

# FDA | U.S. Food and Drug Administration

## Food Facility Registration

Date: 02/19/2021 16:41:06

Created Date  
2021-02-10 14:27:43.0

Created by  
rob5048

Registration Expiration Date  
2022-12-31

Registration Renewed Date

Last Updated  
2021-02-19

Registration Status Reason  
Pending UFI Confirmation

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

### Section 1: Type of Registration

Facility Location : **Foreign Registration**

UPDATE OF REGISTRATION INFORMATION: *Registration Number: 13310454796* Pin No **A7ExJAjA**

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  
**KRIMNIANIOTI'S FARM NIKOLAOS KRIMNIANIOTIS**

Telephone Number  
**030 210 2482276**

Facility Name Suffix  
**Company**

Fax Number

Facility Street Address, Line 1  
**Ariochori, Thouria**

E-Mail Address  
**nikos@livagroves.com**

Facility Street Address, Line 2

Unique Facility Identifier (UFI)  
**498825938**

City  
**Thouria**

State/Province/Territory  
**None of the above**

Zip/Postal Code  
**24009**

Country/Area  
**GREECE**

### 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

**KRIMNIANIOTI'S FARM NIKOLAOS KRIMNIANIOTIS**

Telephone Number

**030 210 2482276**

Address, Line 1

**Ariochori, Thouria**

Fax Number

E-Mail Address

**nikos@livagroves.com**

Address, Line 2

City

**Thouria**

State/Province/Territory

**None of the above**

Zip Code (Postal Code)

**24009**

Country/Area

**GREECE**

#### 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

**Liva Groves**

Telephone Number

**030 210 2486041**

Company Name Suffix

**Other**

Fax Number

E-Mail Address

**nikos@livagroves.com**

Company Name Suffix Other

**S.A.**

Address, Line 1

**3, S. Petroula & 146 Fylis Ave.**

Address, Line 2

City

**Attiki**

State/Province/Territory

**Attiki**

Zip Code (Postal Code)

**133 41**

Country/Area

**GREECE**

#### 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

**030 694 4543198**

Individual's Name (Optional)

**NIKOLAOS**

E-mail Address

**nikos@livagroves.com**

Individual's Middle Name (Optional)

Individual's Last Name *(Optional)*  
**KRIMNIANIOTIS**

Job Title *(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)

First Name

**Robert**

Telephone Number

**202 4493739 1**

Middle Name *(Optional)*

**Charles**

Emergency Contact Phone

**202 3651958**

Last Name

**Lehrman**

Fax Number

**202 4785189**

Title *(Optional)*

**Attorney**

E-Mail Address

**lazahn@bevlaw.com**

Address, Line 1

**2911 Hunter Mill Rd Ste 303**

Address, Line 2

City

**Oakton**

State/Province/Territory

**Virginia**

Zip Code (Postal Code)

**22124-1719**

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)
34. VEGETABLE OILS (INCLUDES OLIVE OIL) [21 CFR 170.3 (n) (12)]	<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 checked="" type="checkbox"/>
Other Activity Conducted													
Standardization													

**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

Name of Entity or Individual Who is the Owner, Operator, or Agent-in-Charge : NIKOLAOS KRIMNIANOTIS

Address, Line 1  
**Ariochori, Thouria**

Address, Line 2

City  
**Thouria**

State/Province/Territory  
**None of the above**

Zip Code (Postal Code)  
**24009**

Country/Area  
**GREECE**

Telephone Number  
**030 210 2482276**

Fax Number

E-Mail Address  
**nikos@livagroves.com**

**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: Robert Charles Lehrman

**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-	