



Date:11/20/2025 0:45:52

Created Date  
**2025-05-21 14:36:55.0**

Created by  
**pit43629**

Registration Expiration Date  
**2026-12-31**

Registration Renewed Date

Last Updated  
**2025-11-20**

Registration Status Reason  
**Initial registration**

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**

UPDATE OF REGISTRATION INFORMATION:

Registration Number: **19087525804** Pin No **32G9dxiC**

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

**PITAREDEC S.A.S**

Telephone Number

**593 98 3191017**

Facility Name Suffix

**Other**

Fax Number

Facility Name Suffix Other

**S.A.S**

Facility Street Address, Line 1

**S47D 1-285**

E-Mail Address

**admin@pitared.com**

Facility Street Address, Line 2

Unique Facility Identifier (UFI)

City

**Quito**

State/Province/Territory

**Pichincha**

Zip Code (Postal Code)

**170701**



Country/Area

**ECUADOR**

**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

**PITAREDEC S.A.S**

Telephone Number

**593 98 3191017**

Address, Line 1

**S47D 1-285**

Fax Number

Address, Line 2

E-Mail Address

**admin@pitared.com**

City

**Quito**

State/Province/Territory

**Pichincha**

Zip Code (Postal Code)

**170701**

Country/Area

**ECUADOR**

**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

**PITAREDEC S.A.S**

Telephone Number

**593 98 3191017**

Company Name Suffix

**Other**

Fax Number

Company Name Suffix Other

**S.A.S**

Address, Line 1

**S47D 1-285**

E-Mail Address

**admin@pitared.com**

Address, Line 2

City

**Quito**

State/Province/Territory

**Pichincha**

Zip Code (Postal Code)

**170701**



Country/Area

**ECUADOR**

**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

**593 98 3191017**

Individual's Name (Optional)

E-Mail Address

**admin@pitared.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

Alternate Trade Name #1: **Pitared Ecuador (Matriz)**

Alternate Trade Name #2: **Raizza Fruit (marca de la fruta)**

**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

**USID4779764**

Emergency Contact Phone

**310 9360746**

Name

**FABIAN JURADO**

Fax Number

Address, Line 1

**2661 W GREENBRIER AVE**

E-Mail Address

**Equaroots@gmail.com**

Address, Line 2

City

**Anaheim**

State/Province/Territory

**California**

Zip Code (Postal Code)

**92801**

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 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)
--	--	--	---	---------------------------	--------------------------	--	---------------------	---------------------	--------------------------	-------------------	----------------------------------	--------------------------	---

17. FRUIT AND FRUIT PRODUCTS<sup>21</sup> CFR 170.3 (n) (16), (27), (28), (35), (43)]

b. Raw Agricultural Commodities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
---------------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	-------------------------------------	-------------------------------------	-------------------------------------	--------------------------	-------------------------------------	-------------------------------------

**Other Activity Conducted**

Raw Agricultural Commodities (Pitahaya Fresh); Storage and distribution of raw pitahaya; Selection and quality control of pitahaya prior to packing; Packing and preparation of pitahaya for export; Cold storage for preservation; Other Activities: Hand

**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: Antonio Alexander Molina Jaramillo

Address, Line 1

Telephone Number

S47D 1-285

593 98 3191017



Address, Line 2

Fax Number

City

E-Mail Address

**Quito**

**admin@pitared.com**

State/Province/Territory

**Pichincha**

Zip Code (Postal Code)

**170701**

Country/Area

**ECUADOR**

**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:** Antonio Alexander Molina Jaramillo

**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

Telephone Number

**-N/A-**

**-N/A-**

Address, Line 1

Fax Number

**-N/A-**

**-N/A-**

Address, Line 2

E-Mail Address

**-N/A-**

**-N/A-**

City

**-N/A-**

State/Province/Territory

**-N/A-**

Zip Code (Postal Code)

**-N/A-**

Country/Area

**-N/A-**

