

Date:06/13/2014 11:37:08

**SECTION 1 TYPE OF REGISTRATION**

1a. FOREIGN REGISTRATION

1b. INITIAL REGISTRATION: 18152264774 PIN NUMBER:dEB36DgB

ARE YOU THE NEW OWNER OF A PREVIOUSLY REGISTERED FACILITY?  Yes  No

1c. PREVIOUS OWNER'S TITLE : PREVIOUS OWNER'S NAME : PREVIOUS OWNER'S REGISTRATION NUMBER :

**SECTION 2 FACILITY NAME / ADDRESS INFORMATION**

FACILITY NAME: SIONAS CHARALAMPOS

FACILITY NAME SUFFIX: Company FACILITY NAME SUFFIX OTHER:

FACILITY STREET ADDRESS, Line1: LEFKOSIAS 11

FACILITY STREET ADDRESS, Line2:

CITY: THESSALONIKI STATE/PROVINCE/TERRITORY: Thessaloniki

ZIP CODE (POSTAL CODE): 54249

COUNTRY/AREA: GREECE

PHONE NUMBER (Include Area/Country Code): 030 2310 313575

FAX NUMBER (Optional; Include Area/Country Code): 030 2310 313575

E-MAIL ADDRESS: info@biodinami.gr

**SECTION 3 PREFERRED MAILING ADDRESS INFORMATION (Optional)**

Complete this section if different from Section 2 Facility Name/Address Information (OPTIONAL)

If information is the same as section 2, check the box: 

NAME: SIONAS CHARALAMPOS Company

ADDRESS, Line1: LEFKOSIAS 11

ADDRESS, Line2:

CITY: THESSALONIKI STATE/PROVINCE/TERRITORY:Thessaloniki

ZIP CODE (POSTAL CODE): 54249

COUNTRY/AREA: GREECE

PHONE NUMBER (Include Area/Country Code): 030 2310 313575

FAX NUMBER (Optional; Include Area/Country Code): 030 2310 313575

E-MAIL ADDRESS (Optional): info@biodinami.gr

**SECTION 4 PARENT COMPANY NAME/ADDRESS INFORMATION AND TRADE NAMES**

(If applicable and If different from sections 2 and 3). If information is the same as another section, check which section:

 Section 2 - Facility Address Information Section 3 - Preferred Mailing Address Information None of the above

NAME OF PARENT COMPANY: SIONAS CHARALAMPOS

PARENT COMPANY SUFFIX: Company PARENT COMPANY SUFFIX OTHER:

STREET ADDRESS OF PARENT COMPANY, Line 1: LEFKOSIAS 11

STREET ADDRESS OF PARENT COMPANY, Line2:

CITY: THESSALONIKI STATE/PROVINCE/TERRITORY: Thessaloniki

ZIP CODE (POSTAL CODE): 54249

COUNTRY/AREA: GREECE

PHONE OF INDIVIDUAL AT PARENT COMPANY (Include Area/Country Code): 030 2310 313575

FAX # OF INDIVIDUAL AT PARENT COMPANY (Optional; Include Area/Country Code): 030 2310 313575

E-MAIL ADDRESS OF INDIVIDUAL AT PARENT COMPANY (Optional): info@biodinami.gr

(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")):

ALTERNATE TRADE NAME #1:

**SECTION 5 FACILITY EMERGENCY CONTACT INFORMATION**

INDIVIDUAL'S TITLE (Optional): INDIVIDUAL'S TITLE OTHER:

INDIVIDUAL'S NAME (Optional): GEORGE

INDIVIDUAL'S MIDDLE NAME (Optional):

INDIVIDUAL'S LAST NAME (Optional): MENZELOS

TITLE (Optional):

EMERGENCY CONTACT PHONE (Include Area/Country Code): 001 415 6264436

E-MAIL ADDRESS (Optional): george@ariannatradingcompany.com

**SECTION 6 TRADE NAMES**

In the electronic version of FDA Form 3537, Section 6 (Trade Names) has been merged with Section 4 (Parent Company Name / Address Information).

