

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000001793**

1. Entity Name

BERNEX OPTION INCOME FUND, LTD.

FILED

00 JAN 10 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3500 INTERNATIONAL PLACE 100 S.E. SECOND STREET MIAMI FL 33131-2130	Mailing Address 146 W. SUNRISE AVE CORAL GABLES FL 33133-6910
--	---

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

4. FEI Number 65-0628467	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
-----	---------	-----	---------	---	--------------------------------

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERMAN, NEIL J
3500 INTERNATIONAL PLACE
100 S.E. SECOND STREET
MIAMI FL 33131-2130

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. \$10,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
---	---	--

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P95000029786 BERNEX CAPITAL MANAGEMENT CORP. 146 W. SUNRISE AVENUE CORAL GABLES FL 33133	STREET ADDRESS	
		CITY - ST - ZIP	800003096768--3 -01/12/00--01099--020
		STREET ADDRESS	****526.25 ****526.25
		CITY - ST - ZIP	
		STREET ADDRESS	
		CITY - ST - ZIP	
		STREET ADDRESS	
		CITY - ST - ZIP	
		STREET ADDRESS	
		CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Neil J. Berman* **RESIDENT** *President* **BERNEX CAPITAL MANAGEMENT CORP.**
General Partner
1/4/00 (805) 375-6587

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)