NYC Mayor's Office of Contract Services

Doing Business Data Form
Land Use Actions

To be completed by the City agency prior to distribution Agency_____ Application #_____

Check One ☐ General (GEN) ☐ Lease Acquisition (LES)

A Doing Business Data Form must be completed by any land use applicant subject to the provisions of Local Law 34 of 2007 (see Q&A sheet for more information). Please either type responses directly into this fillable form or print answers by hand in black ink. For all submissions, please be sure to fill out the certification box on the last page, and include the completed Data Form as part of the land use application package. **Submission of a complete and accurate form is required at the time of application filing and, where applicable, is required for the certification or referral forpublic review of any land use application subject to the provisions of Local Law 34 of 2007 (see 62 RCNY § 2-02(a)(1)).**

This Data Form requires information to be provided on principal officers, owners and senior managers. The name, employer and title of each person identified on the Data Form will be included in a public database of people who do business with the City of New York, as will the organizations that own 10% or more of the enitity. No other information reported on this form will be disclosed to the public.

Please return the completed Data Form to the City office that supplied it. Please contact the Doing Business Accountability Project at DoingBusiness@mocs.nyc.gov or 212-788-8104 with any questions regarding this Data Form. Thank you for your cooperation.

Applicant Information

*If you are completing this form by hand, **please print clearly.***

Applicant EIN/TIN 61-1885188 Applicant Name BG Sutphin LLC

Filing Status

***NEW:** Data Forms submitted now must include the listing of **organizations,** as well as individuals, with 10% or more ownership of the entity. Until such certification of ownership is submitted through a change, new or update form, a no change form will not be accepted.*

(Select One)

☒ Applicant has never completed a Doing Business Data Form. Fill out the entire form.

☐ Change from previous Data Form dated _____. *Fill out only those sections that have changed, and indicate the name of the persons who no longer hold positions with the applicant.*

☐ No Change from previous Data Form dated _____. *Skip to the bottom of the last page.*

Applicant is a Non-Profit ☐ Yes ■ No

Applicant Type ☐ Corporation (any type) ☐ Joint Venture ☒ LLC ☐ Partnership (any type) ☐ Sole Proprietor ☐ Other (specify) _____

Address 505 8th Avenue, 5th floor

City New York State NY Zip 10018

Phone 212-389-9327 E-mail dbeer@breakingground.org

Provide your e-mail address in order to receive notices regarding this form by e-mail.

Principal Officers

Please fill in the required identification information for each officer listed below. If the applicant has no such officer or its equivalent, please check "This position does not exist." If the applicant is filing a Change Form and the person listed is replacing someone who was previously disclosed, please check "This person replaced..." and fill in the name of the person being replaced so his/her name can be removed from the *Doing Business Database,* and indicate the date that the change became effective.

Chief Executive Officer (CEO) or equivalent officer ☐ This position does not exist

The highest ranking officer or manager, such as the President, Executive Director, Sole Proprietor or Chairperson of the Board.

First Name Brenda MI ___ Last Rosen Birth Date (mm/dd/yy) 9/16/67

Office Title President and CEO Employer (if not employed by applicant) Breaking Ground

Home Address 21-15 34th Avenue, Astoria, NY 11106

☐ This person replaced former CEO _____ on date _____

Chief Financial Officer (CFO) or equivalent officer ☐ This position does not exist

The highest ranking financial officer, such as the Treasurer, Comptroller, Financial Director or VP for Finance.

First Name Benjamin MI ___ Last Stacks Birth Date (mm/dd/yy) 11/22/66

Office Title Treasurer Employer (if not employed by applicant) Bank United

Home Address 15 Sonn Drive, Rye, NY 10580

☐ This person replaced former CFO _____ on date _____

Chief Operating Officer (COO) or equivalent officer ☐ This position does not exist

The highest ranking operational officer, such as the Chief Planning Officer, Director of Operations or VP for Operations.

First Name David MI ___ Last Beer Birth Date (mm/dd/yy) 03/08/1956

Office Title Vice President Employer (if not employed by applicant) Breaking Ground

Home Address 56-16 202nd Street, Oakland Gardens, NY 11364

☐ This person replaced former COO _____ on date _____

Principal Owners

Please fill in the required identification information for all individuals or organizations that, through stock shares, partnership agreements or other means, **own or control 10% or more of the applicant.** If no individual or organization owners exist, please check the appropriate box to indicate why and skip to the **Senior Managers** section. If the applicant is owned by other companies that control 10% or more of the entity, those companies must be listed. If an owner was identified on the previous page, fill in his/her name and write "See above." If the applicant is filing a Change Form, list any individuals or organizations that are no longer owners at the bottom of this section. If more space is needed, attach additional pages labeled "Additional Owners."

There are no owners listed because (select one):

☐ The entity is not-for-profit ☐ The entity is an individual ■ No individual or organization owns 10% or more of the entity

Other (explain) _____

Individual Owners (who own or control 10% or more of the applicant)

First Name _____ MI ___ Last _____ Birth Date (mm/dd/yy) _____

Office Title _____ Employer (if not employed by applicant) _____

Home Address _____

First Name _____ MI ___ Last _____ Birth Date (mm/dd/yy) _____

Office Title _____ Employer (if not employed by applicant) _____

Home Address _____

Organization Owners (that own or control 10% or more of the applicant)

Organization Name Breaking Ground II HDFC

Organization Name _____

Organization Name _____

Remove the following previously-reported Principal Owners

Name _____ Removal Date _____

Name _____ Removal Date _____

Name _____ Removal Date _____

Senior Managers

Please fill in the required identification information for all senior managers who oversee land use applications. Senior managers include anyone who, either by title or duties, has substantial discretion and high-leveloversight regarding the administration of such land use applications, not limited to the land use application forwhich this form is being filed. At least one senior manager must be listed, or the Data Form will be considered incomplete. If a senior manager has been identified on a previous page, fill in his/her name and write "See above." If the applicant is filing a Change Form, list individuals who are no longer senior managers at the bottom of this section. If more space is needed, attach additional pages labeled "Additional Senior Managers."

Senior Managers

First Name Toby MI ___ Last Sherman Birth Date (mm/dd/yy) 12/11/63

Office Title Secretary Employer (if not employed by applicant) Breaking Ground

Home Address 11-42 31st Ave, Astoria NY 11103

First Name _____ MI ___ Last _____ Birth Date (mm/dd/yy) _____

Office Title _____ Employer (if not employed by applicant) _____

Home Address _____

First Name _____ MI ___ Last _____ Birth Date (mm/dd/yy) _____

Office Title _____ Employer (if not employed by applicant) _____

Home Address _____

Remove the following previously-reported Senior Managers

Name _____ removal date _____

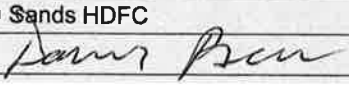
Name _____ removal date _____

Certification

I certify that the information submitted on these two pages and 0 additional pages is accurate and complete. I understand that willful or fraudulent submission of a materially false statement may result in the applicant being subject to appropriate sanctions.

Name David Beer Title Vice President

Applicant Name 90 Sands HDFC Work Phone # 212-389-9327

Signature  Date 11/30/20

Please return this form to the City agency that supplied it to you, not to the Doing Business Accountability Project. **Form A/LU**