



Date:12/19/2024 14:29:06

Created Date

2016-10-12 16:58:57.0

Registration Expiration Date

2026-12-31

Last Updated

2024-12-19

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: 11629822134 Pin No fcx4Bc0A

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

Welldex Logistics, Inc

Facility Name Suffix

Incorporated

Facility Street Address, Line 1

13808 Humphrey Rd

Facility Street Address, Line 2

City

Laredo

State/Province/Territory

Texas

Zip Code (Postal Code)

78045

Country/Area

UNITED STATES

Created by

hin36731

Registration Renewed Date

2024-12-19

Registration Status Reason

Biennial Registration Renewal - 2022

Telephone Number

001 956 7263442

Fax Number

001 956 9567263

E-Mail Address

yesenia.nunez@welldex.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)? Yes

Name

Welldex Logistics, Inc

Telephone Number

001 956 7263442

Address, Line 1

13808 Humphrey Rd

Fax Number

001 956 9567263

Address, Line 2

E-Mail Address

yesenia.nunez@welldex.com

City

Laredo

State/Province/Territory

Texas

Zip Code (Postal Code)

78045

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

Welldex Logistics, Inc

Telephone Number

001 956 7263442

Company Name Suffix

Incorporated

Fax Number

001 956 9567263

Address, Line 1

13808 Humphrey Rd

E-Mail Address

yesenia.nunez@welldex.com

Address, Line 2

City

Laredo

State/Province/Territory

Texas

Zip Code (Postal Code)

78045

Country/Area

UNITED STATES

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)

Emergency Contact Phone

001 956 7263442

Individual's Name (Optional)

E-Mail Address

yesenia.nunez@welldex.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)

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).



End Month

☐ Food for Animal Consumption[illegible]









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)
c.Other Vegetable and Vegetable Products	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34.VEGETABLE OILS (INCLUDES OLIVE OIL)(21 CFR 170.3 (n) (12))	<input checked="" type="checkbox"/>	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36.WHOLE GRAINS, MILLER GRAIN PRODUCTS (FLOURS), OR STARCH(21 CFR 170.3 (n) (1), (23))	<input checked="" type="checkbox"/>	<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 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: Carlos Mendoza

Address, Line 1

13808 Humphrey Rd

Address, Line 2

City

Laredo

State/Province/Territory

Texas

Telephone Number

001 956 7263442

Fax Number

001 956 9567263

E-Mail Address

yesenia.nunez@welldex.com



Zip Code (Postal Code)

78045

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 RENEWAL: Carlos Mendoza

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-