



City of New York
DEPARTMENT OF HOUSING PRESERVATION AND DEVELOPMENT

10145188

143282

10145188

PROPERTY REGISTRATION FORM - CY

PROPERTY REG ID#

FORM SEQ NO

House No	Street Name	Boro	Reg Due Date	Amount Due
534	WEST 42 STREET	MN	8/31/2019	13.00

BLOCK# 01070

LOT# 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 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 <i>condominium</i>	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 <i>FL 14</i>	NEW YORK	NY	10001	(646) 214-0321

5A1. RESPONSIBLE PERSON #1	M.I.	Last	Title	Currently in Active Military Service?
<i>Yavuzke</i>		<i>Samuels</i>	<i>VP</i>	<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 <i>FL 14</i>	NEW YORK	NY	10001	(646) 214-0321

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	<i>Pres</i>	<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 <i>FL 14</i>	NEW YORK	NY	10001	(646) 214-0321

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 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/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.: (917) 647-8840	First JOEL	Last KRIEGER	Telephone/Ext.: (212) 433-0720	First PATRICK	Last SULLIVAN
E-mail : JOEL@LIVINGSTONCRE.COM			E-mail : 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 and dates are not valid.

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 SIGNATUREDate 9-6-19

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