

# 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  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$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

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

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	STREET ADDRESS	CITY - ST - ZIP
P95000029786	BERNEX CAPITAL MANAGEMENT CORP.	146 W. SUNRISE AVENUE	CORAL GABLES FL 33133		
				800003096768--3	-01/12/00--01099--020
				****526.25	****526.25

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:

*Signature of Neil J. Berman*  
NEIL J. BERMAN, 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)