

City of New York



10873748

DEPARTMENT OF HOUSING PRESERVATION AND DEVELOPMENT

## PROPERTY REGISTRATION FORM - CY

143282

10873748

House No Street Name  
534 WEST 42 STREETBoro Reg Due Date Amount Due  
MN 8/31/2021 0.00PROPERTY REG ID# BLOCK#  
01070FORM SEQ NO 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 ink only. Make all corrections below shaded area.

2. HPD has the form of ownership on file as **Condo**. To change the ownership type, you must contact the Registration Assistance Unit or go online to obtain a form.

## 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 ?		YES
Bldg No.(Bsn)	Street Name 225 WEST 35TH STREET	Suite/Rm FL14	City NEW YORK	State NY	Zip Code 10001	Telephone/Ext. (646) 214-0321		
5A1. RESPONSIBLE PERSON #1 CLAUDE		M.I. SIMON		Title BOARD PRESIDENT	Currently in Active Military Service?		NO	
Bldg No.(Business)	Street Name 225 WEST 35TH STREET	Suite/Rm FL14	City NEW YORK	State NY	Zip Code 10001	Telephone/Ext. (646) 214-0321		
House No.(Resident)	Street Name 534 WEST 42ND STREET	Apt 8	City NEW YORK	State NY	Zip Code 10036	Telephone: (912) 441-0062		
5A2. RESPONSIBLE PERSON #2		M.I.	Last	Title	Currently in Active Military Service?			
Bldg No(Business)	Street Name	Suite/Rm	City	State	Zip Code	Telephone/Ext.:		
House No.(Resident)	Street Name	Apt	City	State	Zip Code	Telephone:		

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.(Bsn)	Street Name	Suite/Rm	City	State	Zip Code	Telephone/Ext.:	
House No.(Rsdn)	Street Name	Apt	City	State	Zip Code	Telephone.:	
5B2. First Name		M.I.	LAST				
Bldg No. (Bsn)	Street Name	Suite/Rm	City	State	Zip Code	Telephone/Ext.:	
House No.(Rsdn)	Street Name	Apt	City	State	Zip Code	Telephone.:	
5B3. First Name		M.I.	LAST				
Bldg No. (Bsn)	Street Name	Suite/Rm	City	State	Zip Code	Telephone/Ext.:	
House No.(Rsdn)	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 SERV		Tax ID. Number 26-1794390	First Name JONATHAN	M.I.	LAST BAKHASH	Currently in Active Military Service?		NO
Email : JONATHAN@LIVINGNY.COM								
Bldg. No. (Bsn) 225	Street Name WEST 35TH STREET	Suite/Rm FL14	City New York	State NY	Zip Code 10001	Telephone/Ext. (212) 760-2690 x1		
House No.(Rsdn) 225	Street Name WEST 35TH STREET	Apt FL 14	City New York	State NY	Zip Code 10001	Telephone. (212) 760-2690		

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

DO NOT USE THIS FORM FOR ANY OTHER PROPERTY.



**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 regarding this property.

Site Manager's Name : First <b>KEVIN</b>	M.I. <b>SEAMAN</b>	LAST	Telephone/Ext.: <b>(516) 330-7070</b>
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**8. IS THE ENTIRE PROPERTY LEASED TO ONE INDIVIDUAL OR A CORPORATION OR PARTNERSHIP/LLC ?**

NO

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

**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. (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.: <b>(516) 610-6566</b>	First <b>JONATHAN</b>	Last <b>BAKHASH</b>	Telephone/Ext.: <b>(516) 330-7070</b>	First <b>KEVIN</b>	Last <b>SEAMAN</b>
Email : <b>JONATHAN@LIVINGNY.COM</b>			Email : <b>KSEAMAN@LIVINGNY.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.

**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 **10-18-21**

**I AM A PERSON WITH DIRECT OR INDIRECT CONTROL OVER THIS PROPERTY.  
I AM SIGNING IN MY CAPACITY AS:**

<input type="checkbox"/> Individual Owner	<input type="checkbox"/> Joint Owner	<input type="checkbox"/> Officer	<input type="checkbox"/> General Partner	<input type="checkbox"/> Limited Partner
<input type="checkbox"/> Receiver	<input type="checkbox"/> Executor	<input type="checkbox"/> Trustee	<input type="checkbox"/> Other (specify)	

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

**Role at Property (Select One Only):**

<input type="checkbox"/> Owner	<input type="checkbox"/> Resident	<input checked="" type="checkbox"/> Super	<input type="checkbox"/> Facilities Manager	<input type="checkbox"/> Porter	<input type="checkbox"/> Doorman	<input type="checkbox"/> Property Manager
<input type="checkbox"/> Board Member	<input type="checkbox"/> 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.**

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.

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

