



Date:07/08/2025 3:03:12

Created Date

2025-01-07 05:53:55.0

Registration Expiration Date

2026-12-31

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: **10837190818**

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

MIRFARMA ILAC SANAYI VE TICARET ANONIM SIRKETI

Telephone Number

090 212 9051927

Facility Name Suffix

Company

Fax Number

Facility Street Address, Line 1

NO:48/42 IKITELLI OSB MAHALLESİ

E-Mail Address

info@mirfarma.com.tr

Facility Street Address, Line 2

ATATURK BULVARI, BASAKSEHIR

Unique Facility Identifier (UFI)

City

Istanbul

State/Province/Territory

Istanbul

Zip Code (Postal Code)

34490

Country/Area

TURKEY

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
MIRFARMA ILAC SANAYI VE TICARET ANONIM SIRKETI	090 212 9051927
Address, Line 1	Fax Number
NO:48/42 IKITELLI OSB MAHALLESİ	
Address, Line 2	E-Mail Address
ATATURK BULVARI, BASAKSEHIR	info@mirfarma.com.tr
City	
Istanbul	
State/Province/Territory	
Istanbul	
Zip Code (Postal Code)	
34490	
Country/Area	
TURKEY	

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
MIRFARMA ILAC SANAYI VE TICARET ANONIM SIRKETI	090 212 9051927
Company Name Suffix	Fax Number
Company	
Address, Line 1	E-Mail Address
NO:48/42 IKITELLI OSB MAHALLESİ	info@mirfarma.com.tr
Address, Line 2	
ATATURK BULVARI, BASAKSEHIR	
City	
Istanbul	
State/Province/Territory	
Istanbul	
Zip Code (Postal Code)	
34490	
Country/Area	
TURKEY	

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

090 212 9051927

Individual's Name (Optional)

E-Mail Address

info@mirfarma.com.tr

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

Reneva LLC

800 7652070 null

Address, Line 1

Emergency Contact Phone

306 N. Mountain Ave.

800 7652070

Address, Line 2

City

Montclair

E-Mail Address

State/Province/Territory

info@renewaworld.com

New Jersey

Zip Code (Postal Code)

07043

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)
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12. DIETARY SUPPLEMENT CATEGORIES

a. Proteins, Amino Acids, Fats and Lipid Substances ⁽²¹⁾ CFR 170.3(o) (20)	<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"/>
b. Vitamins and Minerals	<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"/>
c. Animal By-Products and Extracts	<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"/>
d. Herbals and Botanicals	<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: Onur Topbastekin

Address, Line 1: **NO:48/42 IKITELLI OSB MAHALLESİ**

Address, Line 2: **ATATURK BULVARI, BASAKSEHIR**

City: **Istanbul**

State/Province/Territory: **Istanbul**

Telephone Number: **090 212 9051927**

Fax Number:

E-Mail Address: **info@mirfarma.com.tr**



Zip Code (Postal Code)

34490

Country/Area

TURKEY

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.