



Date:11/28/2024 9:35:46

Created Date

2024-11-27 14:11:20.0

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 broker, distributor, importer/filer?

☒ Yes ☐ No

Do you take physical possession of the food?

☒ 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: **14958576066**

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

**GLOBAL TOBACCO MARKET FZE**

Facility Name Suffix

**Company**

Facility Street Address, Line 1

**Near Mina 51476, Ishwais 5992 Q5P**

Facility Street Address, Line 2

City

**Fujairah**

State/Province/Territory

**Al Fujayrah**

Zip Code (Postal Code)

**00001**

Country/Area

**UNITED ARAB EMIRATES**

Telephone Number

**971 971 565955050**

Fax Number

E-Mail Address

**pajamaman.usa@gmail.com**

Unique Facility Identifier (UFI)



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)? No

Name  
**TEXAS IMPEX GROUP LLC**

Telephone Number  
**001 615 8080008**

Address, Line 1  
**PO BOX 37366**

Fax Number

Address, Line 2

E-Mail Address

City  
**Houston**

State/Province/Territory  
**Texas**

Zip Code (Postal Code)  
**77237**

Country/Area  
**UNITED STATES**

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  
**GLOBAL TOBACCO MARKET FZE**

Telephone Number  
**971 971 565955050**

Company Name Suffix

Fax Number

**Company**

Address, Line 1  
**Near Mina 51476, Ishwais 5992 Q5P**

E-Mail Address  
**pajamaman.usa@gmail.com**

Address, Line 2

City  
**Fujairah**

State/Province/Territory  
**Al Fujayrah**

Zip Code (Postal Code)  
**00001**

Country/Area  
**UNITED ARAB EMIRATES**

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

**001 615 8080008**

Individual's Name (Optional)

E-Mail Address

**TEXAS IMPEX GROUP LLC**

**impextexas@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

Telephone Number

**TEXAS IMPEX GROUP LLC**

**615 8080008 null**

Address, Line 1

Emergency Contact Phone

**PO BOX 37366**

**615 8080008**

Address, Line 2

City

**Houston**

E-Mail Address

State/Province/Territory

**impextexas@gmail.com**

**Texas**

Zip Code (Postal Code)

**77237**

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)
12. DIETARY SUPPLEMENT CATEGORIES													
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"/>
d. Herbs 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: TEXAS IMPEX GROUP LLC

Address, Line 1	Telephone Number
PO BOX 37366	001 615 8080008
Address, Line 2	Fax Number
City	E-Mail Address
Houston	impextexas@gmail.com
State/Province/Territory	
Texas	
Zip Code (Postal Code)	
77237	
Country/Area	
UNITED STATES	

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.



FDA

**U.S. FOOD & DRUG  
ADMINISTRATION**

CENTER FOR FOOD SAFETY & APPLIED NUTRITION