

City of New York
DEPARTMENT OF HOUSING PRESERVATION AND DEVELOPMENT
PROPERTY REGISTRATION FORM - IN



8181607

117723
PROPERTY REG ID#

8181607
FORM SEQ NO

House No	Street Name	Boro	Reg Due Date	Amount Due
336	EAST 56 STREET	MN		0.00

BLOCK# 01348

LOT# 0035

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.

2. HPD has the form of ownership on file as Partnership/LLC .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
CHARLES HENRY PROPERTIES, LLC Tax ID. Number **46-1556945** County Where Cert. of Doing Business Filed **NEW YORK** Are One or More Partners a Corporation ? **NO**

Bldg.No. (BUSINESS) **254** Street Name **FIFTH AVENUE** Suite/Rm **3RD FL** City **NEW YORK** State **NY** Zip Code **10001** Telephone/Ext.: **(212) 683-9300**

5A1. RESPONSIBLE PERSON #1 M.I. Last **SIMON** Title **PRESIDENT** Currently in Active Military Service? **NO**

Bldg. No. (BUSINESS) **254** Street Name **FIFTH AVENUE** Suite/Rm **3RD FL** City **NEW YORK** State **NY** Zip Code **10001** Telephone/Ext.: **(212) 683-9300**

House.No.(RESIDENCE) **71** Street Name **TONJES ROAD** Apt City **CALLICOON** State **NY** Zip Code **12723** Telephone: **(845) 796-9140**

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.(RESIDENCE) 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
CLAUDE **SIMON**

Bldg. No. (BUSINESS) **254** Street Name **FIFTH AVENUE** Suite/Rm **3RD FL** City **NEW YORK** State **NY** Zip Code **10001** Telephone/Ext.: **(212) 683-9300**

House.No.(RESIDENCE) **71** Street Name **TONJES ROAD** Apt City **CALLICOON** State **NY** Zip Code **12723** Telephone.: **(845) 796-9140**

5B2.First Name M.I. LAST

Bldg. No. (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. (BUSINESS) 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) **CHARLES HENRY PROPERTIES, LLC** Tax ID. Number **46-1556945** First Name **CLAUDE** M.I. LAST **SIMON** Currently in Active Military Service? **NO**

E-mail : **CSIMON@FAIRLANE.BIZ**

Bldg. No. (BUSINESS) **254** Street Name **FIFTH AVENUE** Suite/Rm **3RD FL** City **NEW YORK** State **NY** Zip Code **10001** Telephone/Ext.: **(212) 683-9300**

House.No.(RESIDENCE) **71** Street Name **TONJES ROAD** Apt City **CALLICCON** State **NY** Zip Code **10001** Telephone.: **(845) 796-9140**

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 **ROBERTO** M.I. LAST **MOLEROS** Telephone/Ext.: **(914) 715-2310**

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. (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.: (347) 409-0131	First WEI	Last CHANG	Telephone/Ext.: (845) 796-9140	First CLAUDE	Last SIMON
E-mail : WEI@CHARLESHENRYPROPERTIES.COM			E-mail : CSIMON@FAIRLANE.BIZ		

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.

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.

**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.**

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 9:00 A.M. AND 4:30 P.M.

Office Use Only- Do Not Write Below This Line.

Agent	Owner