


DEPARTMENT OF HOUSING PRESERVATION AND DEVELOPMENT
PROPERTY REGISTRATION FORM - CY

143282

10510893

PROPERTY REG ID# FORM SEQ NO

House No	Street Name	Boro	Reg Due Date	Amount Due	Block#	Lot#
534	WEST 42 STREET	MN	8/31/2020	0.00	01070	7502

Review all the information printed in the shaded area of all sections. If any information in a shaded area no longer applies, draw a line through the old information. Type or print new information in block letters and numbers. Use black or blue ink only. Make all corrections below shaded area.

1. If the information is pre-printed below, HPD assumes that you are the same owner as was previously registered.
2. HPD has the form of ownership on file as Condo. If you wish to change the ownership to an individual ownership or joint ownership, you need to submit a new property registration - DO NOT USE THIS FORM. See the REGISTRATION ISSUES section of the coverage for more information about obtaining a new form. If you wish to change to one of the below listed ownership types, Put a check or X in front of the new type.

_____ Corporation _____ Partnership/LLC _____ Condo _____ Co-op _____ Other(specify) : _____

5. OTHER THAN INDIVIDUAL OWNERSHIP

5A. Corporation/Partnership/LLC/Other Name 534 WEST 42ND STREET CONDOMINIUM			Tax ID Number 27-155603		County Where Cert. of Doing Business NEW YORK			Are One or More Partners a Corporation? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Bldg No. (Mailing/Bsn) 225			Street Name WEST 35TH STREET		Suite/Rm FL14	City NEW YORK		State NY	Zip Code 10001
5A1. Responsible Person #1 XX YANEEKE			M.I. YANEEKE	Last SAMUELS	Title VP		Currently in Active Military Service? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Bldg. No.(Mailing/Bsn) 225			Street Name WEST 35TH STREET		Suite/Rm FL14	City NEW YORK	State NY	Zip Code 10001	Telephone/Ext. (646) 214-0321
House No.(Residence) 534			Street Nam WEST 42ND STREET		Apt 5	City NEW YORK		State NY	Zip Code 10036
5A2. Responsible Person #2 CLAUDE			M.I. SIMON	Title PRES		Currently in Active Military Service? <input type="checkbox"/> YES <input type="checkbox"/> NO			Telephone: (212) 564-2897
Bldg. No.(Mailing/Bsn) 225			Street Name WEST 35TH STREET		Suite/Rm FL14	City NEW YORK	State NY	Zip Code 10001	Telephone/Ext. (646) 214-0321
House.No.(Residence) 534			Street Name WEST 42ND STREET		Apt 8	City NEW YORK		State NY	Zip Code 10036
									Telephone: (912) 441-0062

5B. PROVIDE INFORMATION IN 5B1 THROUGH 5B3 FOR ANY PERSON WHOSE SHARE OF OWNERSHIP EXCEEDS 25% (IF A CORPORATION) OR FOR THE GENERAL PARTNER FOR EACH LIMITED PARTNER WHOSE SHARE OF OWNERSHIP OF THE PARTNERSHIP/LLC EXCEEDS 25% (IF A PARTNERSHIP/LLC)

5B1.First Name		M.I.	LAST				
Bldg. No.(Mailing/Bsn)	Street Name	Suite/Rm	City	State	Zip Code	Telephone/Ext.	
House.No.(Residence)	Street Name	Apt	City	State	Zip Code	Telephone	
5B2.First Name	M.I.	LAST					

DO NOT CHANGE THE PRE-PRINTED PROPERTY ADDRESS ON THIS FORM.

Bldg. No. (Mailing/Bsn)	Street Name	Suite/Rm	City	State	Zip Code	Telephone/Ext.:
House No.(Residence)	Street Name	Apt	City	State	Zip Code	Telephone.:
5B3 First Name	M.I.	LAST				
Bldg No. (Mailing/Bsn)	Street Name	Suite/Rm	City	State	Zip Code	Telephone/Ext.:
House No.(Residence)	Street Name	Apt	City	State	Zip Code	Telephone.:

6. MANAGING AGENT INFORMATION

Designated by the Owner to oversee the operation of the property.

