

FDA

U.S. Food and Drug Administration
Food Facility Registration

Please review your registration. If all information is correct, click the Submit button below. To make changes to a section, click the Edit button for that section.

Date

06/08/2025 6:58:56

Created by

fro72598

Created Date

2025-06-06 16:57:52.0

Registration Expiration Date

2026-12-31

Last Updated

2025-06-07

Registration Status

VALID

Registration Status Reason

Accepted UFI

Registration Renewed Date

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: 15742636674 Pin No [Modify Pin](#)

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

ABD ELMOTAKABER ABD ELBASET FERGANI KHEIR

Facility Name Suffix

Company

Facility Street Address, Line 1

Building 14, El Nada Project, Zahraa Maadi, Maadi

Facility Street Address, Line 2

City

Cairo

State/Province/Territory

Al Qahirah

Zip/Postal Code

NONE

Telephone Number

020 100 3802680

Fax Number

E-Mail Address

info@mrsalts.com

Unique Facility Identifier (UFI)

849205867

Country/Area
EGYPT

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
ABD ELMOTAKABER ABD ELBASET FERGANI KHEIR

Telephone Number
020 100 3802680

Address, Line 1
Building 14, El Nada Project, Zahraa Maadi, Maadi

Fax Number

E-Mail Address
info@mrsalts.com

Address, Line 2

City
Cairo

State/Province/Territory
AI Qahirah

Zip Code (Postal Code)
NONE

Country/Area
EGYPT

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
ABD ELMOTAKABER ABD ELBASET FERGANI KHEIR

Telephone Number
020 100 3802680

Company Name Suffix
Company

Fax Number

E-Mail Address

Address, Line 1
BIR ALABD, NORTH SINAI

Address, Line 2

City
NORTH SINAI

State/Province/Territory

Zip Code (Postal Code)
NONE

Country/Area
EGYPT

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)*

Individual's Name *(Optional)*

Salvatore

Individual's Middle Name *(Optional)*

Individual's Last Name *(Optional)*

Ciccarello

Emergency Contact Phone

001 516 2346577

E-mail Address

CiccarelloSalvatore@Gmail.com

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

Alternate Trade Name #1 : **Mr. Salt**

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

USID2752716

Telephone Number

516 2346577

First Name

Salvatore

Emergency Contact Phone

516 2346577

Middle Name *(Optional)*

Fax Number

Last Name

Ciccarello

E-Mail Address

CiccarelloSalvatore@Gmail.com

Title *(Optional)*

Address, Line 1

8 BOSWELL RD

Address, Line 2

City

Putnam Valley

State/Province/Territory

New York

Zip Code (Postal Code)

10579

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

January

End Month

December

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

| Selected Product Name | Selected Activity Types |
|---|--|
| 30. SPICES, FLAVORS, AND SALTS [21 CFR 170.3 (n) (26)] | Ambient Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators); Labeler / Relabeler; Manufacturer / Processor; Packer / Repacker; |

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 : **ESLAM EMBABY**

Address, Line 1

Building 14, El Nada Project, Zahraa Maadi, Maadi

Telephone Number

020 100 3802680

Address, Line 2

Fax Number

City

Cairo

E-Mail Address

info@mrsalts.com

State/Province/Territory

Al Qahirah

Zip Code (Postal Code)

NONE

Country/Area

EGYPT

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: Salvatore Ciccarello

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- | |