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

Date:01/14/2025 21:34:47

Please review the registration.

Created Date
2025-01-14 02:52:41.0

Created by
fda53808

Registration Expiration Date
2026-12-31

Registration Renewed Date

Last Modified by
fda53808

Last Updated
2025-01-14

Last Modified by Company
Laboratorio Internacional Pharmacorp SBO SA

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: **Foreign Registration**

Initial Registration **11472010076** [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
Laboratorio Internacional Pharmacorp SBO SA

Telephone Number
056 02 27199900

Facility Name Suffix
Company

Fax Number

Facility Street Address, Line 1
Volcan Lascar Poniente 784

E-Mail Address
fzapico@pharmacorp.cl

Facility Street Address, Line 2

Unique Facility Identifier (UFI)
815631917

City
SANTIAGO

State/Province/Territory
None of the above

Zip Code (Postal Code)

9020000

Country/Area

CHILE

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

Laboratorio Internacional Pharmacorp SBO SA

Address, Line 1

Volcan Lascar Poniente 784

Address, Line 2

City

SANTIAGO

State/Province/Territory

None of the above

Zip Code (Postal Code)

9020000

Country/Area

CHILE

Telephone Number

056 02 27199900

Fax Number

E-Mail Address

fzapico@pharmacorp.cl

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

Laboratorio Internacional Pharmacorp SBO SA

Company Name Suffix

Company

Address, Line 1

Volcan Lascar Poniente 784

Address, Line 2

City

SANTIAGO

State/Province/Territory

Zip Code (Postal Code)

9020000

Telephone Number

056 02 27199900

Fax Number

E-Mail Address

fzapico@pharmacorp.cl

Country/Area

CHILE

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

056 27 27199900

Individual's Name (Optional)

Felipe

E-Mail Address

fzapico@pharmacorp.cl

Individual's Middle Name (Optional)

Job Title (Optional)

Individual's Last Name (Optional)

Zapico

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)

U.S. Agent ID

USID6293144

Emergency Contact Phone

410 2202800

Name

FDAImports.com, LLC

Fax Number

Address, Line 1

2631 Housley Road, #1211

E-Mail Address

registration@fdaimports.com

Address, Line 2

City

Annapolis

State/Province/Territory

Maryland

Zip Code (Postal Code)

21401

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

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)
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	☐	☐	☐	☐	☐	☐	☐	☐	☑	☐	☐	☐	☐

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: Felipe Zapico

Address, Line 1
Volcan Lascar Poniente 784

Address, Line 2

City
SANTIAGO

State/Province/Territory
None of the above

Zip Code (Postal Code)
9020000

Country/Area
CHILE

Telephone Number
056 02 27199900

Fax Number

E-Mail Address
fzapico@pharmacorp.cl

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: Monica Gao

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
Felipe Zapico

Address, Line 1
Volcan Lascar Poniente 784

Address, Line 2

City
SANTIAGO

State/Province/Territory
None of the above

Zip Code (Postal Code)
9020000

Telephone Number
056 02 27199900

Fax Number

E-Mail Address
fzapico@pharmacorp.cl

Country/Area

CHILE