Company Name (if applicable) LIVINGSTON MANAGEMENT SERVICE	Tax ID. Number 26-1794390	First Name RONY	M.I.	LAST KRAVEL	Currently in Active Military Service? <input type="checkbox"/> YES <input type="checkbox"/> NO
Email: RONY@LIVINGSTONCRE.COM					
Bldg. No. (Mailing/Bsn) 225	Street Name WEST 35TH STREET	Suite/Rm FL14	City NEW YORK	State NY	Zip Code 10001 Telephone/Ext.: (646) 214-0321
House No.(Residence) 146	Street Name SULLIVAN STREET	Apt 23	City NEW YORK	State NY	Zip Code 10012 Telephone.: (646) 214-0321

7. SITE MANAGEMENT INFORMATION

Enter the name and telephone number of a nearby Responsible Individual (e.g.,superintendent, building manager) who can also be contacted in the event of an emergency.

Site Manager's Name: First PATRICK	M.I.	LAST SULLIVAN	Telephone/Ext.: (212) 433-0720
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8. IS THE ENTIRE PROPERTY LEASED TO ONE INDIVIDUAL OR A CORPORATION OR PARTNERSHIP/LLC ?

ON FILE : NO

Refers to a single lease for the entire property and does not refer to the rental of individual units.

Check (One) YES (Go to 9) NO (Go to 10)

9. LESSEE INFORMATION

Enter information about the Corporation/Partnership/LLC (if appropriate) and/or the Individual leasing the entire Property.

Corporation/Partnership/LLC/Other Name	First Name	M.I.	LAST			
Bldg. No. (Mailing/Bsn)	Street Name	Suite/Rm	City	State	Zip Code	Telephone/Ext.:

10. CONFIDENTIAL 24-HOUR PHONE NUMBER(S)

Enter the names and confidential 24-hour telephone numbers (in the NYC metropolitan area) of the Owner and/or one or more Responsible Persons who can be contacted in the event of an emergency regarding this property.

Telephone/Ext.: (917) 647-8840	First JOEL	Last KRIEGER	Telephone/Ext.: (212) 433-0720	First PATRICK	Last SULLIVAN
Email: JOEL@LIVINGSTONCRE.COM			Email: PATRICK@LIVINGSTONCRE.COM		

This Property Registration form must be SIGNED and DATED by BOTH the MANAGING AGENT indicated in Section 6 and the PROPERTY OWNER indicated in Section 3 or 5. Photocopied signatures are not valid.

I CERTIFY THAT ALL STATEMENTS MADE HEREIN ARE TRUE AND CORRECT.

False Statements Are Punishable Under Section 27-2096 of the NYC Housing Maintenance Code.

11. MANAGING AGENT SIGNATURE

Date _____

I CONSENT TO THE DESIGNATION AS MANAGING AGENT OF THE ABOVE PROPERTY. I AM AT LEAST 21 YEARS OLD.

12. OWNER SIGNATURE

Date _____

I AM A PERSON WITH DIRECT OR INDIRECT CONTROL OVER THIS PROPERTY.

I AM SIGNING IN MY CAPACITY AS:

Individual Owner Joint Owner Officer General Partner Limited Partner
 Receiver Executor Trustee Other (specify) _____

If you have the Owner's Power of Attorney and are signing for the Owner, a copy of the notarized Power of Attorney must accompany the Registration form.

13. RECYCLING COORDINATOR: The Department of Sanitation seeks the ability to distribute non-enforcement related notifications and educational information regarding residential recycling via email. Emails will only be sent two (2) times per year. Please provide the name and email address of the appropriate person.

First Name	Middle Initial	Last Name	Telephone/Ext:
ARTUR		UJKAJ	(646) 721-0143
Email	406W45THSUPER@GMAIL.COM		

Role at Property (Select One Only):

Owner Resident Super Facilities Manager Porter Doorman Property Manager
 Board Member Other (specify) _____

RETURN THIS FORM TO: HPD , PO, BOX 3888, CHURCH STREET STATION, NEW YORK, NY 10008-3888

TELEPHONE (212)863-7000 FOR ASSISTANCE IN COMPLETING THIS FORM, MONDAY THROUGH FRIDAY

BETWEEN

9 AM-6 PM (July-October) and 9 AM-5 PM (November - June)

Office Use Only- Do Not Write Below This Line.

Agent	Owner

RHM FORM 520 (Rev. 5/2020)

Side 2