



Date:11/02/2023 3:29:21

Created Date

2015-12-07 12:03:51.0

Registration Expiration Date

2024-12-31

Last Updated

2023-11-02

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: 13304018202 Pin No A8eb70aE

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

JSOC HOLDINGS (PRIVATE) LIMITED

Facility Name Suffix

Limited

Facility Street Address, Line 1

AMBA ESTATE

Facility Street Address, Line 2

WEWATENNA LANE

City

AMBADANDEGAMA

State/Province/Territory

Uva

Zip Code (Postal Code)

NONE

Telephone Number

094 57 3575489

Fax Number

E-Mail Address

ambatea2@gmail.com

Unique Facility Identifier (UFI)



Country/Area

SRI LANKA

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)? No

Name

JSOC HOLDINGS (PRIVATE) LIMITED

Telephone Number

094 779 991353

Address, Line 1

38 GALLE FACE COURT 2

Fax Number

Address, Line 2

E-Mail Address

simonnihal@gmail.com

City

COLOMBO

State/Province/Territory

Colombo

Zip Code (Postal Code)

03

Country/Area

SRI LANKA

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

JSOC HOLDINGS (PRIVATE) LIMITED

Telephone Number

094 779 991353

Company Name Suffix

Fax Number

Address, Line 1

38 GALLE FACE COURT 2

E-Mail Address

simonnihal@gmail.com

Address, Line 2

City

COLOMBO

State/Province/Territory

Colombo

Zip Code (Postal Code)

03

Country/Area

SRI LANKA



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

001 703 7682473

Individual's Name (Optional)

E-Mail Address

Charles

cconconi@studioconconi.com

Individual's Middle Name (Optional)

Job Title (Optional)

Individual's Last Name (Optional)

Conconi

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: **AMBA ESTATE**

Alternate Trade Name #2: **PLUCKY TEA**

Alternate Trade Name #3: **AMBA FARM**

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

Telephone Number

Charles

703 7682473 null

Middle Name (Optional)

Emergency Contact Phone

703 7682473

Last Name

Fax Number

Conconi

Title (Optional)

E-Mail Address

cconconi@studioconconi.com

Address, Line 1

720 N Jackson St

Address, Line 2

City

Arlington

State/Province/Territory

Virginia



Zip Code (Postal Code)

22201

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	Interstat e Conveya nce Caterer / Catering Point	Contract Sterilizer	Labeler / Relabele r	Manufac turer / Process or	Packer / Repacke r	Salvage Operator (Recondi tioner)	Farm Mixed- Type Facility	Other Activity Conduct ed (Please Specify)
9.COFFEE AND TEA ^[21 CFR 170.3 (n) (3), (7)]	<input checked="" 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"/>	<input type="checkbox"/>
30.SPICES, FLAVORS, AND SALTS ^[21 CFR 170.3 (n) (26)]	<input checked="" 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"/>	<input 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)
37. IF NONE OF THE ABOVE FOOD CATEGORIES APPLY, THEN PRINT THE APPLICABLE FOOD CATEGORY OR CATEGORIES (THAT DOES NOT OR DO NOT APPEAR ABOVE)	<input checked="" 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"/>	<input type="checkbox"/>
If the food categories listed above do not apply, then print the applicable food category or categories.													
WHITE TEA, GREEN TEA, BLACK TEA, ORGANIC LEMONGRASS TISANE, ORGANIC CINNAMON STICKS, ARABICA COFFEE													

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: JSOC HOLDINGS (PRIVATE) LIMITED

Address, Line 1	Telephone Number
38 GALLE FACE COURT 2	094 779 991353
Address, Line 2	Fax Number
City	E-Mail Address
COLOMBO	simonnihal@gmail.com
State/Province/Territory	
Colombo	



Zip Code (Postal Code)

03

Country/Area

SRI LANKA

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: SIMON NIHAL BELL

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-