



Date:05/17/2025 4:26:41

Please review the registration.

Created Date

2025-05-13 01:43:17.0

Registration Expiration Date

2026-12-31

Last Modified by

ame16119

Last Updated

2025-05-17

Last Modified by Company

SKYLARK IMPEX

Created by

deb37917

Registration Renewed Date

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 **14187024384** Pin No **9ExG3eh9**

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

SKYLARK IMPEX

Facility Name Suffix

Company

Facility Street Address, Line 1

4th Floor, A-446, Celebration City Center, Nr.Gala Gymkhana Road,
South Bopal

Facility Street Address, Line 2

City

Ahmedabad

State/Province/Territory

Gujarat

Telephone Number

091 989 8084727

Fax Number

091 989 8084727

E-Mail Address

skylarkimpex15@gmail.com

Unique Facility Identifier (UFI)

771591846



Zip Code (Postal Code)

380058

Country/Area

INDIA

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

SKYLARK IMPEX

Telephone Number

091 989 8084727

Address, Line 1

4th Floor, A-446, Celebration City Center, Nr.Gala Gymkhana Road,

Fax Number

091 989 8084727

South Bopal

Address, Line 2

E-Mail Address

skylarkimpex15@gmail.com

City

Ahmedabad

State/Province/Territory

Gujarat

Zip Code (Postal Code)

380058

Country/Area

INDIA

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

SKYLARK IMPEX

Telephone Number

091 989 8084727

Company Name Suffix

Company

Fax Number

091 989 8084727

Address, Line 1

4th Floor, A-446, Celebration City Center, Nr.Gala Gymkhana Road,

E-Mail Address

skylarkimpex15@gmail.com

South Bopal

Address, Line 2

City

Ahmedabad

State/Province/Territory

Gujarat



Zip Code (Postal Code)

380058

Country/Area

INDIA

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

091 989 8084727

Individual's Name (Optional)

E-Mail Address

skylarkimpex15@gmail.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

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)

Name

Telephone Number

AMERICAN REGULATORY COMPLIANCES INC.

914 3594972 null

Address, Line 1

Emergency Contact Phone

21 BRIDLE PATH RD,

914 3594972

Address, Line 2

City

Ossining

E-Mail Address

State/Province/Territory

info@americancompliances.com

New York

Zip Code (Postal Code)

10562

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

<input checked="" type="checkbox"/> Food for Human Consumption	<input type="checkbox"/> Food for Animal Consumption
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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)
29.SNACK FOOD ITEMS (FLOUR, MEAL OR VEGETABLE BASE) ^{(21 CFR 170.3 (n) (37))}	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>
30.SPICES, FLAVORS, AND SALTS ^{(21 CFR 170.3 (n) (26))}	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>
33.VEGETABLE AND VEGETABLE PRODUCT CATEGORIES ^{(21 CFR 170.3 (n) (19), (36))}													
c.Other Vegetable and Vegetable Products	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>
36.WHOLE GRAINS, MILLER GRAIN PRODUCTS (FLOURS), OR STARCH ^{(21 CFR 170.3 (n) (1), (23))}	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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 - US Agent Address Information
- ☐ None of the above

Name of Entity or Individual Who is the Owner, Operator, or Agent-in-Charge: Krunal G. Pandya

Address, Line 1

**4th Floor, A-446, Celebration City Center, Nr.Gala Gymkhana Road,
South Bopal**

Telephone Number

091 989 8084727

Address, Line 2

Fax Number

091 989 8084727

City

Ahmedabad

E-Mail Address

skylarkimpex15@gmail.com

State/Province/Territory

Gujarat

Zip Code (Postal Code)

380058

Country/Area

INDIA

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: Krunal G. Pandya

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-

**FDA****U.S. FOOD & DRUG
ADMINISTRATION**

Address, Line 2

-N/A-

City

-N/A-

State/Province/Territory

-N/A-

Zip Code (Postal Code)

-N/A-

Country/Area

-N/A-

E-Mail Address

-N/A-