



Date:12/30/2025 4:40:35

Please review the registration.

Created Date

2025-12-25 02:08:50.0

Created by

deb37917

Registration Expiration Date

2026-12-31

Registration Renewed Date

Last Modified by

FMLS

Last Updated

2025-12-26

Last Modified by Company

TARB ENT LLP

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

Are you a fishing vessel engaged in processing (21 CFR 1.226(f))?

Yes  No

### Section 1: Type of Registration

Facility Location: **Foreign Registration**

Initial Registration **10963185536** Pin No **73E5H9di**

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

TARB ENT LLP

Telephone Number

091 986 7666755

Facility Name Suffix

Company

Fax Number

091 986 7666755

Facility Street Address, Line 1

O-301, Dr R P Road, Vardhman Nagar, Mumbai

E-Mail Address

tarbenterprises@gmail.com

Facility Street Address, Line 2

Unique Facility Identifier (UFI)

771625726

City

Mumbai

State/Province/Territory

Maharashtra



Zip Code (Postal Code)

**400080**

Country/Area

**INDIA**

**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

**TARB ENT LLP**

Telephone Number

**091 986 7666755**

Address, Line 1

**O-301, Dr R P Road, Vardhman Nagar, Mumbai**

Fax Number

**091 986 7666755**

Address, Line 2

E-Mail Address

**tarbenterprises@gmail.com**

City

**Mumbai**

State/Province/Territory

**Maharashtra**

Zip Code (Postal Code)

**400080**

Country/Area

**INDIA**

**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

**TARB ENT LLP**

Telephone Number

**091 986 7666755**

Company Name Suffix

**Company**

Fax Number

**091 986 7666755**

Address, Line 1

**O-301, Dr R P Road, Vardhman Nagar, Mumbai**

E-Mail Address

**tarbenterprises@gmail.com**

Address, Line 2

City

**Mumbai**

State/Province/Territory

**Maharashtra**



Country/Area

**INDIA**

**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

**091 986 7666755**

Individual's Name (Optional)

E-Mail Address

**tarbenterprises@gmail.com**

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

**AMERICAN REGULATORY COMPLIANCES INC.**

Telephone Number

**914 3594972 null**

Address, Line 1

**21 BRIDLE PATH RD,**

Emergency Contact Phone

**914 3594972**

Address, Line 2

City

**Ossining**

E-Mail Address

**info@americancompliances.com**

State/Province/Territory

**New York**

Zip Code (Postal Code)

**10562**

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



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)
16.FOOD SWEETENERS (NUTRITIVE) [21 CFR 170.3 (n) (9) (41), 21 CFR 170.3 (e) (21)]	<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: AVINASH BHISE

Address, Line 1

**O-301, Dr R P Road, Vardhman Nagar, Mumbai**

Telephone Number

**091 986 7666755**

Address, Line 2

Fax Number

**091 986 7666755**

City

**Mumbai**

E-Mail Address

**tarbenterprises@gmail.com**

State/Province/Territory

**Maharashtra**



Zip Code (Postal Code)

**400080**

Country/Area

**INDIA**

**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:** AVINASH BHISE

**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-**