

FDA | U.S. Food and Drug Administration Food Facility Registration

Date: 11/13/2024 10:41:30

Please review the registration.

Created Date

2022-01-11 17:39:25.0

Registration Renewed Date

2024-11-12

Registration Expiration Date

2026-12-31

Last Modified by

FMLS

Last Updated

2024-11-12

Last Modified by Company

Green Star Labs, Inc.

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**

FACILITY REGISTRATION NUMBER **14529955186**

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 Green Star Labs, Inc.	Telephone Number 001 858 2097031
Facility Name Suffix Other	Fax Number
Facility Name Suffix Other Inc.	E-Mail Address carmen.myers@greenstarlabs.net
Facility Street Address, Line 1 4075 Ruffin Rd	Unique Facility Identifier (UFI) 118673251
Facility Street Address, Line 2	
City San Diego	
State/Province/Territory California	
Zip/Postal Code 92123-1817	
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 Green Star Labs, Inc.	Telephone Number 001 858 2097031
Address, Line 1 4075 Ruffin Rd	Fax Number
Address, Line 2	E-Mail Address carmen.myers@greenstarlabs.net
City San Diego	
State/Province/Territory California	
Zip Code (Postal Code) 92123	
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	Telephone Number
Green Globe International, Inc.	001 619 7790715
Company Name Suffix	Fax Number
Incorporated	
Address, Line 1	E-Mail Address
9925 Airway Road	
Address, Line 2	
City	
San Diego	
State/Province/Territory	
California	
Zip Code (Postal Code)	
92154	
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 <i>(Optional)</i>	Emergency Contact Phone
	001 619 2042265
Individual's Name <i>(Optional)</i>	E-mail Address
Carmen	carmen.myers@greenstarlabs.net
Individual's Middle Name <i>(Optional)</i>	Job Title <i>(Optional)</i>
Individual's Last Name <i>(Optional)</i>	Quality Director
Myers	

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 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)]	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Herbals 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 - U.S. Agent Address Information
 None of the above

Address, Line 1
4075 Ruffin Rd

Address, Line 2

City
San Diego

State/Province/Territory
California

Zip Code (Postal Code)
92123

Country/Area
UNITED STATES

Telephone Number
001 858 2097031

Fax Number

E-Mail Address
carmen.myers@greenstarlabs.net

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: Arielle Daniel, an employee of Registrar Corp.

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
Sergio Oliveros

Telephone Number
001 858 2097031

Address, Line 1
4075 Ruffin Rd

Fax Number

Address, Line 2

E-Mail Address
carmen.myers@greenstarlabs.net

City
San Diego

State/Province/Territory
California

Zip Code (Postal Code)
92123

Country/Area
UNITED STATES