



8818937

120602

8818937

City of New York
DEPARTMENT OF HOUSING PRESERVATION AND DEVELOPMENT

PROPERTY REG ID#

FORM SEQ NO

PROPERTY REGISTRATION FORM - IN

House No	Street Name	Boro	Reg Due Date	Amount Due
46	EDGECOMBE AVENUE	MAN	8/31/2015	39.00

BLOCK# 01960

LOT# 0063

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 Corporation. To change the ownership type, you must contact the Registration Assistance Unit or go online to obtain a form.

5A. Corporation/Partnership/LLC/Other Name		Tax ID, Number	County Where Cert. of Doing Business Filed			Are One or More Partners a Corporation?
MURID ISLAMIC COMMUNITY IN AMERICA, INC.		133744179	MANHATTAN			NO
Bldg. No. (BUSINESS)	Street Name	Suite/Rm	City	State	Zip Code	Telephone/Ext.:
46	EDGECOMBE AVENUE		New York	NY	10030	(973) 820-6430
5A1. RESPONSIBLE PERSON #1		M.I.	Last	Title:		
SERIGNE			LO	PRESIDENT		
Bldg. No. (BUSINESS)	Street Name	Suite/Rm	City	State	Zip Code	Telephone/Ext.:
46	EDGECOMBE AVE		New York	NY	10030	(973) 820-6430
House No. (RESIDENCE)	Street Name	Apt	City	State	Zip Code	Telephone:
105	EDGECOMBE AVE		New York	NY	10030	(347) 785-6410
5A2. RESPONSIBLE PERSON #2		M.I.	Last	Title:		
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			
Bldg. No. (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. (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)	Tax ID, Number	First Name	M.I.	LAST	Currently in Active Military Service?	
MURID ISLAMIC COMMUNITY IN AMERICA, INC.	133744179	SERIGNE		LO	NO	
E-mail:	TOUBAMICA@TOUBAMICA.ORG					
Bldg. No. (BUSINESS)	Street Name	Suite/Rm	City	State	Zip Code	Telephone/Ext.:
46	EDGECOMBE AVENUE		New York	NY	10030	(973) 820-6430
House No. (RESIDENCE)	Street Name	Apt	City	State	Zip Code	Telephone:
105	EDGECOMBE AVENUE		New York	NY	10030	(347) 785-6410

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	M.I.	LAST	Telephone/Ext.:
SERIGNE		LO	(347) 785-6410

8. IS THE ENTIRE PROPERTY LEASED TO ONE INDIVIDUAL OR A CORPORATION OR PARTNERSHIP/LLC?
Refers to a single lease for the entire property and does not refer to the rental of individual units.

NO

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.:	First	Last	Telephone/Ext.:	First	Last
(347) 785-6410	SERIGNE	LO	(973) 820-6430	ABDOU	MBAYE
E-mail:	TOUBAMICA@TOUBAMICA.ORG		E-mail:	AMB1104@AOL.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.

DO NOT CHANGE THE PRE-PRINTED PROPERTY ADDRESS ON THIS FORM.
DO NOT USE THIS FORM FOR ANY OTHER PROPERTY.

11. MANAGING AGENT SIGNATURE [Signature] Date 09/02/15
 I CONSENT TO THE DESIGNATION AS MANAGING AGENT OF THE ABOVE PROPERTY. I AM AT LEAST 21 YEARS OLD.

12. OWNER SIGNATURE [Signature] Date 09/02/15
 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) _____

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:
SERIGNE		LD	(973) 820-6430
Email	TOUBAMICA@TOUBAMICA.ORG		

Role at Property (Select One Only):

Owner Resident Super Facilities Manager Porter Doorman Property Manager Board Member Other (specify) PRESIDENT

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 AM-6 PM (July-October) and 9 AM-4 PM (November - June)

Office Use Only- Do Not Write Below This Line.

Agent	Owner

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