



Date:04/09/2025 18:49:51

Created Date

2008-04-01 12:47:01.0

Created by

arn89899

Registration Expiration Date

2026-12-31

Registration Renewed Date

2024-11-21

Last Updated

2025-04-09

Registration Status Reason

Biennial Registration Renewal - 2024

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: **Domestic Registration**

UPDATE OF REGISTRATION INFORMATION:

Registration Number: **11607484032** Pin No

Are you the new owner of a previously registered facility?

☒ Yes ☐ No

Previous Owner's Title:

Previous Owner's Name: **Jack Donskoy**

Previous Owner's Registration Number:

### Section 2: Facility Name/Address Information

Facility Name

**Arnet Pharmaceutical Corporation**

Telephone Number

**001 954 2369053 147**

Facility Name Suffix

**Corporation**

Fax Number

**001 954 3702508**

Facility Street Address, Line 1

**2525 Davie Rd Ste 330**

E-Mail Address

**diego@arnetusa.com**

Facility Street Address, Line 2

Unique Facility Identifier (UFI)

City

**Davie**

State/Province/Territory

**Florida**

Zip Code (Postal Code)

**33317**

Country/Area

**UNITED STATES**



### 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	Telephone Number
<b>Arnet Pharmaceutical, Corp</b>	<b>954 2369053 147</b>
Address, Line 1	Fax Number
<b>2525 Davie Rd Ste 330</b>	<b>954 3702508</b>
Address, Line 2	E-Mail Address
	<b>diego@arnetusa.com</b>
City	
<b>Davie</b>	
State/Province/Territory	
<b>Florida</b>	
Zip Code (Postal Code)	
<b>33317</b>	
Country/Area	
<b>UNITED STATES</b>	

### 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
<b>Arnet Pharmaceutical Corporation</b>	<b>001 954 2369053 147</b>
Company Name Suffix	Fax Number
<b>Corporation</b>	<b>001 954 3702508</b>
Address, Line 1	E-Mail Address
<b>2525 Davie Rd Ste 330</b>	<b>diego@arnetusa.com</b>
Address, Line 2	
City	
<b>Davie</b>	
State/Province/Territory	
<b>Florida</b>	
Zip Code (Postal Code)	
<b>33317</b>	
Country/Area	
<b>UNITED STATES</b>	

### Section 5: Facility Emergency Contact Information



If information is the same as another section, check which section:

☐ Same as Facility Address (Section 2)

☒ None of the above

Individual's Title (Optional)

**Mr**

Emergency Contact Phone

**001 954 2369053**

Individual's Name (Optional)

**Diego**

E-Mail Address

**diego@arnetusa.com**

Individual's Middle Name (Optional)

Job Title (Optional)

**Director of Quality and RA**

Individual's Last Name (Optional)

**Congote**

## 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

Alternate Trade Name #1: **Sun Naturals**

Alternate Trade Name #2: **Vita Vigor**

Alternate Trade Name #3: **Natura Vigor**

## 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

**-N/A-**

Emergency Contact Phone

**-N/A-**

Middle Name (Optional)

**-N/A-**

Fax Number

**-N/A-**

Last Name (Optional)

**-N/A-**

E-Mail Address

**-N/A-**

Title (Optional)

**-N/A-**

Address, Line 1

**-N/A-**

Address, Line 2

**-N/A-**

City

**-N/A-**

State/Province/Territory

**-N/A-**



Zip Code (Postal Code)

-N/A-

Country/Area

-N/A-

### 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

a. Proteins, Amino Acids, Fats and Lipid Substances [21 CFR 179.3(a) (2)(i)]	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Vitamins and Minerals	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Animal By-Products and Extracts	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Herbs and Botanicals	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Section 9b: General Product Categories - Food for Animal Consumption; and Type of Activity Conducted at the Facility



To be completed by all animal food facilities. Please see instructions for further examples. IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY, SELECT BOX 33	Animal food manufacturer / Processor	Animal Food Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators)	Acidified Food Processor	Low Acid Food Processor	Contract Sterilizer	Packer / Repacker	Labeler / Relabeler	Salvage Operator (Reconditioner)	Farm Mixed-Type Facility	Other Activity (Please Specify)
27.VITAMINS OR VITAMIN PRODUCTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32.PET NUTRITIONAL SUPPLEMENTS (E.G., VITAMINS, MINERALS)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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: Jose Tabacinic- President

Address, Line 1

2525 Davie Rd Ste 330

Telephone Number

001 954 2369053 147

Address, Line 2

Fax Number

001 954 3702508

City

Davie

E-Mail Address

diego@arnetusa.com

State/Province/Territory

Florida

Zip Code (Postal Code)

33317

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.

### 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:** Diego Congote

**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-