**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 OF U.S. AGENT: GEORGE

MIDDLE NAME OF U.S. AGENT:

LAST NAME OF U.S. AGENT: MENZELOS

TITLE (Optional):

ADDRESS, Line 1: 3288 21st St Ste 237

ADDRESS, Line 2:

CITY: San Francisco

STATE: California

ZIP CODE (POSTAL CODE): 94110 -2423

COUNTRY/AREA: UNITED STATES

PHONE NUMBER (Include Area/Country Code): 415 6264436

EMERGENCY CONTACT PHONE NUMBER (Include Area Code): 415 6264436

FAX NUMBER (Optional; Include Area Code):

EMAIL ADDRESS: george@ariannatradingcompany.com

**SECTION 8 SEASONAL FACILITY DATES OF OPERATION (Optional)**

Optional - Give the approximate dates that your facility is open for business, if its operations are on a seasonal basis.

DATES OF OPERATION:

For Harvest 1

Start Month:

End Month:

For Harvest 2

Start Month:

End Month:

**SECTION 9 TYPE OF STORAGE (FOR FACILITIES THAT ARE PRIMARILY HOLDERS) (OPTIONAL)**

- Ambient (neither frozen nor refrigerated) Storage
- Refrigerated Storage
- Frozen Storage

**SECTION 10 GENERAL PRODUCT CATEGORIES - HUMAN/ANIMAL /BOTH**

- Food for Human Consumption
- Food for Animal Consumption

**SECTION 10a GENERAL PRODUCT CATEGORIES - FOOD FOR HUMAN CONSUMPTION; and TYPE OF ACTIVITY CONDUCTED AT THE FACILITY (OPTIONAL)**

To be completed by all food facilities. Please see instructions for further examples.	TYPE OF ACTIVITY CONDUCTED AT THE FACILITY ( Optional ) Check all types of operations that are performed at this facility regarding the manufacturing/processing, packing or holding of food.									
	Warehouse / Holding Facility (e.g. storage facilities, including storage tanks, grain elevators)	Acidified / Low Acid Food Processor	Interstate Conveyance Caterer / Catering Point	Molluscan Shellfish Establishment	Commissary	Contract Sterilizer	Labeler / Relabeler	Manufacturer / Processor	Repacker / Packer	Salvage Operator (Reconditioner)
<input checked="" type="checkbox"/> 32. 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**SECTION 11 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:

- Section 2 - Facility Address Information
- Section 3 - Preferred Mailing Address Information
- Section 4 - Parent Company Address Information
- Section 7 - US Agent Address Information

NAME OF ENTITY OR INDIVIDUAL WHO IS THE OWNER, OPERATOR, OR AGENT IN CHARGE: CHARALAMPOS SIONAS

STREET ADDRESS, Line 1: LEFKOSIAS 11

STREET ADDRESS, Line 2:

CITY: THESSALONIKI

STATE/PROVINCE/TERRITORY: Thessaloniki

ZIP CODE (POSTAL CODE): 54249

COUNTRY/AREA: GREECE

PHONE NUMBER (Include Area/Country Code): 030 2310 313575

FAX NUMBER (Optional; Include Area/Country Code): 030 2310 313575

E-MAIL ADDRESS (Optional): info@biodinami.gr

**SECTION 12 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 13 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.

 The Secretary will be permitted to inspect facility at the time and in the manner permitted by this act.

NAME OF PERSON SUBMITTING THIS REGISTRATION FORM: CHARALAMPOS SIONAS

CHECK ONE BOX

 A.OWNER, OPERATOR, OR AGENT IN CHARGE (STOP HERE, FORM IS COMPLETED) B.INDIVIDUAL AUTHORIZED TO SUBMIT THE REGISTRATION**IF YOU CHECKED BOX B ABOVE, INDICATE WHO AUTHORIZED YOU TO SUBMIT THE REGISTRATION:** OWNER, OPERATOR, OR AGENT IN CHARGE (STOP HERE, FORM IS COMPLETED) NAME OF INDIVIDUAL WHO AUTHORIZED REGISTRATION ON BEHALF OF OWNER,OPERATOR, OR AGENT IN CHARGE (FILL IN ADDRESS BELOW) : -N/A-

ADDRESS INFORMATION FOR THE AUTHORIZING INDIVIDUAL: -N/A-

AUTHORIZING INDIVIDUAL STREET ADDRESS, Line1: -N/A-

AUTHORIZING INDIVIDUAL STREET ADDRESS, Line2: -N/A-

CITY: -N/A-

STATE/PROVINCE/TERRITORY: -N/A-

ZIP CODE (POSTAL CODE): -N/A-

COUNTRY/AREA: -N/A-

PHONE NUMBER (Include Area/Country Code): -N/A-

FAX NUMBER (Optional; Include Area/Country Code): -N/A-

E-MAIL ADDRESS (Optional): -N/A-