



Date:01/06/2021 2:18:28

Created Date
2017-08-27 14:29:02.0

Created by
ser24291

Registration Expiration Date
2022-12-31

Registration Renewed Date
2020-12-16

Last Updated
2021-01-06

Registration Status Reason
Biennial Registration Renewal - 2020

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: **19041504256** Pin No **7jx6E83j**

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

Serimhyunmi

Telephone Number

082 43 2866810

Facility Name Suffix

Limited Company

Fax Number

082 43 2866813

Facility Street Address, Line 1

#24 Gongdan 1-gil

E-Mail Address

serim@serim.kr

Facility Street Address, Line 2

Unique Facility Identifier (UFI)

687099585

City

Jeongeup-si

State/Province/Territory

Jeonrabugdo

Zip Code (Postal Code)

56154

Country/Area

KOREA, REPUBLIC OF



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	Telephone Number
Serimhyunmi	082 43 2866810
Address, Line 1	Fax Number
#24 Gongdan 1-gil	082 43 2866813
Address, Line 2	E-Mail Address
	serim@serim.kr
City	
Jeongeup-si	
State/Province/Territory	
Jeonrabugdo	
Zip Code (Postal Code)	
56154	
Country/Area	
KOREA, REPUBLIC OF	

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
Serimhyunmi	082 43 2866810
Company Name Suffix	Fax Number
Limited Company	082 43 2866813
Address, Line 1	E-Mail Address
#24 Gongdan 1-gil	serim@serim.kr
Address, Line 2	
City	
Jeongeup-si	
State/Province/Territory	
Jeonrabugdo	
Zip Code (Postal Code)	
56154	
Country/Area	
KOREA, REPUBLIC OF	

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 082 43 2866810
Individual's Name (Optional)	E-Mail Address serim@serim.kr
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
HS Chem America	213 5597719 null
Address, Line 1	Emergency Contact Phone
1717 Chantilly Ln	213 5144670
Address, Line 2	Fax Number
	714 4848820
City	E-Mail Address
Fullerton	mjk11@hotmail.com
State/Province/Territory	
California	
Zip Code (Postal Code)	
92833	
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	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)
13. DRESSING AND CONDIMENTS ^[21 CFR 170.3 (n) (8), (12)]	<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"/>	<input type="checkbox"/>
25. MULTIPLE FOOD DINNERS, GRAVIES, SAUCES AND SPECIALTIES ^[21 CFR 170.3 (n) (11) (14), (17), (18), (23), (24), (29), (34), (40)]	<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"/>	<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 checked="" type="checkbox"/>	<input 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: Tae Kyung Ko



Address, Line 1
#24 Gongdan 1-gil

Telephone Number
082 43 2866810

Address, Line 2

Fax Number
082 43 2866813

City
Jeongeup-si

E-Mail Address
serim@serim.kr

State/Province/Territory
Jeonrabugdo

Zip Code (Postal Code)
56154

Country/Area
KOREA, REPUBLIC OF

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: Tae Kyung Ko

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-