



Date:10/24/2022 13:40:56

Created Date

2022-03-15 07:08:37.0

Registration Expiration Date

2024-12-31

Last Updated

2022-10-24

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

### Section 1: Type of Registration

Facility Location: **Domestic Registration**

UPDATE OF REGISTRATION INFORMATION:

Registration Number: **13416870684** Pin No **g99DjAhx**

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

**MacroCap Labs Fulfillment**

Facility Name Suffix

**Company**

Facility Street Address, Line 1

**555 State Road 436**

Facility Street Address, Line 2

City

**Fern Park**

State/Province/Territory

**Florida**

Zip Code (Postal Code)

**32730**

Country/Area

**UNITED STATES**

Telephone Number

**001 571 2169576**

Fax Number

E-Mail Address

**Mike@thenutrakey.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

**MacroCap Labs**

Telephone Number

**001 null null**

Address, Line 1

**975 Bennett Dr**

Fax Number

Address, Line 2

E-Mail Address

**Mike@thenutrakey.com**

City

**Longwood**

State/Province/Territory

**Florida**

Zip Code (Postal Code)

**32750**

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

**MacroCap Labs**

Telephone Number

**001 571 2169576**

Company Name Suffix

Fax Number

Address, Line 1

**975 Bennett Dr**

E-Mail Address

**Mike@thenutrakey.com**

Address, Line 2

City

**Longwood**

State/Province/Territory

**Florida**

Zip Code (Postal Code)

**32750**

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

**001 571 2169576**

Individual's Name (Optional)

E-Mail Address

**Mike@thenutrakey.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

Alternate Trade Name #1: **MacroCap Labs**

Alternate Trade Name #2: **Nutrakey Health**

Alternate Trade Name #3: **Repp Sports**

## 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

Emergency Contact Phone

**-N/A-**

**-N/A-**

Middle Name (Optional)

Fax Number

**-N/A-**

**-N/A-**

Last Name (Optional)

E-Mail Address

**-N/A-**

**-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)
4. BEVERAGE BASES <sup>[21 CFR 170.3 (n) (3), (35)]</sup>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. DIETARY SUPPLEMENT CATEGORIES													
a. Proteins, Amino Acids, Fats and Lipid Substances <sup>[21 CFR 170.3(o) (20)]</sup>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. IF NONE OF THE ABOVE FOOD CATEGORIES APPLY, THEN PRINT THE APPLICABLE FOOD CATEGORY OR CATEGORIES (THAT DOES NOT OR DO NOT APPEAR ABOVE)	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If the food categories listed above do not apply, then print the applicable food category or categories.													
Dietary Supplements, Energy Drinks, Protein Powders													



## 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: Christopher Wagner, CEO

Address, Line 1

**975 Bennett Drive**

Address, Line 2

City

**Longwood**

State/Province/Territory

**Florida**

Zip Code (Postal Code)

**32750**

Country/Area

**UNITED STATES**

Telephone Number

**001 727 8997729**

Fax Number

E-Mail Address

**Chris@nutrakeyhealth.com**

## 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:** Michael Murphy, QA director

### 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-**

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

CENTER FOR FOOD SAFETY &amp; APPLIED NUTRITION

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-**

Fax Number

**-N/A-**

E-Mail Address

**-N/A-**