FILED: NEW YORK COUNTY CLERK 02/25/2020 01:47 AM

NYSCEF DOC. NO. 35

INDEX NO. 654105/2019
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Exhibit B



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AMERICAN
ARBITRATION
ASSOCIATION

ASSOCIATION

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COMMERCIAL ARBITRATION RULES DEMAND FOR ARBITRATION

For Consumer or Employment cases, please visit www.adr.org for appropriate forms.

You are hereby notified that a copy of our arbitration agreement a Association with a request that it commence administration of the an answering statement.			
Name of Respondent: 3660 BROADWAY BCR, LLC, et al. (all Plain	ntiffs of NYSCEF Index No. 654105/	2019)	
Address: 555 WEST 151ST STREET			
City: New York	State: New York	Zip Code: 10031	
Phone No.:	Fax No.:		
Email Address:			
Name of Representative (if known): SIMCHA D. SCHONFELD			
Name of Firm (if applicable): KOSS & SCHONFELD, LLP			
Representative's Address: 90 John St. #503			
City: New York	State: New York	Zip Code: 10038	
Phone No.: 212-796-8916	Fax No.:		
Email Address: sds@kands1lp.com			
The named claimant, a party to an arbitration agreement which provides for arbitration under the Commercial Arbitration Rules of the American Arbitration Association, hereby demands arbitration.			
Brief Description of the Dispute: Respondents (collectively, "BCR") ordered video intercom devices and related services from Claimant GateGuard, Inc. GateGuard began installation of the devices in accordance with the order. After GateGuard commenced installation on BCR's properties, BCR falsely characterized the installation as "damage" to the properties. BCR has failed to and refuses to pay GateGuard amounts due under the agreement.			
Dollar Amount of Claim: \$ 1,206,598.80			
Other Relief Sought: ☑ Attorneys Fees ☑ Interest ☑ Arbitration Costs ☑ Punitive/Exemplary ☐ Other:			
Amount enclosed: \$			
In accordance with Fee Schedule: ☑ Flexible Fee Schedule ☐ Standard Fee Schedule			
Please describe the qualifications you seek for arbitrator(s) to be a	ppointed to hear this dispute:		
Hearing locale: New York, NY			
(check one) ☑ Requested by Claimant ☐ Locale provision included in the contract			
Estimated time needed for hearings overall: 6	hours or	days	



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INTERNATIONAL CENTRE FOR DISPUTE RESOLUTION*

same time, send the original Demand to the Respondent.

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Type of Business:			
Claimant: DE corporation	Respondent: NY LLCs		
Are any parties to this arbitration, or their controlling shareholder or parent company, from different countries than each other?			
No			
Signature (may be signed by a representative):	Date:		
/s/ Ariel Reinitz	2/24/2020		
Name of Claimant: GateGuard, Inc.			
Address (to be used in connection with this case): 1521 Alton Rd. #888 (ATT'N: Ari Teman)			
City: Miami Beach	State: Florida	Zip Code: 33139	
Phone No.: 212-203-3714	Fax No.:		
Email Address:			
Name of Representative: Ariel Reinitz			
Name of Firm (if applicable): FisherBroyles, LLP			
Representative's Address: 445 Park Avenue, Ninth Floor			
City: New York	State: New York	Zip Code: 10022	
Phone No.: 646.494.6909	Fax No.:		
Email Address: Ariel.Reinitz@fisherbroyles.com			

To begin proceedings, please send a copy of this Demand and the Arbitration Agreement, along with the filing fee as provided for in the Rules, to: American Arbitration Association, Case Filing Services, 1101 Laurel Oak Road, Suite 100 Voorhees, NJ 08043. At the

