FDA | U.S. Food and Drug Administration
Food Facility Registration

Please review your registration. If all information is correct, click the Submit button below. To make changes to a section, click the Edit button for that section.

Date
05/27/2025 12:50:58

Created by
blu5639

Created Date
2011-10-07 11:37:14.0

Registration Renewed Date
2024-11-27

Registration Expiration Date
2026-12-31

Last Updated
2024-11-27

Registration Status
VALID

Registration Status Reason
Biennial Registration Renewal - 2024

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**

UPDATE OF REGISTRATION INFORMATION: *Registration Number:* ***15541160360*** Pin No **dF445GC7** **Modify Pin**

Are you the new owner of a previously registered facility?

(●) **Yes** ( ) **No**

Previous Owner's Title:
Previous Owner's Name : **Pesquera El Golfo S.A.**
Previous Owner's Registration Number : **19194236850**

Section 2: Facility Name/Address Information

Facility Name
SALMONES BLUMAR S A

Facility Name Suffix
Company

Facility Street Address, Line 1
Avenida Cristobal Colon 2400

Facility Street Address, Line 2

City

Telephone Number
056 41 2269400

Fax Number

E-Mail Address
rodrigo.gutierrez@blumar.com

Unique Facility Identifier (UFI)
981234826

Talcahuano

State/Province/Territory
Biobio

Zip/Postal Code
4270703

Country/Area
CHILE

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
SALMONES BLUMAR S A

Address, Line 1
Avenida Cristobal Colon 2400

Address, Line 2

City
Talcahuano

State/Province/Territory
Biobio

Zip Code (Postal Code)
4270703

Country/Area
CHILE

Telephone Number
056 41 2269400

Fax Number

E-Mail Address
ingrid.mardones@blumar.com

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
SALMONES BLUMAR S A

Company Name Suffix
Company

Address, Line 1
Avenida Cristobal Colon 2400

Address, Line 2

City
Talcahuano

Telephone Number
056 41 2269400

Fax Number

E-Mail Address
rodrigo.gutierrez@blumar.com

State/Province/Territory
Biobio

Zip Code (Postal Code)
4270703

Country/Area
CHILE

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)*

Individual's Name *(Optional)*
Sebastian Goycoolea

Individual's Middle Name *(Optional)*

Individual's Last Name *(Optional)*

Emergency Contact Phone
001 305 2613861

E-mail Address
sebastian.goycoolea@blumar.com

Job Title *(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 : **Blumar**

Alternate Trade Name #2 : **Blumar Seafoods**

Alternate Trade Name #3 : **BluGlacier, LLC**

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
Sebastian Goycoolea

Address, Line 1
6303 Waterford District Drive Suite 385

Address, Line 2

City
Miami

Telephone Number
305 2612417

Emergency Contact Phone
305 2613861

Fax Number

E-Mail Address
sebastian.goycoolea@blumar.com

State/Province/Territory
Florida

Zip Code (Postal Code)
33126-6005

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
January

End Month
December

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

Selected Product Name	Selected Activity Types
14. FISHERY / SEAFOOD PRODUCT CATEGORIES [21 CFR 170.3 (n) (13), (15), (39), (40)]	
a. Fin Fish, Whole or Filet	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); Labeler / Relabeler; Manufacturer / Processor; Packer / Repacker;
e. Processed and Other Fishery Products	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); Labeler / Relabeler; Manufacturer / Processor; Packer / Repacker;

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 - U.S. Agent Address Information

None of the above

Name of Entity or Individual Who is the Owner, Operator, or Agent-in-Charge : SALMONES BLUMAR S A

Address, Line 1
Avenida Cristobal Colon 2400

Address, Line 2

City
Talcahuano

State/Province/Territory
Biobio

Zip Code (Postal Code)
4270703

Country/Area
CHILE

Telephone Number
056 41 2269400

Fax Number

E-Mail Address
rodrigo.gutierrez@blumar.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 FORM: Rodrigo Gutierrez Luarte

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-

Address, Line 1
-N/A-

Address, Line 2
-N/A-

City
-N/A-

State/Province/Territory
-N/A-

Telephone Number
-N/A-

Fax Number
-N/A-

E-Mail Address
-N/A-

Zip Code (Postal Code)
-N/A-

Country/Area
-N/A-