency Contact Phone

**-N/A-**

Middle Name (Optional)

**-N/A-**

Fax Number

**-N/A-**

Last Name (Optional)

**-N/A-**

E-Mail Address

**-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).

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 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)
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**12. DIETARY SUPPLEMENT CATEGORIES**

a. Proteins, Amino Acids, Fats and Lipid Substances <sup>[21 CFR 170.3(a) (20)]</sup>	<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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Vitamins and Minerals	<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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Animal By-Products and Extracts	<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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



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)
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Other Activity Conducted

Product release

**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: Michael Sheehan

Address, Line 1	Telephone Number
<b>75 Progress Lane</b>	<b>001 203 5283230 800</b>
Address, Line 2	Fax Number
	<b>001 203 5277931</b>
City	E-Mail Address
<b>Waterbury</b>	<b>msheehan@unipharmus.com</b>
State/Province/Territory	
<b>Connecticut</b>	
Zip Code (Postal Code)	
<b>06705</b>	
Country/Area	
<b>UNITED STATES</b>	

**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:** Suzette Herrick, Director of Quality & Regulatory Affairs Unipharm, Inc.

**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-