



All Submissions > Cosmetic Product Listing > Cosmetic Products

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Note: Click on the Data Element Name for each field below to display instructions and helpful hints for filling out this Registration of Cosmetic Product Facility submission form. A red asterisk (*) indicates a required field.

For assistance with validation errors and general questions regarding electronic registration and listing of cosmetic product facilities and products, contact cosmeticsdirect@fda.hhs.gov.

DOCUMENT TYPE DETAILS

Document Type: *

COSMETIC PRODUCT LISTING

Set ID: *

3e6d4644-497b-85a6-e063-6394a90a19e5

Version Number: *

1

Root ID: *

3e6d4644-497c-85a6-e063-6394a90a19e5

Effective Date: *

09-10-2025

PRODUCT, INGREDIENT AND FACILITY LISTING OF THE COSMETIC PRODUCT

Is this a product listing for a small business (optional product listing)?:

☒ Yes

☐ No

Responsible Person (as listed on label):

Type of Business:

☒ MANUFACTURER

☐ PACKER

☐ DISTRIBUTOR

Responsible Person Name (as listed on label): *

Guangdong Bisutang Biotechnology Co., LTD

Responsible Person Phone Number (Include Country/Area Code): *

86-020-13710176768

Parent Company Name (if applicable):

Responsible Person D&B D-U-N-S Number for Address Listed on the Product Label:

PRODUCT(S), INGREDIENT(S), AND FACILITY(IES)

row(s) 1 - 2 of 2

EDIT	COSMETIC PRODUCT LISTING NUMBER	PRODUCT NAME (AS LISTED ON LABEL)	PRODUCT MARKETING STATUS
	53-701783-910206	Deep Cleansing Nose Stribs White Ver.	LISTED
	53-791422-674992	Deep Cleansing Nose Stribs Black Ver.	LISTED

row(s) 1 - 2 of 2

CONFIRMATION STATEMENT

The data and information in this submission have been reviewed and, to the best of my knowledge, are certified to be true and accurate. I agree to report changes to this information as required under section 607 of the Federal Food, Drug, and Cosmetic Act.

WARNING: A willfully false statement is a criminal offense, [U.S. Code, Title 18, Section 1001](#).

☒ I Agree *

Date *

09-10-2025

Name of Submitter *

SAGE Business Consulting, Inc.

ADDITIONAL CONTACT INFORMATION FOR AUTHORIZED AGENT

Additional Contact Name:

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