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8181607

PROPERTY REG ID#

FORM SEQ NO

CITY OF NEW YORK
DEPARTMENT OF HOUSING PRESERVATION AND DEVELOPMENT
PROPERTY REGISTRATION FORM - IN

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 ?
Bldg.No. (BUSINESS) 254	Street Name FIFTH AVENUE		Suite/Rm 3RD FL	City NEW YORK		State NY	Zip Code 10001
5A1. RESPONSIBLE PERSON #1		M.I.	Last SIMON			Title PRESIDENT	
Bldg. No. (BUSINESS) 254	Street Name FIFTH AVENUE		Suite/Rm 3RD FL	City NEW YORK		State NY	Zip Code 10001
House.No.(RESIDENCE) 71	Street Name TONJES ROAD		Apt	City CALlicoon		State NY	Zip Code 12723
5A2. RESPONSIBLE PERSON #2		M.I.	Last			Title	
Bldg. No. (BUSINESS)	Street Name		Suite/Rm	City		State	Zip Code
House.No.(RESIDENCE)	Street Name		Apt	City		State	Zip Code

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 CLAUDE		M.I.	LAST SIMON				
Bldg. No. (BUSINESS) 254	Street Name FIFTH AVENUE		Suite/Rm 3RD FL	City NEW YORK		State NY	Zip Code 10001
House.No.(RESIDENCE) 71	Street Name TONJES ROAD		Apt	City CALlicoon		State NY	Zip Code 12723
5B2. First Name		M.I.	LAST				
Bldg. No. (BUSINESS)	Street Name		Suite/Rm	City		State	Zip Code
House.No.(RESIDENCE)	Street Name		Apt	City		State	Zip Code
5B3. First Name		M.I.	LAST				
Bldg. No. (BUSINESS)	Street Name		Suite/Rm	City		State	Zip Code
House.No.(RESIDENCE)	Street Name		Apt	City		State	Zip Code

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?
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
House.No.(RESIDENCE) 71	Street Name TONJES ROAD		Apt	City CALlicoon		State NY	Zip Code 10001

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
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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. (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					

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
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RHM FORM 520 (Rev. 5/2013)
Side 2