



City of New York

10145188

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10145188

DEPARTMENT OF HOUSING PRESERVATION AND DEVELOPMENT

PROPERTY REG ID#

FORM SEQ NO

## PROPERTY REGISTRATION FORM - CY

House No	Street Name	Boro	Reg Due Date	Amount Due	Block#	01070	Lot#	7502
534	WEST 42 STREET	MN	8/31/2019	13.00				

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 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 lower section of the cover page 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	Tax ID Number		County Where Cert. of Doing Business Filed			Are One or More Partners a Corporation ?	
534 WEST 42ND STREET	27-155603		NEW YORK			<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Bldg No. (Mailing/Business)	Street Name	Suite/Rm	City	State	Zip Code	Telephone/Ext.	
225	WEST 35TH STREET	1500	NEW YORK	NY	10001	(646) 214-0321	
		FL14					
5A1 RESPONSIBLE PERSON #1	M.I.	Last	Title		Currently in Active Military Service?		
Yazetka		Samuels	VP		<input type="checkbox"/> NO		
Bldg. No. (Mailing/Business)	Street Name	Suite/Rm	City	State	Zip Code	Telephone/Ext.	
225	WEST 35TH STREET	1500	NEW YORK	NY	10001	(646) 214-0321	
		FL14					
House No.(RESIDENCE)	Street Name	Apt	City	State	Zip Code	Telephone:	
534	WEST 42ND STREET	5	NEW YORK	NY	10036	(212) 564-2897	
5A2. RESPONSIBLE PERSON #2	M.I.	Last	Title		Currently in Active Military Service?		
CLAUDE		SIMON	Pres		<input type="checkbox"/> NO		
Bldg. No. (Mailing/Business)	Street Name	Suite/Rm	City	State	Zip Code	Telephone/Ext.	
225	WEST 35TH STREET	1500	NEW YORK	NY	10001	(646) 214-0321	
		FL14					
House No.(RESIDENCE)	Street Name	Apt	City	State	Zip Code	Telephone:	
534	WEST 42ND STREET	8	NEW YORK	NY	10036	(912) 441-0061	

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/Business)	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					
Bldg. No. (Mailing/Business)	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/Business)	Street Name	Suite/Rm	City	State	Zip Code	Telephone/Ext.	
House No.(RESIDENCE)	Street Name	Apt	City	State	Zip Code	Telephone:	

**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 <b>PATRICK</b>	M.I.	LAST <b>SULLIVAN</b>	Telephone/Ext. <b>(212) 433-0720</b>
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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/Business)	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. <b>(917) 647-8840</b>	First <b>JOEL</b>	Last <b>KRIEGER</b>	Telephone/Ext. <b>(212) 433-0720</b>	First <b>PATRICK</b>	Last <b>SULLIVAN</b>
E-mail : <b>JOEL@LIVINGSTONCRE.COM</b>			E-mail : <b>PATRICK@LIVINGSTONCRE.COM</b>		

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 and dates are not valid.

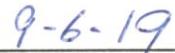
**11. MANAGING AGENT SIGNATURE**

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

Date

**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) \_\_\_\_\_

**IMPORTANT NOTE: COMPLETING THE PROPERTY REGISTRATION FORM AND RETURNING IT TO HPD IS NOT THE SAME AS REGISTERING YOUR BUILDING AND APARTMENTS WITH THE NEW YORK STATE DIVISION OF HOUSING AND COMMUNITY RENEWAL (DHCR). IF YOUR PROPERTY IS SUBJECT TO RENT STABILIZATION PURSUANT TO LAW, RULE OR REGULATORY AGREEMENT, YOU MUST REGISTER YOUR BUILDING AND APARTMENTS WITH DHCR ANNUALLY BY JULY 31ST.**

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

False Statements Are Unlawful Under Section 27-2008 of the NYC Housing Maintenance Code.